

Bupa Care Homes (AKW) Limited

Nairn House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nairn House is a residential care home providing personal and nursing care to up to 61 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 45 people using the service.

The home is a large detached building over three floors. People had access to en-suite facilities and adapted bathrooms.

People's experience of using this service and what we found

We received positive feedback from relatives about the quality of care provided to people living at Nairn House. Relatives told us they felt staff were kind and caring. During the inspection we observed people being treated with respect and dignity.

We identified concerns around people's risks relating to skin integrity and falls not always being assessed correctly. For people placed at the home for a period of rehabilitation, there was insufficient information in their care records to show how they should be supported.

There had been an unstable management structure with several managers overseeing the home. We found that whilst there was an activities coordinator and activities timetable in place, there was a lack of interaction or stimulation for people who remained in their rooms. Audits had not identified the concerns found during the inspection.

Staff had received training on safeguarding and understood how to report any concerns. People received their medicines safely and on time. There was good oversight of medicines management. The home recognised how important visitors were to people's wellbeing. There were no restrictions on visiting and we observed relatives and friends visiting throughout the inspection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff recruitment was safe and all relevant background checks were completed before they started work. There were some difficulties around staffing and the home had multiple vacancies. At the time of the inspection the home was using agency staff to cover this. Following the inspection, we were told five new nurses and some care staff had been recruited.

Staff told us they felt supported in their role and were able to discuss any concerns with the manager. There were regular staff meetings. There were various mechanisms for people, relatives and healthcare professionals to give feedback.

The provider was responsive to feedback given at the time of the inspection and quickly responded to any issues raised. The home also worked closely with the local authority to help improve the quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve the service. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider followed guidance on safe management of medicines. We also made a recommendation that the provider ensured people's risks were consistently and appropriately assessed. At this inspection we found the provider had addressed previous concerns around medicines. However, we continued to find concerns around how people's risks were documented and managed.

Why we inspected

We received concerns in relation to people's nursing care needs, assessing of people's risk and rehabilitation following fracture and overall management oversight of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nairn House on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified breaches of regulation in relation to assessing and managing risk and management oversight of the home. This was a breach of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nairn House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors, 1 CQC nurse specialist advisor, a CQC pharmacist and 2 Experts 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. The Experts by Experience supported the inspection by contacting relatives to gain their feedback on the care provided to their loved ones.

Service and service type

Nairn House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nairn House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We also gained feedback from the local authority.

During the inspection

We spoke with the manager, regional support manager, 3 nurses, 6 care staff, 10 relatives and 2 people living at the home. We looked at 9 people's care and support plans and risk assessments, 10 people's medicines records, 6 staff recruitment records. A variety of records relating to the management of the service, including quality assurance and health and safety, were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found for some people, risks had not always been consistently assessed and recorded. We made a recommendation that the registered manager ensured all identified risks associated with people's health, care and medical needs were clearly and comprehensively assessed and recorded with their care plan so that people remain safe and free from harm. At this inspection we found people's risks were still not being consistently assessed.

- Assessments of people's skin integrity called 'Waterlow' which helps staff assess the risk of pressure ulcers, and falls risks were not always completed correctly and incorrect information provided. This meant the recommended outcome for people may not meet their care and support needs around their skin integrity and falls management.
- The home had three beds used for short term rehabilitation, for things like people healing from fractures. This was called the 'non-weight bearing' pathway. For people on the non-weight bearing pathway, we found care plans and risk assessments failed to provide information on how their rehabilitation was managed and what steps staff should take to promote this. This placed people at risk of not receiving appropriate care and support to get better.
- People living in care homes should have a document called a Personal Emergency Evacuation Plan (PEEP). PEEPs provide quick information for emergency services in the event of a fire around what support people would need to safely evacuate the building. Existing PEEPs were not reflective of people living at the home or any changes in their care needs.
- One person told us they were too nervous to mobilise and felt it was easier to stay in a chair by their bed. We discussed this with staff who had not addressed this or put anything in place to reassure the person to increase their mobility.
- We found concerns at the time of the inspection around some staff clinical knowledge. Particularly, around recognising the signs and symptoms of a diabetic person's high or low blood sugar level. We discussed this with the regional support manager who told us this would be addressed, and staff would be provided with further training.

