Caspia Care Limited

Hendford Care Home with Nursing

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on 3 August 2015

Hendford Care Home with Nursing is registered to provide accommodation and nursing care to up to 41 people. The home specialises in the care of older people. Part of the home specialises in supporting people with dementia. At the time of this inspection there were 25 people living at the home permanently and three people having respite care. This is the first inspection of this established service which was re- registered on 17 April 2015.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 home is organised into three units. On the ground floor is Greenwood providing support for people with dementia. On the first floor Silver Birch is mainly for people requiring nursing care. On the top floor is Pine View. People with residential needs and those requiring respite are usually, although not exclusively offered a room on Pine View.

People were able to make choices about all aspects of their day to day lives however the service provided to people who came to the home for respite care did not always meet their preferences.

The home was safe however people did not always feel there were enough staff available to meet their needs. There were enough staff employed however the deployment of staff needed revision to provide a positive outcome. The organisation and lay out of the home on three floors placed extra pressure on the staffing levels and needed to be addressed.

People had their nutritional needs assessed and were provided with a diet that met their needs. Improvements were needed to the way in which meals were organised and served.

People were offered a range of activities. Further development of the activities programme was required in line with best practice required to support people living with dementia and ensure everyone had full access to the activities programme.

People told us the registered manager was open and approachable and they would be comfortable to make a complaint or raise any worries or concerns. People were also able to share their views at care plan reviews and at meetings.

Staff had access to a variety of training to make sure they had the skills required to meet people's needs. People said they were supported by kind and caring staff. One person said "Staff are very kind. It is very good. I can't fault them."

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. People in the Greenwood unit were happy and relaxed. One person said "It is good to be alive." They said living in the home was "heaven on earth" and they had "a lot to be thankful for." Other people moved about the unit chatting and interacting with staff and visitors.

Registered nurses were always available in the home to monitor people's health needs and ensure they received effective support and treatment. People were referred to other health care professionals according to their individual needs.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Requires improvement

The service was safe however improvements were required to the deployment of staff.

Some people felt there were not always sufficient numbers of staff to meet their needs.

People received their medicines from registered nurses who were competent to carry out the task.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure.

Is the service effective?

Requires improvement

The service was not fully effective.

People's rights regarding consent and best interests were not always protected because the appropriate action was not always taken.

Some improvements were needed to the ways in which people were supported to eat and drink at meal times.

People received a plentiful diet and were able to maintain a healthy weight.

People had access to healthcare professionals to make sure their specific needs were effectively meet.

Is the service caring?

Good

The service was caring. People were supported by staff who were kind and respectful.

People were involved in discussions about their care and were able to make choices about their day today lives.

Everyone had a bedroom where they could spend time alone, or with visitors, and people's privacy was respected.

Is the service responsive?

Requires improvement

The service was not fully responsive to people's needs.

Improvements are needed to ensure dementia care reflected best practice with regard to meaningful activities.

Although most people received care and support that was responsive to their needs others found the service was not personalised to their individual preferences. People receiving respite care did not feel the service provided reflected their individual needs.

Summary of findings

People felt able to raise concerns and complaints were dealt with in a timely manner.

Is the service well-led?

Requires improvement

The service was well led and there was evidence of improvements in the service as systems and procedures were implemented in the home. However further improvements were needed to make sure people received a service which fully met their needs and preferences.

There was a registered manager in post who was open and approachable.

People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the management structure in the home.

There were systems in place to monitor the quality of the service and plan on-going improvements.

Hendford Care Home with Nursing

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 the third August 2015 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. This inspection followed the new registration of an established service with a new provider.

During the inspection we spoke with 12 people who lived at the home, four visitors and six members of staff. Staff spoken with included trained nurses and care staff. We also spoke with the registered manager who was available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We looked at a selection of records which related to individual care and the running of the home. These included five care and support plans, three staff personal files, medication administration records and records relating to the quality monitoring within the home.

Requires improvement

Is the service safe?

Our findings

The service was safe however improvements were required to the deployment of staff. People told us they felt safe at the home and with the staff who supported them however improvements were required to the staffing arrangements. People and staff did not always feel there were sufficient numbers of staff to meet people's needs in a relaxed and unhurried manner. The home was organised into three units and some staff worked across two floors. This could result in people waiting to get up or receive support if they needed assistance from two staff.

On the top floor of the home known as Pine View five people were living permanently. Three people were in the home for respite care. One person receiving respite care told us "They have never bothered about me much. The girls are very nice but there are just not enough staff. "

Another person said "There are not enough staff. I keep getting out to the loo on my own. They say I shouldn't." One member of staff allocated to the floor said that although one member of staff for eight people was usually "alright" there were times when it was not because people needed two staff to assist with their movement or personal care. Some people were very well supported by staff. Two activities staff supported six people with activities in the Greenwood unit in addition to the care staff allocated to the unit.

