

Brandon Trust

Cheddar Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 11 February 2015. The last inspection took place in August 2013. At this inspection we found that the provider did not have an effective system to regularly assess and monitor the quality of service that people receive. This was followed up in October 2013 and a further breach of regulation in

relation to infection control was found. At an inspection in December 2013, regulations relating to quality monitoring and infection control were both found to have been met.

Cheddar Grove provides nursing care and accommodation to six people with a learning difficulty. There was a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that there were aspects of the service that required improvement. Notifications to the Commission were not always made when necessary. This meant that the Commission was not able to effectively monitor how well people's rights were being protected. We also found that records in relation to people's care were not always accurate.

People in the home were safe because staff had received training in and felt confident about recognising the signs of potential abuse. Not everyone was able to speak with us about their experiences of living in the home; however we observed people were content and settled in the presence of staff.

There were systems in place to support staff in caring for people in a safe way. This included carrying out risk assessments for various aspects of people's care. Safety checks were also carried out on the building, for example in relation to the risks associated with fire.

There was a stable staff team in place which meant that people benefitted from receiving care from staff who understood their individual needs and preferences. There were enough staff on duty to ensure that people were cared for safely and had opportunity to be supported outside the home.

People were supported to take their medicines and these were stored safely so that only staff who were authorised had access to them. Stock checks were carried out regularly to help identify any discrepancies and ensure they were investigated accordingly.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the

rights of people who are unable to make decisions independently. We saw examples of when mental capacity assessments had been carried out and best interests decisions made. Where it was thought necessary to deprive a person of their liberty for their own safety, and there was no less restrictive option, applications were made to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisation.

Staff in the home were well supported and received training in order to carry out their roles effectively. This included specific training relevant to the needs of people in the home. Staff also received regular supervision and appraisal as a means of monitoring their performance and development.

People received effective support with their nutrition and hydration. People's weight was monitored so that action could be taken if any concerns were identified. Where people had particular needs in relation to eating and drinking, we saw that staff were able to meet these needs.

Staff were kind and caring in their approach and relatives were happy with the support provided by staff. Comments included "I don't think it could be bettered" and "they do everything they can".

People were given opportunity to take part in planning their own care as far as they were able; for example by presenting photographs to show what activities they had taken part in, at care planning meetings. People were also supported to find a suitable date and time for family to attend.

People were kept informed about developments in the home through resident meetings. This was also an opportunity for people to raise any concerns they might have.

We found one breach of regulation during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were trained in recognising the signs of potential abuse and felt confident in reporting any concerns.

There were sufficient numbers of suitably skilled staff to meet people's needs.

Medicines were stored and administered safely.

There were systems in place to guide staff in supporting people in a safe way. This included risk assessment for the individual care that people required.

Good



Is the service effective?

Some aspects of the service were not effective.

Records kept about people's care were not always accurate and this meant there was a risk of people not receiving effective care.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People were protected from the risks of malnutrition because their weight was monitored and their nutritional needs were met.

Other healthcare professionals were involved in people's care when necessary, such as opticians, dentists and GPs.

Staff received training and support to carry out their roles effectively.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind and caring in their approach. Relatives were positive about the care provided in the home.

As far as possible, people were supported to be involved in planning their care and expressing their views about the service provided.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about the people they supported and understood their individual needs.

People had the opportunity to take part in activities they enjoyed and staff supported them to develop these activities further.

There were systems in place to respond to complaints and information about the process was available to people in the home.

Good



Summary of findings

Is the service well-led?

There were aspects of the service that were well led; however notifications to the Commission weren't always made when necessary. This meant that the Commission was not able to effectively monitor the rights of people in the home.

Staff felt able to raise issues and concerns and their views were listened to.

There were systems in place to monitor the quality of the service provided. This included regular visits from other registered managers within the organisation.

Requires Improvement



Cheddar Grove Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 February 2015 and was unannounced.

The inspection was undertaken by one inspector. Prior to the inspection we gathered information from the

notifications that had been made and the Provider Information Return (PIR). Notifications are information about specific important events the service is legally required to send to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

As part of our inspection we made observations about the care that people received, spoke with a relative and staff and reviewed records. We looked at the support files of two people in the home and other documentation relevant to the running of the service such as meeting minutes, fire safety records and medicine administration records.

Is the service safe?

Our findings

There were systems in place to ensure that people were cared for in a safe way. This included training staff in safeguarding adults so that they were confident in identifying and reporting signs of potential abuse. One member of staff told us about an incident which had concerned them and told us this had been managed well by the organisation to ensure the wellbeing of the person concerned.

People present during our inspection weren't able to speak with us directly about their experiences of living in the home; however we observed that people appeared settled and content in the presence of staff. One person actively sought out staff when returning from an activity outside of the home, to tell them about their day.

There were sufficient numbers of suitably qualified staff to support people and meet their needs. Three staff were working during the day, one of which was a registered nurse. Two members of staff supported people overnight, one of whom carried out a 'waking shift', meaning that they remained awake overnight. Staff felt that these numbers were sufficient to meet people's needs. We saw there were sufficient staff available to support people outside the home; two people were supported to go out on the afternoon of our inspection. We also observed people received 1:1 support at the lunch time meal as described in their support plans.