People's risks were not consistently assessed, monitored and mitigated to ensure the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider informed us all PEEPs had been updated and reflected people's current care needs in the event of a fire.
- Aside from what has been noted above, people's risks were clearly assessed, and guidance given to staff on how to minimise those risks. This included , manual handling swallowing difficulties and personal care.
- People's pressure relieving equipment was regularly checked and documented to ensure the correct setting was used to maintain pressure care.

Using medicines safely

At our last inspection we found medicines were not always managed safely and made a recommendation for the provider to follow guidance on safe management of medicines. This included the use of as needed medicines and topical creams as well as medicines audits failing to pick up issues found during the inspection. At this inspection we found these issues had been addressed.

- Some people at the home were prescribed medicines to be given on a when required (PRN) basis for pain and constipation among other conditions. Guidance in the form of PRN protocols or information in care plans was available to help staff give these medicines consistently. A relative said, "She [person] leaves it [medicines] in the staff's hands. If she wants paracetamol, she gets it."
- Staff applied prescribed creams and recorded this in the designated records. Also, staff recorded the site of application for transdermal patches prescribed to people at the home.
- There were regular medicines audit which provided oversight of medicines management.
- There was a process in place to record and dispose of waste medicines.
- Staff members gave medicines as prescribed. The staff were polite, gained permission before giving medicines and signed for each medicine on the Medicine Administration Record (MAR) after giving it. The MARs we reviewed provided assurance people were receiving their medicines as prescribed.
- Local GPs regularly reviewed people's medical needs. The GPs carried out remote consultations using electronic equipment. However, this was not done appropriately. The GPs carried out remote video consultations using personal equipment of the staff working at the home. Following the inspection, the management team informed us staff now had access to computer tablets provided by the home to facilitate the GP virtual consultations.
- There were care plans in place related to medicines. They provided guidance for staff on how to monitor and manage side effects of high-risk medicines such as insulin and anti-coagulants.
- The staff did not always quality check blood glucose monitors as per the manufacturer's instructions. This meant there was a risk reading from the blood glucose monitors may not be accurate. Following the inspection, the provider provided evidence to show new blood glucose monitors had been ordered and a plan in place to quality check the new equipment.
- The staff received training and were assessed as competent to handle medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and protected from the risk of abuse and harm.
- Relatives were positive people were safe living at Nairn House and commented, "Yes, [person] is safe. I visit regularly and speak to staff. The home is very secure. [Person] has never mentioned not feeling safe" and "Yes, I think it's safe. [Person] is quite lucid and he thinks it's okay!"
- Staff had received training on safeguarding and were able to tell us what they would do if they suspected a person was at risk of harm or abuse. Staff told us they would immediately report any concerns to the manager.
- Staff understood whistleblowing and who they would report any concerns to. One staff member said whistleblowing was, "Reporting an abuse or a concern confidentially. You can do it to the CQC, or the

council."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA. No people who were subject to DoLS had any conditions on their DoLS.
- Where people were subject to a DoLS, this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff had received training around the MCA and understood how this impacted on the people they cared for.

