European Care (Danbury) Limited

Chelmsford Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection of Chelmsford Nursing Home took place on the 12 and 13 November 2014.

The service is provided in a purpose built building that is set over two floors. The first floor is designated for people who require general nursing care and the ground floor is designated for people who are living with dementia. Care is led by registered nurses on both floors. The service requires there to be a registered manager in post. A registered manager is a person who has registered with the Care 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.' A new manager has been in post since April 2014 and is just going through the process of becoming registered with the CQC.

At our last inspection of the service on the 9 July 2014 we found the provider was not meeting the requirements of the law in a number of areas. We asked the provider to send us an action plan as to how they would rectify this and meet the requirements of law. We received an action plan from the provider. At this inspection we found the provider had met their action plan objectives and was no longer in breach of the law under the Health and Social Care Act 2008 [Regulated Activities] Regulations 2010.

Summary of findings

People were cared for safely in a well maintained environment.

Staff had been recruited appropriately after appropriate checks were completed.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected.

People were relaxed in the company of each other and staff. Staff were attentive to people's needs and knew people well. Staff treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including a doctor, chiropodist and district nurse.

People could raise concerns or make a complaint to the care manager, complaints were resolved efficiently and quickly.

The service had a number of ways of gathering people's views from holding meetings with staff, relatives and people to completing survey's and talking to people individually.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively and to drive improvements.

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.

People felt safe at the service. We saw the service took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good

Is the service effective?
The service was effective.

Staff were supported when they first came to work at the service as part of their induction. In addition staff had attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and there was adequate diet and nutrition available

People had access to other healthcare professionals when they needed to see them. The service offered good healthcare monitoring for people.

Good

Is the service caring?
The service was caring.

People and their relatives were involved in their care planning.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people, and spent time with people without rushing.

Staff were responsive to people's needs and treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

There were varied activities to meet people's social and well-being needs. People accessed activities in the community with the support of staff.

Relatives attended meetings and were able to talk with the manager when they needed to.

Good

Is the service well-led?
The service was well led.

People, staff and relatives were all complimentary of the management and the support they provided. People and their relatives knew the manager by name and said that they were available to speak with.

The service had implemented a number of quality monitoring systems to improve and maintain its standards.

Good

Chelmsford 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 12 and 13 November 2014 and was unannounced.

The inspection team consisted of a lead inspector, two other inspectors, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. There was also specialist advisor, this is a person who had specialist knowledge in supporting people with dementia.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed safeguarding alerts and information from the local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI), on the unit where people were living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people, seven relatives, and 11 members of staff including the care manager, deputy manager, two unit managers, two nurses and five care staff. We reviewed 12 care files, two recruitment files, minutes from meetings, training records and audits.

Good

Is the service safe?

Our findings

On our last inspection of the 9 July 2014 we found the provider had breached regulation 15 safety and suitability of premises. This was due to an area of flooring being poorly maintained and bathrooms being used as storage areas. We found at this inspection that improvements had been made. The provider also breached regulation 22 staffing due to insufficient staffing numbers. We found at this inspection that improvements had been made. We found the provider now met the requirements of these regulations and was no longer in breach.

The environment was safe. The premises were well maintained and employed a maintenance person to carryout repairs and maintenance. Repairs had been completed on the flooring that we noted as a previous concern and bathrooms were not being used as storage areas.

The service had sufficient staff on duty to meet people's needs. The care manager told us that since our last inspection they had implemented the use of a dependency tool to calculate how many staff were required to support people. This tool took into account people's needs for support with sensory and communication deficit, state of well-being such as confused or withdrawn, behavioural problems, psychological and emotional needs as well as eating and drinking needs, mobility, continence and personal care needs. This was updated weekly and staffing could then be adjusted as required.

We noted that call bells were answered quickly. One person told us that, "You call on the buzzer and someone will come immediately to see what you want." Staff told us they felt there was enough staff working for them to fulfil their role effectively. We found the environment to be relaxed, with staff taking their time to talk with people and offer support where required. To ensure that the service remained appropriately staffed to people's needs the care manager had recruited new staff and showed us that they had six staff waiting to start dependent on the appropriate checks. The service also used, when required regular bank and agency staff to cover short term absence and sickness.

