

Bupa Care Homes (ANS) Limited

Druid Stoke Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection

Druid Stoke care home provides personal and nursing care for up to 54 people. At the time of the inspection, 38 people were living at the home.

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

People were protected from abuse and avoidable harm. Staff had completed training on how to safeguard people. Risk assessments were completed and followed to identify and reduce potential hazards. Effective infection, prevention and control measures were in place to keep people safe, and staff supported people and visitors to follow them. There were enough staff who were safely recruited to support people. People had their medicines administered safely and as prescribed. Where incidents and accidents had happened there was action taken to prevent this from happening again and learning shared with staff.

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.

Systems were in place to monitor the home and the registered manager understood their role and responsibilities. There were opportunities for people and relatives to engage with the home and share their experiences. Staff were supported in their role and were able to share their views about the home openly. The registered manager worked in partnership with other agencies and sought opportunities to learn and develop the service

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

Rating at last inspection

The last rating for this service was good (published 06 December 2017). The rating at this inspection remains good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected two key questions, Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

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.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Druid Stoke 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 two inspectors

Service and service type

Druid Stoke is a 'care home' with nursing care. 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. 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with 6 people who lived at the home, 5 staff members, the registered manager, regional director and the quality manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included people's risk assessments, medication records, 3 staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and understood how to protect them from abuse. There were systems and processes in place to safeguard people from the risk of abuse.
- The registered manager had oversight of potential safeguarding concerns and reported concerns to the Local Authority safeguarding team as the need arose.
- Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People said they felt safe. We observed staff interact with people in a kind and compassionate manner. One person told us, "I do feel safe here. I would speak up if I did not".

Assessing risk, safety monitoring and management

- Systems were in place to assess, monitor and mitigate risks to people's safety. People had been assessed for risks such as falls, choking and malnutrition. When risks were identified, people's care plans provided guidance for staff about how this should be managed.
- People had individual emergency evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. There was a clear process in place to assess the risk of fire and staff demonstrated an in-depth knowledge of this.
- The home employed a maintenance person to carry out all works required. We looked at records which showed up to date checks to ensure the environment was safe for people. These included fire safety, gas and electricity checks, moving and handling equipment, and of the water systems.

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- At the time of our inspection, three people had DoLS authorisations in place, the registered manager had

submitted further applications and informed the local DoLS team of changes as required.

Staffing and recruitment

- People were supported by safe numbers of staff who had received appropriate training for their roles. People told us there was enough staff to support them. One person told us, "I do not have to wait long for the staff to help me". Another person told us, "I feel we have enough staff."
- Staffing levels were determined by a dependency tool which examined people's individual needs. We were told that staff were being deployed in line with this. The registered manager continued to recruit nurses and care staff. The staff team helped to cover sickness and annual leave. Agency staff were also used to help support safe staffing levels.
- Recruitment checks were thorough. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (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.

Using medicines safely

- People received their medicines as prescribed. Where people were prescribed medicines they only needed to take occasionally, there was clear guidance for staff to ensure those medicines were administered as people needed, in line with their prescription.
- We looked at a sample of medicines administration records (MAR's). We found those checked were up-to-date and accurate. Medicines stocks and MAR's were audited regularly.
- Medicines were stored securely, and appropriate checks were carried out to ensure they were stored correctly. Controlled medication was stored safely, temperature checks were carried out to ensure medicines were stored at the correct temperature.
- Staff who administered medicines received appropriate training and their practice was assessed before they were signed off as competent.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to see their relatives and friends without any restrictions. The home worked in line with current government guidelines.

Learning lessons when things go wrong

- The registered manager was committed to driving improvement and learning. They responded appropriately when accidents and incidents occurred. They reflected on any falls and accidents which occurred and looked at how potential risks would be managed moving forward.
- Records were analysed for patterns or trends and incidents were used as a learning opportunity.