There were risk assessments in place to guide staff in providing care in a safe way. For example, for one person, we saw there was a risk assessment in place relating to the use of bedrails. This described the measures in place to ensure the bedrails were used safely. There were further

risk assessments relating to the safety of the building, for example a fire risk assessment. There were also checks in place to ensure fire safety equipment was working efficiently.

Accident and incident forms were completed to help identify any trends in the kinds of incidents occurring and the registered manager reviewed these every six months. The registered manager told us about one individual who had experienced a number of falls. This had led to discussions with other healthcare professionals and action being taken to protect the person.

People received support with their medicines in a safe way. These were stored securely and locked so that only staff who were authorised to do so had access to them. There was information in people's support plans about the way in which they preferred to receive their medicines. There were medicines profiles in people's health files which detailed all the medicines that the person needed to take. These were updated accordingly when medicines or their dosage changed. A stock check of PRN (as required) medicines was carried out each week so that staff could identify any discrepancies and investigate accordingly.

There were systems in place to support the registered manager in making safe recruitment decisions. There had been one member of staff recruited in the last year; we saw evidence of a DBS check and two references. DBS checks give information about any criminal convictions a person may have and whether they are barred from working with vulnerable adults. Following the inspection, the registered manager provided evidence of DBS checks for the staff on duty during the inspection. These records were held at the organisation's head office.

Is the service effective?

Our findings

Records relating to people's care and treatment were not always accurate and this meant people were not fully protected. For example, one person had been identified as being at risk of falls. Staff told us about the measures in place to protect the person, including specialist protective equipment; however there was no specific support plan in place relating to falls prevention. In another person's file, it identified that they needed support to reposition every two hours. There were no records kept of the support this person received to reposition. We discussed this with staff who told us that they were supporting this person regularly but since they had become particularly unwell, the support to reposition had not been recorded. This information had not been updated in the person's care plan.

We looked at records relating to people's medicines and saw that in one case the stock levels of one medicine did not match what was recorded in the stock record. On further investigation, it was clear that this was due to a new delivery of the medicine not having been recorded.

This was a breach of Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Records

People's rights were protected in line with the Mental Capacity Act 2005 (MCA). This is legislation that protects the rights of people who are unable to make decisions independently about their own care and treatment. We saw examples of mental capacity assessments and best interest decisions, in relation to the use of bedrails. There were further examples of best interest decision making in relation to significant purchases using a person's own funds and the use of a lap belt when in a wheelchair.

Applications had been made by the registered manager to the local authority for Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS provides a legal framework to

deprive a person of their liberty if it is in their best interests to do so, and the only option to care for them safely. In the case of one person the application had been authorised; however there was no copy of the authorisation on file. The confirmation had been sent by email but an attachment containing the authorisation could not be opened. The registered manager had made one attempt to follow this up with the relevant authority but, no further attempt when a response wasn't received.

People were supported by staff whose performance and development was monitored through regular supervision and appraisal. Staff told us their training was good and that it supported them to carry out their roles effectively. An overall record of staff training was kept so there was clear information about the training individuals had completed and when it was required to be refreshed. We saw from the training record that topics relevant to the care of people in the home were included. For example, staff received training in epilepsy and midazolam (a medicine used in the treatment of epileptic seizures), autism, safeguarding adults and pressure area care.

People were supported to receive sufficient nutrition and hydration. People's weight was monitored so that any concerns could be identified and investigated if necessary. We observed one individual being supported to receive nutrition via a PEG (Percutaneous Endoscopic Gastrostomy). This is a way in which a person can receive nutrition when they are not able to do so orally. This showed that staff were able to meet people's individual nutritional needs.

There was information in people's support files to describe the support they required when visiting other healthcare professionals such as GPs, opticians and dentists. We saw recordings in people's health action plans to show when they had been seen by other professionals and there were also copies of items such as prescriptions from the opticians.

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. One relative told us they were very happy with the care provided at the home, commenting that “they do everything they can” and “I don’t think it could be bettered”. Not everyone in the home was able to speak with us directly about their experiences; however we observed staff treating people with kindness and consideration. We saw one member of staff hold a person’s hand to reassure them whilst speaking with them. Staff spoke with people in a caring tone and chatted pleasantly whilst attending to their needs.

People had opportunity to express their views and opinions through resident meetings. We viewed meeting minutes of the last meeting in January 2015 when changes in staffing were discussed. In previous meetings we also saw that people had been reminded of their right to complain. These meetings occurred every three months and helped ensure that people were kept informed of important developments within the service as well as being an opportunity to raise any issues.

Surveys in a format suited to people’s needs were used to support people in expressing their views and opinions about the service. The registered manager told us they would like to improve the way in which surveys were completed with people to ensure that they were meaningful and obtained the information required. These improvements including giving careful consideration to the person supporting people with the survey so that they knew the person well and understood their responses.