We reviewed the recruitment records for two staff members. The records showed that staff who were recruited were suitable for the role they were employed for and that the provider had a robust recruitment process in place. Files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff did not have a criminal record and were suitable to work with people. Staff told us about the recruitment process and how they were asked to provide references and had completed DBS checks before they started work.

People told us, "I feel safe, definitely." and, Family members told us they thought their relatives were safe. Comments received included, "If I express concerns they act on it." Staff we spoke with knew how to raise any concerns. Staff were able to tell us how to safeguard people from abuse and how they would whistle blow if they suspected any abuse was happening. Staff had been trained in safeguarding people and the service had policies on 'safeguarding' and 'whistleblowing'. We reviewed with the manager safeguarding alerts that had been raised by the service and saw that these had been thoroughly investigated and dealt with. The appropriate steps had been taken to keep people safe.

The service undertook risk enablement assessments; these assessments identified what support people needed to maintain their independence. One person told us, "I have my own hoist and my own sling, staff are competent and very careful, they know how to move me." The assessment covered such things as moving around the service and preventing falls, how to keep people safe, and how to support someone who becomes agitated. The information in these assessments contained useful explanations for staff as to the best way to support people.

People had personal evacuation plans in place. The care manager also told us of the emergency contingency plan they had in place should the service ever need to be evacuated. This included the use of other services locally. Staff were trained to deal with emergencies. This demonstrated the service had considered how to keep people safe in an untoward event.

Most people we spoke with said that they got their medicines on time. One person said that both their oxygen and their medicine had been discussed and explained to them. Another person said that staff, "Explain medicines. I ask if they don't."

Medication was stored safely within a secured locked medication trolley and that the service had a locked medication room. We saw that the nurses dispensed the

Good

Is the service safe?

medication to people. Whilst doing this they wore a red tabard indicating they should not be interrupted whilst dispensing medication. This was to ensure that they could concentrate on giving people their medication and would reduce the risk of errors happening.

We observed part of a medication round. We saw this was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. This meant they checked the right person was receiving the medication and that they knew what it was for.

Good

Is the service effective?

Our findings

People said that they thought staff had the skills and experience to look after them effectively and to support them. One person told us, "I think they're [staff] are well trained." Another person told us, "Staff are competent and very careful, they know how to move me."

We found that people received effective care from staff that were supported to obtain the knowledge and skills to provide this. Staff were supported to complete training in health and social care. These included completing National Vocational Qualifications (NVQ) level 2 and 3. Staff in addition, were supported to complete various in-house training. Staff told us they felt well trained to fulfil their role and support people.

The care manager told us that all new staff went through a full induction process; where they were allocated a mentor to help them. New staff completed the common induction standards over a 12 week period; this was a workbook that inducts staff into working in care. They also complete E-learning and face to face training. One member of staff told us that, "If you are new you have to shadow for at least a week and you can`t work alone until you have had manual handling training."

The service also facilitates placements from student nurses who are training at Anglia and Ruskin University to become registered nurses. This means that student nurses work at the service to develop their skills before they become qualified nurses. They are supervised by the unit managers or other qualified nurses who have received training in mentoring students. This can be an opportunity for the service and the university to share good practice and ideas.

The care manager told us that all staff received supervision through a model where each member of staff's senior facilitates the supervision. It is important for staff to receive supervision so that practice can be discussed and training needs identified. We saw that each of the units also held staff meetings to discuss people's care and any issues around practice and training. This meant that people were supported by staff who were up to date with their needs, and reviewed the skills they had to deliver care.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

Staff had received training in MCA and DoLs, and had a good understanding of the Act. We saw from care records where appropriate, applications had been made to the local authority for DoLs assessments. We also saw clear explanations in people's care records if they had capacity to make decisions or if best interest decisions were needed. This told us the service took the required action to protect people's rights and ensure people received the care and support they needed.