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 Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the home was led by the registered manager who had a person centred approach. The staff equally shared the same values as them. They knew people well and achieved good outcomes for people.
- The registered manager had completed diversity and inclusion training along with a diploma qualification. They were part of the providers 'be you at Bupa network'. This was a small group committed to developing resources and supporting teams.
- The registered manager openly discussed discrimination with their team and they devised a survey to use amongst the staff. The results provided reassurance that the culture appeared to be inclusive. One staff member had commented that the home was one of the most inclusive workplaces they had ever worked in. They felt the home was LGBT friendly.
- The registered manager was proud of the homes staff retention. This had improved from February 2022 when 26% staff left after 12 months. Compared to January 2023 where only 11% left. The provider had also looked at pay scales of staff to support with the cost of living which helped them to retain staff.
- Staff described the registered manager as supportive. One staff member told us, "She is a really good manager. She cares for people and the staff too. One staff member had given feedback to the registered manager. They said, "I have been well led by them. She has shown me that even with my poor health I can still achieve great things, and for this I will always be grateful for the support and compassion shown by her."

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

- There was an open and transparent culture within the home. People and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- For each complaint received and accident and incident which occurred, the registered manager wrote a letter to people's chosen next of kin. They made them aware of what had happened and were open and transparent of any shortfalls.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager told us they were "Highly committed" to the cycle of continuous improvement. A

quality assurance electronic system was used to carry out daily, weekly, monthly and quarterly monitoring tasks. This focused on people's care records, medicines, infection control, night care and nutrition.

- The quality monitoring system helped the registered manager to monitor other aspects of the home. This included the 'resident's experience' looking at first impressions and person centred care. Any shortfalls identified were added to the homes live action plan. Other actions could also be added to the live plan which was updated when each action was met.
- Regional quality assurance visits were carried out of the home. It had been identified improvements were needed for people coming to the home for short stay. This was following a complaint. The provider had issued some guidance on short stay standards. The registered manager updated this around their expectations of the level of care that people would receive and how they would be monitored.
- The registered manager embedded an ethos of reflection in order to promote best practice. They looked at lessons learnt and cascaded information through supervision and meetings. For example, how to improve wound care management.
- The home supported people through 'resident of the day'. During this day the person was made to feel special. Their care plan was reviewed in person with them and a staff member. As part of the process people were able to provide feedback about the care they received along with feedback from relatives. Feedback was acted upon to improve each person's care.
- The registered manager had informed the CQC of significant events in a timely way, such as where there had been suspected abuse and any significant injury.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff surveys were completed with the team. A score of 80 plus put the home as one of the providers top scoring homes across the organisation, which was celebrated. The survey demonstrated a strong culture within the home where the team were committed to safeguarding, knew how to speak up and felt that their well being was supported and treated fairly.
- The registered manager and the staff supported 'Stop the pressure day'. This is a nationally recognised day for providers where the emphasis is on raising awareness in pressure sore prevention and management. During this day the registered manager engaged with staff during handover and 'huddle' meetings. This helped staff to learn about the importance of checking people's skin integrity. One session included the registered manager placing red stickers on her body to raise staff awareness about pressure points which were particularly at risk of developing pressure sores. This had created useful conversations and helped staff understand more about pressure area prevention and care.
- Quarterly 'resident and relative' meetings were held where feedback was sought. Some concerns were shared anonymously to protect people, whilst staff had the opportunity to reflect, engage and considered how improvements could be made. One example was how to improve laundry services for individuals. Any improvements made as a result of feedback was displayed on the 'you said, we did' information board within the home so people were assured they had been listened to
- The registered manager was the homes engagement champion. They were part of the providers engagement network. They attended regular meetings within the regions. The aim and objectives were to raise awareness about how staff well being should be supported. This included employee benefits such as healthcare and cost of living advice.
- An engagement champion acted as the 'go to' person to help the registered manager. The main aim was to bring fun and to help embed a happy and well supported team. This helped to improve outcomes for people by being involved in home events across the organisation and in competition with the providers other homes.

Working in partnership with others

- The registered manager and the staff were working towards building the same level of engagement and

community links which people enjoyed pre-pandemic.

- The home supported the local community at Christmas. They collected for a local charity and made donations to a local community partnership.
- During the COVID-19 pandemic some staff from the providers other services supported the home. As they were not able to carry out their own roles, they helped in other ways to care for people.