The manager told us when the occupancy of the home increased additional staff would be on duty. Sufficient staff were available to roster. There were five permanent trained nurses working at the home. This meant there were no trained nurse vacancies. There was a nurse was on duty 24 hours a day who provided support to all people in the home. Care staff positions had also been filled although three care staff had just resigned. The manager told us they were "always recruiting" and trying to build up banks of staff to fill vacancies. One person had been assessed as having behaviour that may challenge staff or cause other people harm. One to one support had been obtained for them and this was seen to be in place.

People looked comfortable with staff who supported them. People living in Greenwood were relaxed and happy to talk to visitors and staff. We spoke with two relatives on Silver Birch whose family members received nursing care. They felt their relative was safe in the home. One relative commented on the improvements made since the new manager had been in post. They said they were welcomed into the home and staff were polite.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us, and records seen confirmed, that staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The staff training programme showed additional opportunities for staff to up-date their safeguarding training.

The manager had been working in partnership with relevant authorities to make sure issues were fully investigated and people were protected. For example action had been taken to address an unsafe door access in the home.

Where allegations or concerns had been bought to the registered manager's attention they had taken action. For example night staffing arrangements had been changed to more fully meet people's needs.

Care plans contained risks assessments which outlined measures in place to enable people to be cared for with minimum risk to themselves. For example risk assessments had been carried out regarding people's safety at night. Measures in place to minimise risk included the use of bedrails and pressure mats linked to the call bell system dependant on people's individual needs.

People's medicines were administered by registered nurses. Nurses had received recent training up-dates and competency assessments. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the

Requires improvement

Is the service safe?

premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people refused to take medicines which it was in their best interests to take. The provider had a policy governing the procedures to be followed if the medicines were to be given in a hidden or covert manner. Three people received covert medications and the procedure was being followed appropriately.

The regional manager was auditing the medication administration. When concerns had been identified the issue had been addressed. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Records indicated their pain had been assessed before pain relieving tablets were given.

Requires improvement

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. However improvements were required ways in which people were supported to eat and drink.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People who had swallowing difficulties had been assessed. There was a comprehensive file kept in the kitchen and available to nurses to show in detail people's meal requirements. People received meals of different consistencies according to their requirements. One person had a special dairy free diet which was provided although a relative said it could be "more varied."

People could choose their meals from the menu the night before. The manager told us since they had arrived in the home menus had been revised. People's weights were monitored and some people who were low in weight were seen to be improving. Other people maintained their weight.

Menus displayed in the home indicated the choice of meals was available. People told us the food was plentiful. Tea and cakes were offered to people twice a day. Sandwiches were available at night if anyone was hungry. One person said "They make lovely cakes. I enjoy the cakes."

People had meals pureed if they had been assessed as needing them.

People who came into the home for a short stay took time to adjust to the meals offered. One person said food took a "bit of getting used to." Another person said the food had been "OK. No one really asked what I liked. Very different to my last respite stay." This indicated people coming to the home on a short respite stay needed to be consulted about their dietary requirements. They expected the standard of food to be commensurate "with a good hotel." One person said "I am paying enough money to stay here. It is not unreasonable to expect really good food."

People's lunch time experience varied throughout the home. On Pine view tables were set nicely and the menus displayed the choice of meals available although people could chose to eat in their rooms if they wished to. One person said "I have been here a year. The food is very good." Another person told us "The food is varied. We have choice. If you don't like anything they will find you something else."

We observed lunch being served on Silver Birch and in Greenwood. In the dining room on Greenwood seven people with mainly nursing needs ate at small tables in front of their chairs. Only one person had access to a drink when we arrived in the dining room. There was no sense that lunch was a social event. Care staff assisted some people to eat their meals. This meant some people had finished their meal while others had not begun. Some people received excellent support. Other people ate very little and received no encouragement or interaction from staff.

People living with dementia were supported in Greenwood. There were no pictorial menus available to assist them with their choices. Meals were served already on the plates meaning people were not able to express preferences for amounts of different components. People were seated at the table and given a paper clothes protector some fifteen minutes before their ready plated meals arrived. This meant people had no real choice about what they ate unless they could remember the conversation with staff about the menu the night before. The experience of sitting waiting for lunch did not promote their dignity. The home was aiming to provide a specialist service for people with dementia which had not yet been achieved.

People were monitored to ensure their food and fluid balance was satisfactory. We discussed with the manager the importance of stating on food charts the type of food eaten as well as the amount eaten. If people were not drinking sufficient fluids they were referred to the GP.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Since the registration of the service in April 2015 staff had undertaken a comprehensive training programme. We saw records confirming training in infection control and food safety, care planning nutrition, health and safety, and moving and handling had been delivered. Staff confirmed there had been "lots of training." One member of staff said there had been emphasis on getting people "up to date." Some staff had not yet undertaken the training but further courses were planned. Computer systems monitored the training and indicated the monthly increase in percentage of staff trained.