Throughout the day we saw people had access to food and drinks, this included snacks in people's rooms. People were regularly approached and offered a choice of drinks. Some people had their food and fluid intake monitored to ensure they were getting the required nutrition and hydration. The care manager told us that staff had protocols to follow if these fell below the required levels for people's needs. These protocols included informing senior staff, referring to a GP or considering referral to dieticians and speech and language therapists.

The service had taken part in an initiative with the speech and language therapist (SALT) to deliver training to all staff on supporting people with eating and drinking. The training gave staff an awareness of signs to look for that might indicate a referral was necessary to a dietician or speech and language therapist. It covered issues around weight loss and difficulties in swallowing. The training also showed staff how when prescribed to thicken peoples liquids to help them with swallowing. This told us staff were being provided with the skills and knowledge needed to support people effectively.

We had mixed reviews of the food some people said that they enjoyed the food, whilst others were not as keen. One person told us that, "It's been [the food], what I call, very good." Another person said, "Good food here." In contrast another person told us that the food was, "Not very appetising. They could do a lot better, I think." We saw from minutes of meetings that if the chef received negative feedback on the food he would give people a questionnaire to gain wider feedback to address the issue.

Good

Is the service effective?

We observed the lunch time dining experience on the unit where people were living with dementia. We saw that this was a very calm and relaxed environment. Tables were nicely dressed with table clothes and condiments. People were given a choice as to where they wanted to eat their meals, some people preferred to eat in their room or in the lounge. The majority of people chose to sit at the dining room tables. We saw people were engaging in conversation with each other and staff.

The menu offered two hot meal choices and we saw staff present these on plates to people to ask them which they would prefer to eat. One person did not want either choice, and we saw they were asked what alternative they would prefer and this was provided. A relative told us that he ate lunch with his wife every day. Another relative told us that, "My mother has put on weight which is good."

Where people needed support staff sat with them and encouraged them to eat and drink. We saw that staff were attentive and took their time; we observe them ask people if they were ready for the next piece of food and intermittently offer drinks.

People we spoke with told us that they had access to other health professionals as needed. One person told us that, "If I don't feel very well, they'll get a doctor in." A visitor told us that a doctor had been involved in their relatives care and reviewing their medication. The unit manager told us that the GP attends weekly and had recently completed a medication review on everybody. From care records we saw that people had an allocated GP and that he had involved people and their relatives in decisions about their healthcare.

From discussion with the deputy manager we saw that the service followed the NHS guidance on infection control. The service monitors infections such as chest and urine infections, to ensure people receive the correct treatment and to try and prevent reoccurrence. The deputy manager told us a couple of people receive prophylaxis antibiotic treatment, this meant they had antibiotics prescribed to prevent infections reoccurring.

The service also monitored people's pressure area care to prevent people receiving sores. Where appropriate people used pressure relieving aids and mattresses. The deputy manager told us that some people did have reoccurring pressure sores that had been monitored and treated by the tissue viability nurse. Care records showed this to be the case, and that people's treatment was reviewed.

Good

Is the service caring?

Our findings

On our last inspection of the 9 July 2014 we found the provider had breached regulation 17 Respect and dignity. The provider had not shown adequate regard to people's choices or treated people with dignity for example when supporting them with eating. Previously staff had not engaged with people they were supporting in a meaningful way. At this inspection we found staff to be very supportive and engaging with people during all interactions. The provider was also in breach of regulation 9 care and welfare. The provider had not kept care plans up to date with the most relevant information that was individual to people's needs. We found at this inspection the provider had taken the required steps to keep care plans up to date and individual to people's needs. We found the provider now met the requirements and was no longer in breach.

We found that the service provided a caring and supportive environment for people who lived there. One person told us that, "I think they [staff] are very caring." Another person said staff were, "Caring and kind." Relatives told us that, "All the staff seem to put a lot of effort into supporting her." Another relative said that, "They [staff] seem to be delivering the right care for him."

Staff had positive relationships with people. We saw that staff showed kindness and compassion when speaking with people. On a number of occasions we saw staff using touch appropriately to reassure people by holding their hands or stroking their arms or back. We also saw people seeking out this comfort and going up to staff and hugging them.

