

Bindon Care Ltd

Bindon Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This focussed inspection took place on 28 October 2016 and was unannounced. The inspection was carried out by one inspector. We undertook the inspection as concerns had been raised about staffing levels and the impact this had on people's care. We did not find evidence to support these concerns.

Bindon Residential Home provides accommodation for up to 46 people. The service provides care for older people; most of whom are living with dementia. The home is separated into two different areas called Bindon and Elmcroft. These are accessed by separate front doors or via the garden at the rear of the properties. At the time of our visit 33 people were living at the home, 20 of whom were living in Bindon and 13 of whom were living in Elmcroft.

The service was previously inspected in November 2015 when the service was rated as requiring improvement. At that inspection we found a breach of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the provider not fully effective recruitment procedures in place. At this inspection we found recruitment procedures were more robust. - There were systems to ensure checks were fully carried out before new staff were appointed to a post.

There was a registered manager in post who had worked at the home for a number of years in various roles. 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.

The registered manager monitored staffing to ensure it was sufficient to meet people's needs. Staff were recruited safely with checks being carried out before they started working with people, to ensure they were suitable to work with vulnerable people.

Staffing levels at Bindon were generally found to meet people's needs and expectations. However we were told about some occasions when people had to wait longer than they were comfortable with for personal care. The registered manager said they would monitor this and address any concerns.

During the inspection staff worked calmly and did not appear to rush people. However on some occasions, we observed staff being very task focussed and not always interacting with people in communal areas. Staff said they felt there were sufficient staff on duty to ensure they met people's needs. Staff showed kindness and were caring to people when supporting them. People and visitors to the home said staff were very kind, however, they said described how on occasions, staff spoke in a foreign language to each other while providing care. The registered manager said this had been raised with staff in the past as it was not acceptable practice. They said they would ensure that staff were reminded about this again.

The provider had introduced a new computerised care record system which they said had improved the availability and access to care records. We saw evidence that staff used the system to check people's care. Staff said they found the new system really helped them with more accurate and up-to-date records.

We had received concerns about what activities were available for people at Bindon. We found that there had been some improvements following a recent appointment to the role of activity coordinator. This meant people were being offered individual and group activities which included trips out, games and music sessions in the home as well as individual pampering. We saw evidence that this was the case.

A concern about malodorous smells in communal areas which had been raised prior to the inspection was not found to be evident. However, the provider was installing air fresheners in communal areas to reduce the risks of stuffiness and stale air.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Most aspects of the service were safe.

Staffing levels at Bindon were generally found to meet people's needs and expectations. However on occasions some people had to wait longer than they were comfortable with for personal care.

Risks to people had been assessed and people were supported to be safe whilst minimising any restrictions on them.

People were protected from the risks of abuse by staff who understood their responsibilities.

The home was clean. The provider was taking action to improve the air quality in communal areas.

Requires Improvement ●

Bindon Residential 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 focused inspection took place on 28 October 2016 was unannounced. We carried out the inspection because we had received concerns about the staffing levels at the home and how this had an impact on people's care and support. The inspection was carried out by one adult social care inspector.

Prior to the inspection we checked information we held on our systems. This included reviewing statutory notifications which had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this in October 2015 and we had not requested an update since then.

Before the inspection, we spoke with a community professional and the local safeguarding team. We also contacted two health and social care professionals after the inspection. We received comments from one of them.

At the time of this inspection, 33 people were living at Bindon. We met 12 people living in the home and spoke to seven of them about their experiences. Some people were unable to communicate their thoughts about their care. Therefore the inspector used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who are not able to comment directly on the care they experienced. During the inspection we also met and spoke with one relative. After the inspection we also spoke with someone who visited a person in the home regularly.

During the inspection we met all the staff and spoke with two senior care staff and four care staff working at the home. We also spoke with an activities co-ordinator, the provider, the registered manager and an

administrator.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed records which included three people's care records and two staff records.

Is the service safe?

Our findings

At the inspection in November 2015, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment procedures had not always been carried out in a consistent manner. This meant that there was a risk that people were cared for by staff who had not been fully checked to see they were suitable to work with vulnerable people.

At this inspection, we found the provider was compliant with this regulation. New systems had been introduced so prospective staff were not allowed to work with people until appropriate checks had been completed satisfactorily. These checks included obtaining satisfactory references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff files included application forms, references and a record of the DBS check. Notes from the interview with new staff were not held in the staff record. Interview notes can help to provide evidence of how interviewers address the suitability of the candidate. We discussed this with the provider and the registered manager. They showed us a set of standard questions that they used when interviewing staff. However, they said, in future, they will retain interview notes in staff files. They also described how they undertook a review of the last 20 years of people's employment history including gaps in employment. Although gaps in employment were recorded on the form, actions the provider took, when there was a gap, were not recorded. The registered manager said they would include this on the form in future.

Prior to the inspection we had received concerns about the staffing levels in the home.

Most people, and all the staff we spoke with, said there were sufficient staff to meet people's needs. However one person said they did not find this was always the case. They described how they required two staff to assist them to the toilet. They said that although one member of staff usually came when they rang their call bell, a second member of staff was not always available to help them quickly enough. They described how on one occasion they had had to wait over half an hour. They said they had complained about this and it had not happened again. However, they added they sometimes still had to wait for several minutes, which meant they were sometimes physically very uncomfortable. We raised this concern with the registered manager. They said they were not aware of these delays but would monitor the time between the call bell being rung and the time when the person had received assistance. They said they would take action if they found there were times when the person had to wait.