Staffing and recruitment

- Throughout the inspection we observed there were staff supporting people. Staffing levels were determined through the use of a dependency tool which looked at people's care and support needs to evaluate how many staff were needed for each floor of the home.
- At the time of the inspection the home was using agency staff to help fill vacancies within the staff team. This meant there was not always regular staff on duty who knew people well. Staff told us, "The problem we have now is the staffing... Sometimes we have no regular staff, so they have to take staff from other floors. Everyday agency on the ground floor" and "When the agency comes they don't know the floor." A relative told us, "They [staff] are sometimes a bit late changing her. She [person] says they are very short staffed at times. I've been at 10am or 11am and she's not been changed or had a wash and dress. Just a couple of times this year it seems worse." We have discussed this further in the well-led section of this report.
- Relatives were positive about the staff that supported people. Comments included, "The staff are very nice and seem happy to work there. They are not miserable or snappy. They're all lovely and kind, it's very important. I've never felt uncomfortable about anything; the staff are very, very patient even when they don't know, I'm there. They are never impatient and always gentle" and "I'm happy with the nurses and staff, they are trained and kind and caring."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, all documentation relating to staff recruitment was not available on the day of the inspection. This is discussed further in the well-led section of this report.

Preventing and controlling infection

- There were systems and processes in place to protect people from the risk of infection.
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.
- There was a COVID-19 policy in place which detailed how a COVID-19 outbreak should be managed.
- Throughout the inspection we observed staff wearing face masks. However, some staff often wore their masks incorrectly with the mask over their mouth but underneath their nose. We raised this with the

regional support manager who told us this would be addressed going forward.

- During the inspection we found the home was clean and smelled fresh. Relatives were positive about the cleanliness of the home. Relatives commented, "The home is clean and there are no hazards or smells. They were cleaning the carpets last week" and "The home is very good, very, very clean. The building is quite tired but it's spotlessly clean. The laundry and clothes are always clean and well managed."

Visiting in care homes; Learning lessons when things go wrong

- There were no restrictions on visiting and we observed relatives and friends visiting people throughout the inspection. Relatives told us they could visit at any time. One relative said, "The staff wear masks but there is no testing or having to make appointments to go now."
- Accidents and incidents were well documented and included actions taken, notifications sent, and email correspondence. These were reviewed by the regional director and regional support manager who then worked with home manager to implement any lessons learnt.
- The regional support manager told us the home took learning lessons seriously to ensure they could provide good care. There were monthly lessons learnt meetings with staff around any incident or accidents that may have occurred that month, and a quarterly report in lessons learnt which was reviewed by senior managers. Staff also had brief handovers of any information in shift handovers, staff meetings and individual staff supervision sessions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we found the management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. Records for people's care and treatment were incomplete. This placed people at the possible risk of harm. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Management oversight of the home had not been consistent. At the time of the inspection, there was a new manager in post. The manager was not present during the on-site inspection and the inspection was supported by the regional support manager. The lack of consistent management and oversight meant the issues identified in this report had not been adequately addressed.
- Whilst staff told us they felt supported, they felt the changes in management were unsettling. One staff member said, "Like, recently, the change in management, sometime, one will go, and another will come."
- Staff recruitment records held on-site did not contain all relevant information about background checks that has been completed. This included some criminal records checks and references. Following the inspection, we were sent copies of these to confirm recruitment had been safe. However, there was a lack of management oversight to ensure records were up to date.
- Whilst we were sent information about people's PEEPs being updated following the inspection, auditing processes had failed to identify this.
- Auditing processes failed to identify the issues we found around assessing people's risks for skin integrity and falls.
- We reviewed the call bell analysis audit. This helps the home understand why people need help and how long it takes to answer the call bells. Records were not complete and failed to document some calls bells. For example, one audit for the week 24 November 2022 to 30 November 2022 only noted the call bells being used on the 29 and 30 November. According to the analysis, no people had used their call bells between the

24 and 28 November. The failure to complete the call bell analysis meant the home would not be able to assess people's needs appropriately.