Staff took their time to talk with people and showed them that they were important. We saw that when one person became upset staff immediately went to them to see how they could support them. We saw when another person became distressed staff were very good at using distraction techniques to get them to join in with other activities to lessen their distress.

A relative told us that, "I am very happy with the home and the care they provide to my mother." Another relative told us, "I always go away with peace of mind, knowing he [relative] is being looked after." A family member also told us that their relative had improved physically since being at the service and was now stronger. Relatives we spoke with said that they had been involved in discussing and planning their relatives care needs. They also said that they could read the care plans and be involved in reviewing these.

Care plans were individual to people's needs. They contained documentation such as 'This is me' which gave a detailed account about a person, their likes dislikes and preferences. We saw where people had been unable to complete these themselves that their family members had completed them. Care records also included people's preferences and how they liked to spend their time. We noticed that the emphasis in care records was on enablement and how staff could support or enable people to be as independent as possible.

Staff knew people well and what support they required. We saw staff treating people with dignity and respect throughout the inspection. For example we saw staff discretely asking people if they needed assistance with personal care. We also noticed that when personal care was being provided that people's doors were closed and signs were put up advising staff not to enter. This meant people could be reassured that they were being respected and their dignity protected.

People told us that staff always knocked on their room door and waited for permission before entering. One person told us when asked if the staff were polite and caring, she replied, "Yes very much so." Family members told us that their relative was always well groomed and their room was clean and tidy. Another relative said staff, "They [staff] respect my dad's dignity." Relatives told us that they could visit at any time and that they felt there was 'a real open door policy.'

We saw that when people did visit they could spend time with their relatives in their rooms or in lounges provided on each of the units. Staff told us that when large groups of relatives want to visit for a special occasion there is a large lounge they can use for parties or for entertaining.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's needs. People and relatives told us that they were involved in planning and reviewing their care needs. We saw from care records that people were supported as individuals, including looking after their social and well-being needs. A relative told us how the service had obtained a more suitable bed for her husband's height without her needing to ask for this, which made her husband much more comfortable.

The service employed two members of staff to engage with people in activities. We saw that the activities were wide and varied. They included such things as art and craft, exercises, bingo, cake decorating, listening to music and reading. The service also had a large screen computer with reminiscence software that people could use to trigger memories of times gone by. We saw people joining in with these activities. People seemed to enjoy the social aspect of the activities and we frequently saw people smiling and laughing together.

On one occasion we saw 11 people joining in an activity called the parachute game. This is where people sit in a circle holding a large piece of material that looks like a parachute. On top of this a plastic beach ball was placed, the idea of the game is to stop the ball from falling off. We saw that not only was this a great source of amusement and laughter but it also encouraged people to exercise and move their arms up and down or to stand up and sit down.

People joined in other activities throughout the day, these included cake decorating, bingo and singing. All the activities were well attended by people, and everyone seemed to be enjoying themselves. We saw that individual activities were also catered for, we saw one person being assisted to complete a jigsaw puzzle. The unit manager told us that one gentleman had enjoyed following the horses, so they provided him with betting slips so that he could continue with this interest.

The environment on the units had been decorated to support the needs of the people living there. For example on the dementia unit, bathroom and toilet doors were of a different colour so that they stood out for people. The corridors were well lit with plenty of grab rails. There were also different textures and activities placed on the walls, such as keys and switches. Along the corridors were hats, scarves and bags should people wish to put these on. We saw that two alcoves in the corridors had been decorated one as a beach scene with a beach hut with a chair in for people to sit. Another area had been decorated as a garden with fake grass, a washing line with washing on and a basket of clothes if people wished to 'peg out the washing'. This meant that people living with dementia lived in an environment that had been adapted to meet their needs.

The dementia unit also had a sensory room which allows residents to experience visual, tactile and auditory sensations. The room was adequately set up and stocked with LED lights, a pram with dolls, different textured materials and lighting. However we did not see anybody using this facility.