Another person said that they felt there was generally enough staff, however there were times when staff were very busy. They said this happened particularly in the mornings when staff were supporting people to get up. They added that they sometimes had to wait a few minutes for help, but that this was not a problem.

Concerns had been raised that people did not have much to do in terms of activities. We found some

evidence to support this, although the provider had recently appointed an activities coordinator, who was developing a programme of activities. Staff working busily and calmly in an unhurried way with people. However, there were times where staff did not interact with people meaningfully. One person described how staff were kind, but often did not have enough time always to engage with them meaningfully. For example, staff were often moving in and out of a sitting room where people were seated. Although staff were polite, the interactions by staff with people were task focussed, such as administering medicines. The television was on, but none of the people were watching it and no-one was occupied with any activity. Staff took action when the television screen showed it was about to be turned off. However they did not ask any of the people in the room, whether they wanted the television to remain on or what they would prefer to watch.

We discussed this with the registered manager and the provider, who said they were aware that staff needed to be reminded of the need to spend time with people.

On the day of inspection, in addition to the registered manager, there were seven care staff, an activities coordinator, two housekeeping staff, a cook and an administrator on duty. The seven care staff, including two senior care workers, provided care and support in both parts of the home. A senior care worker, two care staff and a cleaner worked in Bindon, while the other senior care worker, three care staff and another cleaner worked in Elmcroft. The cook provided meals for both Bindon and Elmcroft. The registered manager said this was the usual current level of staffing. They described how they assessed the staffing levels based upon the number of people living in the two areas of the home and their current needs. For example, the registered manager described how until recently there had been an additional member of staff at Bindon during the day. They explained that due to a reduction in the number of people from 22 to 20 and the care they required, they had assessed staffing levels were safe to be reduced. They said however, that staffing levels were always under review. Rota sheets confirmed the staffing levels described.

The registered manager did not use a specific dependency tool to assess staffing levels but did get feedback from people and staff. The housekeeping and kitchen staff were also trained to be able to provide care if needed, which meant they could be flexible if a need was identified. The registered manager described how they were able to also provide additional support if necessary. They added they did not have to use agency staff currently as existing staff were usually willing to do additional shifts.

Rotas were organised around a day shift pattern of 8am to 8pm. Some staff worked for 12 hours, although the registered manager explained that other staff worked shorter shifts from 8am to 2pm or 2pm to 8pm. There were four waking care workers on each night from 8pm to 8am, which ensured two staff were on duty in Bindon and two staff in Elmcroft. Staff we spoke with said that they felt they had sufficient time to support people safely. They also said they would raise concerns with the registered manager if they felt more staff were needed.

One person raised a concern that staff sometimes spoke to each other in a foreign language. We raised this with the registered manager, who said that this was unacceptable. They also said they reminded staff that English should be spoken at all times. Minutes of a staff meeting held in January 2016, confirmed the registered manager had informed staff about this.

Most people said they felt safe and happy living at the home. Comments included "Staff are very kind to me. The home is lovely." "Staff are very good." A visitor commented that staff were "caring and kind, really lovely."

Occasionally people became upset, anxious or emotional. For example, one person was upset because they

thought a friend had forgotten them. Staff talked with the person, in a kindly manner, about their concerns and helped them to realise that their friend had visited within the previous few days.

People were protected against the risks of potential abuse. Staff received training in how to safeguard vulnerable adults, they had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff also had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. For example one member of staff said they would "tell the manager if I saw something I thought was wrong." The registered manager said they had not had any recent safeguarding issues but understood their responsibilities if they identified any concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. An assessment was carried out before people moved into the home. For example, when we arrived at the inspection, the registered manager had been visiting a person in hospital to carry out an assessment to see if the home was suitable for them. The registered manager explained that this assessment also helped them decide what support a person needed if they decided to come to live at Bindon.

People were supported to take risks to retain their independence, whilst any known hazards were minimised to prevent harm. For example, one person liked to move from room to room around the home. The person required a walking frame to reduce their risk of falls, but would frequently forget to use it. Staff fetched the frame on more than one occasion to help the person. Staff said they were very aware of the risks to the person and would check they had the frame whenever they were moving about.

The provider had introduced a computerised care record system, which included risk and needs assessments, care plans as well as daily notes. Staff said this was really good as they were now able to enter information into people's notes immediately. Comments included "it's really helpful as I can update daily notes quickly and easily rather than waiting until the end of a shift when things can get forgotten." They also said that it was very useful as they were able to see people's risks, needs, care plans and appointments without having to leave their room.

The registered manager said that the new system had greatly improved their ability to monitor the care given to people and take action where necessary. For example, a decrease in a person's weight had been noted and a chart showing the weight loss and had been faxed to the person's GP to ask for their advice.

Prior to the inspection, we had received a concern about the home smelling malodorously of urine. We did not find this to be the case, although we did discuss with the registered manager and the provider, that, at times, some communal areas were rather stuffy and had a stale air. They said they tried to ensure that rooms were well ventilated by opening windows and doors whenever possible, but some people preferred this not to happen and would complain. They also said they had recently trialled an air freshener system which had helped the communal areas smell fresh. They showed us the equipment they had trialled. They said they had decided to install the system and were in the process of buying replacement cartridges. Visitors to the home said they were not aware of these concerns. One visitor remarked "I would be very aware if there was a bad smell and tell staff immediately."