Requires improvement

Is the service effective?

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. We spoke with the registered nurse on duty who was able to talk to us with knowledge and kindness about the people they were caring for. Training was offered to enhance the nurse's clinical skills. Most recently verification of death training had been provided to nurses.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks.

Staff had been offered training in the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

We saw varied implementation of the MCA in the home. Some decisions were made for people by staff without evidence of consultation with their relatives. We also saw careful consideration of one person's ability to make a decision about one aspect of their daily life. There had been consultation with the person's relative and there was recorded evidence of the discussion with the person. The manager demonstrated they had a clear understanding of the MCA by working with other health professionals to make a best interest decision for one person. They told us some documentation relating to the MCA needed to be up-dated and this was a high priority for them to do.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There was a file relating to DoLS applications. The manager agreed some applications would need to be up-dated and this was also a priority.

This was a breach of Regulation 11of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014 : Need for Consent.

People's health needs were addressed in the home. Each month people received a standard health check when basic physiological recordings were made such as blood pressure and blood tests. People were assessed to determine the risk of pressure damage to their skins. We saw people at risk had appropriate pressure relieving equipment in place. Records showed people received regular assistance to change position throughout the day and night. The manager told us, and records confirmed there was no one living in the home suffering from pressure damage.

The service had implemented a system of monitoring people's health. Known as 'NEWS' this was the National Early Warning Score. The system enabled staff to make an assessment of clients in a structured way which can then be flagged up to the registered nurse or GP if necessary.

The home arranged for people to see health care professionals according to their individual needs.

People told us they were attended by the doctor and chiropodist. The quality assurance reports monitor infections in the home. We were able to see people with minor infections were seen by the GP if appropriate and received treatment.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said "Staff are very kind. It is very good. I can't fault them."

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. People in the Greenwood unit were happy and relaxed. One person said "It is good to be alive." They said living in the home was "heaven on earth" and they had "a lot to be thankful for." Other people moved about the unit chatting happily and interacting with staff and visitors.

We saw staff explained to people what was happening whenever they assisted them. They spoke to them gently and checked they understood what had been said. Some people wanted more time to talk to staff. They said "They are lovely but so busy."

People's privacy was respected and all personal care was provided in private. We noted one person had been allocated the support of one member of staff each day. When the member of staff arrived they were not introduced to the person they would be supporting or given information about how the person was to be supported. We discussed this with the manager who agreed to address it with the staff concerned.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. Relatives told us they were able to spend as much time as they wished to with their family member.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person told us they liked to read but had been to have their hair done which was "very pleasant."

There were ways for people to express their views about their care. In people's care files we saw they had received reviews from healthcare professionals. When recommendations had been made to up-date or change the care people received we saw this had been undertaken people told us they would be able to talk to staff about their care.

Meetings had been organised for residents and their families to inform them of the changes in the home. Relatives told us they were able to talk to the manager and nurses whenever they needed to.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Requires improvement

Is the service responsive?

Our findings

People received care that was mostly responsive to their physical needs and personalised to their wishes and preferences. Some aspects of their daily living needed to be improved.

On Greenwood where support was provided for people with dementia some improvements were required to reflect best practice. There was no support in the unit to orientate people in time. For example the day of the week was not displayed.

Activities were organised and mainly delivered in the Greenwood lounge. Two members of staff were seen working with the six people who were living with dementia. They were sticking paper onto other pieces of paper. It was not clear how this activity either helped people to maintain their skills or occupied them in a meaningful manner.

One person on Pine view told us they went to activities whenever they could. They said they enjoyed these. They said staff supported them to get down to the ground floor and always brought them back. A small number of people were able to go out on trips with the activity organisers. Other people said did not know what activities were available. One person and their relative were going to take part in an afternoon of bingo. However staff were not available to take them downstairs in time for the start of the event. When we asked one person what the home could do better they said "They could come and talk to us. But they haven't got the time." This person did not leave their room to eat lunch or attend any activities.

For many people "having their hair done" was an enjoyable activity and the opportunity to talk with a member of staff for a longer period of time. Another person who had been in the home for respite care said they had had a "good rest" in the home and as they were a free agent they had been able to do what they wanted. There was some confusion when relatives arrived to take the person home and they had decided to spend the day in bed.

.People receiving respite care did not feel the service was meeting their preferences. One person said "My daughter made a list out for the staff. They didn't follow it though." Another person receiving respite care was not satisfied with the timing of the care they received. They told us they were often not dressed till 9:45. Their bed was not made at 11:30am. They told us this was not what they were used to. They said the service had not really tried to find out what they wanted. They were able to get themselves up at night and had been "left to get on with it." When we met them at 11:30am they were sat beside their unmade bed. They told us on another occasion they had asked for sheets to be changed. They said they would not want to have respite care in the home again.