The unit manager showed us a lounge that was used for special occasions such as people's birthday's with visitors. Recently they had held a cream tea, chocolate tasting, and a wine and cheese evening. The lounge was in the process of being turned into a bar and we were told that they were waiting for pub furniture to be delivered. The bar would then be used for social occasions and would give an atmosphere of being in a pub.

People told us that they enjoyed going on trips out in the community. The previous day some people had gone to a garden centre for lunch. We were told that the service used to have a minibus but this was out of action so the service now hired the use of a minibus for trips. One person told us that, "I like to go out, but they don't have their own bus anymore. They hire a bus and I am going out today, I like to shop". It is important for people to access activities in the community, the service had recognised this and was now supporting people with transport.

We were told by staff and people that the service had external entertainers coming in these included singers, and bell ringers. One person told us that, "Singers come in to entertain us, we had one the other day, and they were very good."

We asked people and relatives if they knew how to make a complaint. Most people told us they would talk to the care manager or the unit manager. A relative told us that they were unhappy when their mother was attended to by a male member of staff. They told us that they spoke with the manager and this was amended so that only females

Good

Is the service responsive?

attended their mother. We asked the care manager about this and he told us that as a result of this concern all people were now asked to express their preference for male or female carers and this was now recorded in care plans.

A relative told us that a concern they had raised about a member of staff had been dealt with swiftly by the manager and all the appropriate authorities informed. The person who had raised the concern said that the manager discussed the complaint with them and checked to ensure they were happy to remain at the service. This told us that concerns were acted upon and that the manager took time to check people's welfare and that they felt safe.

The service had a complaints policy that it followed to address and deal with people or concerns raised by relatives. However most people we spoke with said that they would raise concerns directly with staff and were confident they would be listened to.

Good

Is the service well-led?

Our findings

On our last inspection of the 9 July 2014 we found the provider had breached regulation 10 assessing and monitoring the quality of service. The service did not have robust quality monitoring procedures in place and had not acted on the information it gathered in its own audits. For example missing documentation in care plans had not been followed up. We found at this inspection that the results of audits were now actioned and there was a more robust quality monitoring system in place. The provider had also breached regulation 20 records as they had not provided secure storage for records and there had been gaps in the recording of records. We found at this inspection records were secure and well maintained. We found the provider had now met the requirements of these regulations and was no longer in breach.

The service has a care manager in post who was going through the process to become a registered manager. People we spoke with, relatives and staff were all complimentary about the new care manager. One person told us that, "The Manager is well liked." And that, "As they pass by, they always acknowledge me." People told us that the service had meetings for them to attend each month to discuss any issues within the service. Relatives told us that they had attended meetings at the service to discuss the new provider and that they felt the service was very transparent. Relatives told us there was good communication at the service, through meetings, letters and phone calls. We were also told that the staff were approachable to speak with.

We saw that people and their relatives were comfortable talking with staff and the care manager. Staff told us that, "I really enjoy working here the staff and management are very supportive especially during my induction period when I shadowed staff."

Generally staff told us that they felt well supported at the service and that the management at the service was very visible, always walking around talking with people and staff.

We saw that the new care manager had implemented a number of quality monitoring systems since they came into post. We were also shown that along with the senior team, systems were being developed to continuously improve the quality of the service. We saw meeting minutes for service improvements, health and safety, heads of department, and general staff meetings. These meetings were used to discuss all issues within the service including lessons learnt from accidents.

The service carried out a number of audits monthly to review the care people received, as well environment and health and safety audits. We saw that where there were any issues, actions plans were in place to address these.

The management team had made good progress to ensure that all people's records were kept up to date and reviewed monthly or more regularly if required. This meant staff always had up to date information on how to support people.

The deputy manager told us how she was currently reassessing all the registered nurses practical skills so that she could identify further training packages required for staff to drive forward the quality of care given.

The service had already made links with the speech and language therapist to be involved in their training initiative for staff. We also saw the service followed NHS guidance for monitoring and treating infections. This told us the service was keen to develop high standards of care and support for people.

The manager told us that there was always a member of the senior management team on call should they be required. They also told us that they worked flexibly across the day rather than nine to five. This meant there would be a senior manager at the service some evenings and weekends to make them more available for staff and relatives.