- At our last inspection, we observed a lot of people to be cared for in their bed and were seen to be given little opportunity or support to be sat out in a chair or to access group activities taking place in certain areas of the home. At this inspection, we found there had been no improvement. A lot of people remained in bed with very little interaction or stimulation.
- There was one activities coordinator in post, and we observed some lovely activities taking place in the activities room as well as a programme of activities. However, people who were not able to go downstairs or get out of bed had no access to these activities. Relatives told us they were concerned about the lack of stimulation and interaction for their loved ones. One relative said, "The activities are a bit hit and miss. Most residents will just stay in their room if they are left."
- We received mixed feedback around the visibility and accessibility of the home manager. Relatives said, "I have met the manager, he is visible around the home. If I have any serious concerns I can go to the manager, he is approachable" and "The manager listens to you and deals with things diplomatically." However, we were also told, "There's a new manager but I've not seen her and I never saw the previous one. They are not visible" and "There has been a change of manager in the last year. I don't have any dealings with them. I've only seen him once. He's on the top floor in his office most of the time."
- At our last inspection we found people using the service and relatives were not always engaged and involved in the planning and delivery of care and support. At this inspection, feedback from relatives confirmed this remained a concern and they had not always been involved in planning care where this was appropriate. Relatives said, "I have not been involved with the care plan" and "I have not been asked to review the care plan."

Whilst we found there was no evidence that people had been directly harmed by the issues explained above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. Records for people's care and treatment were incomplete around risk, there was a lack of stimulation for people and inconsistent management oversight. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The staff carried out regular audits to identify gaps and make improvements related to medicines management. There was a process in place to report and investigate medicine errors.
- Relatives told us they were happy with the care people received at Nairn House. Comments included, "It's nice. I have recommended the home to friends. I say the building is tired, but the staff are lovely and kind, which is really important" and "Yes, I would recommend the home. I would say it's a happy place and residents are well cared for. The rooms are all en-suite and there are nice communal areas."
- During the inspection we observed the staff to be kind and caring. They spoke to people in a manner which treated people as equals. The mannerisms of the staff, for example touch and speech, was gentle and supportive. They listened to people and showed genuine interest in what they spoke about. The staff did seem to know the personal history of the residents.
- Staff told us they felt supported by the manager and were able to discuss any concerns with them. Staff said, "As of now, it's [manager's name], he is approachable, very very. Always available for us" and "We don't know him [manager] for a very long time, he's ok he does listen when we say something."
- The regional support manager told us they were starting up 'weekly coffee morning feedback'. This is where people could discuss what they liked or did not like that week, ideas for the coming week and if there were any concerns.
- Staff told us, and records showed there were regular staff meetings where staff were able to discuss any concerns and put forward any ideas. Staff felt they were listened to and their opinions valued.

- There were systems in place to gather feedback from people, relatives and healthcare professionals. There were regular surveys carried out as well as ongoing verbal feedback when relatives visited.
- There was a 3-monthly newsletter which was distributed to people and relatives. This looked at things that were happening in the home, updates and achievements. Relatives confirmed they received these. A relative said, "Their communication is good, I receive a newsletter about every 3 months." However, some relatives said they had never received any surveys to provide feedback.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home worked in partnership with others to improve the quality of care people experienced. This included speech and language therapists, dieticians, occupational therapists and psychiatrists.
- At the time of the inspection there was a manager in post. The manager at the time of the inspection was leaving and another new manager had been recruited to oversee Nairn House. Following the inspection, we received further information from the new manager around how issues identified would be assessed going forward.
- At the time of this report CQC received feedback from the local authority, to say five new nurses and some care staff had been recruited. BUPA's interim regional director informed us a second activities coordinator had been taken on to look at how the home could improve stimulation for people in their rooms or who may be bed bound. The new manager was also arranging meetings with friends and families to gain feedback on the care provided and involve them in future planning. We will check this at our next inspection as we need to be assured any improvements have been embedded and sustained.
- The home was responsive and continued to work with the local authority on the concerns they had raised with the home to improve the quality of care.
- The manager and provider understood their responsibilities around duty of candour and being open and honest when something had gone wrong.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to people were consistently assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home.