People were able to make choices about some aspects of their day to day lives. People spent time in their rooms or came to the communal lounges. One person living in the home permanently said "It is very good. Staff are nice. I ring the bell and someone comes to help. It is very comfortable." Another person said "It is quite adequate. I don't do much. I don't do activities although they tell me about them. I read and knit."

Each person had their needs assessed before they moved into the home. The service was providing care for people with dementia, nursing care and personal care and support needs. They continued to provide care to people at the end of their lives. This meant people within the home had many varying needs.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. A new system of care planning documentation had been introduced since the registration of the service with the new provider. Some people in the home were still having their plans up-dated. Relatives were involved in the development of the plans when people were not able to express their own wishes and preferences.

Care plan audits had been undertaken by the regional manager which identified and addressed short comings in the documentation of the care plans. Care plans had been up-dated following the audit. The process of auditing care plans was on-going and was a regular part of the quality assurance visits.

Care plans reflected the care people required and received. For example one care plan stated a person required assistance with eating using a tea spoon. They required an air mattress to reduce the risk of pressure damage to their skin. They had been assessed as needing a pressure mat in their room to inform staff when they got out of bed. All these interventions were observed during the inspection.

Requires improvement

Is the service responsive?

Other plans gave information about the ways in which people should be encouraged to eat and drink. Records in people's rooms indicated they were receiving fluids and food as specified.

People were supported to maintain contact with friends and family. We met two relatives who visited the home regularly and felt they were involved in their relative's care. The registered manager sought people's feedback and took action to address issues raised. People told us they would be able to talk to the manager.

There were regular meetings for people who lived at the home and their relatives. Health and social care professionals had been invited to a recent meeting. They came to ask people if they were satisfied with care in the home. There were detailed minutes showing the meeting had given people an opportunity to ask questions and express their opinions.

Each person received a copy of the complaints policy when they moved into the home. There had been no formal complaints since the registered manager had arrived. One relative told us they had raised issues with the manager and these had been dealt with.

Requires improvement

Is the service well-led?

Our findings

People, staff and visitors felt the service was well led by an open and approachable manager. There was evidence of improvements in the service as systems and procedures were implemented in the home. However further improvements were needed to make sure people received a service which fully met their needs and preferences. Also, it was too early to see if improvements seen would be sustained.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. Since registration the manager at the home had been supported by regular visits by the regional manager. Comprehensive reports showed the regional manager had observed the delivery of care. However these observations had not highlighted the poor dining experience for some people or people's views about staffing levels.

People told us the registered manager was always ready to listen and had already made improvements to the home and the care provided. Staff said they felt well supported and were able to talk to the manager and give their opinions about the running of the home and the care provided. The manager was registered to manage two of the provider's homes. They had been supporting another home whilst the new permanent manager was registered. They had been visiting the home once a week. They told us they also co-ordinated the training provided in three of the providers homes. The registered manager kept their skills and knowledge up to date by on-going training and reading.

The manager told us how important it was to leave the administrative offices and visit all areas of the home. They met with people living in the home and visitors.

The registered manager had a clear vision for the home. They told us they hoped first to establish consistency and stability of care in the home. They told us they wished to balance the importance of adhering to the basics of good care with a "five star hotel" approach. They said they wanted people living in the home to know they could have "anything they need." Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. However they agreed although progress was being made not everything had yet been achieved.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. There was a vacancy for a deputy manager in the home. The manager planned to be supernumerary although as a trained nurse they were available to cover nurse sickness at short notice. There was a team leader in post on Greenwood who had had training in caring for people with dementia. They told us further training had been planned for them. Team leaders usually worked in the same areas of the home so they got to know people well. The nurses allocated other staff to areas of the home and to particular people on a daily basis. Nurses were then able to audit the care provided to individual people. At the handover between two shifts the nurse checked each person and their documentation before leaving the building.

Staff told us they felt very well supported and received regular supervisions and appraisals. These were an opportunity for staff to discuss their work and highlight any further training required. It was also an opportunity for any poor practice or concerns to be addressed and monitored in a confidential setting. The manager had addressed staff performance issues when required.

Minuted staff meetings had been held. Information about changes was given to staff. Issues regarding care organisation or practice were addressed.

All accidents and incidents which occurred in the home were recorded and analysed to determine any action to be taken to reduce future occurrences. Home maintenance arrangements had been reviewed, up-dated and monitored to ensure the home remained safe for people and staff.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent The provider had not always followed the codes of practice in the Mental Capacity Act 2005 to ensure people's rights were protected. 11 (1) (3)