People were supported to contribute to the planning of their own care, as far as they were able. In one person’s file we read they had been supported to find a suitable time and date for the planning meeting and had invited family and their keyworker. At the meeting, the person had been supported to show photographs of a holiday they had been on. This helped ensure that people felt valued as individuals.

People were supported to maintain relationships that were important to them. One relative told us they were able to visit whenever they wished and commented they were made to feel; “very welcome and involved as much as possible”. Details of important dates, such as family birthdays were kept in people’s care files so they could be supported to send cards if they wished to. Keyworkers wrote ‘monthly summaries’ about the care people received and we saw visits from family members had been recorded there.

People were treated with dignity and respect. In people’s support files, information about their preferred name was recorded. We observed staff knocked on people’s doors before entering their individual rooms. This showed staff respected people’s space and privacy. We saw staff explain to people why there was a visitor in the home and the purpose of the inspection.

Care plans identified where people were able to be independent in their own care routine, for example by eating their meals independently or choosing where they wished to be in the house. We observed at the lunchtime meal that people who were able to, ate independently. This helped ensure that people maintained their life skills.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Staff understood the needs of the people they supported and were knowledgeable about their likes and preferences. For example, we read in one person's files that they enjoyed art activities. At their recent review meeting a goal had been set for them to explore drawing in different mediums. Staff told us about the materials they had bought to support this aim.

Staff understood the different ways in which people communicated. We observed one person use gesture to tell staff something and staff explained to us what the gesture meant. We also observed staff ask a person if they wanted a particular drink, and showed the person the bottle to ensure that they knew what was being referred to. This showed that staff understood the particular communication needs of people in the home and how to communicate effectively.

People were supported to go outside the home regularly. In one person's support file, we read that they liked to go to church every Sunday. Staff confirmed that this person was supported to do so. Another person went out to a local faith organisation regularly. This person talked to us enthusiastically about the group and how they enjoyed going.

Staff told us about plans to change an upstairs bedroom in to a lounge to create an extra lounge for people in the home. This was with the needs of one particular person in mind, who did not enjoy spending time in the downstairs

lounge and preferred to spend their time alone. This showed that the provider took reasonable steps to adapt the physical surroundings of the home to meet people's individual needs.

People had clear support plans in place that described their individual needs. These covered various aspects of the support they required such as communication, moving and handling and the support required for decision making. This ensured that staff had clear and consistent guidelines to follow when supporting people in the home. This support was reviewed regularly to ensure that any changes in people's needs were updated. In one case a person's night time sleeping arrangements had changed recently and this had been updated in their support plan.

People had keyworkers in place. A keyworker is a member of staff who has responsibility for checking the wellbeing of a particular person in the home. Keyworkers wrote monthly summaries about the people they supported, which described the activities they had taken part in, any health issues and any important events that had taken place that month. This allowed staff to reflect on the support that people received and how well it was meeting their needs.

There had been no formal complaints made about the service in the past year; however we saw that people had access to information about making a complaint. This information was produced in a format suited to people's communication needs. For those people that were not able to express their concerns or complaints verbally, we asked staff how they would know if the person was unhappy. We were told that due to the length of time people had been in the home, staff were able to recognise the cues that demonstrated people were upset, such as the gestures they used and vocalisations.

Is the service well-led?

Our findings

We found that notifications to the Commission weren't always made when they were required. There was one individual in the home who was the subject of a DoLS authorisation. This had not been notified to the Commission in line with legal requirements. Without notifications being made, the Commission is unable to effectively monitor how well people's rights are being protected and how safe they are.

Staff felt well supported in their role and told us they felt able to raise any issues or concerns. Staff gave examples of when they'd raised concerns with the registered manager and felt that these had been listened to and a suitable response given.

The registered manager told us that staff had been involved in identifying areas for improvement in the service last year and these had gradually been carried out over time. The improvements were predominantly relating to improvements in the physical environment. The registered manager showed us around the home and told us about the redecoration that had been carried out. This demonstrated that staff opinions were valued and taken in to consideration when planning improvements to the service.

The registered manager told us the staff team had been nominated for 'team of the year' within the organisation and had been runners up for this award. This showed that

within the organisation, the staff team at the home were recognised as a team that performed well and in line with the standards expected of the organisation. Staff confirmed they worked well as a team and felt the organisation had high expectations about the care they delivered. Comments included "we all listen to each other and get on well". Staff told us that communication was good within the team, so important information was passed on at shift handovers. This helped to ensure people's needs were met.

There were systems in place to monitor the quality of the service provided. We were told that the systems for quality monitoring were in the process of changing in line with the Commission's new approach to inspecting services. The home would be assessed by a manager from another service in line with the five key questions; is the service safe, effective, caring, responsive and well led. One particular area would be monitored at each visit.

We saw evidence that prior to the new systems of monitoring being introduced a manager from another service visited the home on a monthly basis as a means of identifying any concerns and issues. These visits resulted in action plans being created with timescales for completion. We also noted that a recent inspection by the Bristol County Council as part of their contract monitoring had been completed. An action plan was put in place resulting from this and dates had been added to show when actions had been completed. This showed that the registered manager responded positively to any improvements that were needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Records in relation to people's care and treatment were not always accurate.