Barchester Healthcare Homes Limited

Atfield house

Inspection Report

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Overall summary

Atfield House provides care with nursing for up to sixty four people. During the time of this inspection it was providing care for twenty seven people with a diagnosis of dementia and twenty nine frail/older people.

The home was arranged into different units. A frail/elderly unit arranged over two floors and a dementia unit which was on one floor. The dementia unit had its own enclosed courtyard. People living at the home all had single bedrooms. This afforded people privacy and independence.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We found that while no applications had been submitted, policies and procedures were in place but no applications had been necessary. Staff that we spoke with were aware of what constituted a deprivation of liberty and what steps they would take if they thought somebody was being deprived of their liberty.

The premises and equipment were managed appropriately so people were safe. There was an ongoing monitoring programme for equipment and maintenance records at the home were up to date.

Care records at the home were up to date and reviewed regularly by a nurse. People were assigned key workers who worked closely with people and helped to support them. Staff attended training which helped them to support people more effectively.

People that we spoke with were satisfied with the care they received, however more than one person said that when two staff worked together they did not always engage with them.

A number of audits and checks were carried out at the home, these included weekly medication audits and care plan audits. Incidents were managed in a way to enable lessons to be learnt from them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People using the service told us they felt safe living at the home. Safeguarding procedures were on display throughout the home and staff were aware of what to do if they had concerns.

We saw examples of staff working effectively with people when they displayed behaviour which challenged others. People who needed assistance were supported to consider risks and staff discussed this with them.

The premises and equipment were managed appropriately so people were safe. There was an ongoing monitoring programme for equipment at the home. Maintenance records for the home were up to date.

Are services effective?

Care plans were reviewed every month by a named nurse and people and their next of kin were involved in review meetings.

Staff had completed training in effective communications, customer service, epilepsy awareness, medication training and dementia care which enabled them to support people using the service.

Some people at the home who were on a modified diet and those that needed support were cared for appropriately by staff. Nutrition meetings were held every two months to discuss the needs of people using the service.

Are services caring?

People that we spoke with told us they were treated well and they could have visitors when they liked. However, some people said that staff did not always engage them in meaningful conversation when carrying out personal care for them.

People living at the home all had single bedrooms which afforded them privacy. We looked inside people's bedroom with their permission and saw that each one was different in décor. People were able to bring their own furniture to the home and personalise their room.

Are services responsive to people's needs?

The manager told us that no one had been identified as needing DoLS at the present time.

Summary of findings

People living at the home were registered with a GP who carried out weekly visits to the home. Staff completed monthly observation charts for people.

Activities were based around group and individual needs of people. We observed two activities during our inspection which people enjoyed and were engaging.

People we spoke with said they felt able to speak with staff if they had any concerns or complaints. We saw the complaints' file and saw that appropriate action had been taken in response to them.

Are services well-led?

The manager was approachable and had good support from senior staff. Staff told us they enjoyed working at the home and felt well supported.

The provider held a number of meetings to gather feedback. These included relatives and residents, daily manager meetings and meetings between the heads of the various departments.

A number of audits and checks were carried out at the home, these included weekly medication audits and care plan audits. Incidents related to people using the service were recorded in individual care records and managed at manager level.

Summary of findings

What people who use the service and those that matter to them say

We spoke with eleven people who used the service and four relatives during the inspection.

People using the service told us they felt safe living at the home. Some people told us they were not advised to leave their rooms by themselves; they had to wait for a carer to help them into wheelchairs which was safer for them. One person told us they "had an assessment by the home, and passed it."

Although many people using the service told us they were not aware of their care plan, relatives told us "we are all involved in the planning of care", "staff talk to us whenever we visit, give us any updates", "I am kept involved and informed", "they phone me straight away" and "we agree amongst ourselves."

People that we spoke with were satisfied with the care they received. One person said "I have everything I need", another said "I am very pleased." People using the service told us "they [staff] are wonderful. Nothing they wouldn't do for you. I am very happy here. I have friends." Another person told us "can't really fault the place. On the whole they do their best to accommodate everyone."

Comments from relatives included "staff are good", "I feel like I am part of the service", "I visit almost every day", "first class" and "I am very happy my mother is here. Everyone is amazing, reassuring, wonderful, and continually supportive."

People that we spoke with told us they were all treated well however, more than one person said that when two staff worked together they did tend to talk to one another as if they weren't there. Two people on the first floor told us that when giving medication, staff put their tablets down, waited a few minutes while they swallowed them and then left, usually with no conversation. Another person told us "they give me my pills, six at a time. They just put them down for me; don't wait while I swallow them." We were told by more than one person that some staff did not take the opportunity to talk to them when they were in their rooms.

We observed two activities during our inspection. People enjoyed the activities and were engaged. Some of the comments from people during the activities were "that's lovely", "gorgeous" and "it's nice."

Atfield house

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of an Inspector and an Expert by Experience (Ex by Ex) in caring for older people, including those living with dementia. The inspection team visited the home on 1 May 2014.

On the day of the inspection we spoke with eleven people who used the service, four relatives and nine staff, including the registered manager, deputy manager, the chef, nurses and care workers. We looked at a number of records, including six care plans, training records, and various policies and procedures. We also carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection, we reviewed the information we held about the provider. At the last inspection in January 2014, there were no concerns identified.

Are services safe?

Our findings

People using the service told us they felt safe living at the home. One person told us "they look after me here", "I'm not worried." Relatives that we spoke with told us they had no concerns about the safety of people using the service. The manager told us "staff know that they must report any concerns." We looked at training records which showed that staff had attended training in safeguarding vulnerable adults in May 2014. Staff that we spoke with were aware of what to do when safeguarding concerns were raised and they told us they had attended safeguarding training as part of their induction. Guidance about managing safeguarding incidents was on display in the separate units of the home.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). We found that while no applications had been submitted, policies and procedures were in place but no applications had been necessary. Staff that we spoke with were aware of what may constitute a deprivation of liberty and what steps they would take if they thought somebody was being deprived of their liberty.

We saw some examples where staff worked effectively with people when they displayed behaviour which challenged others. We saw incidents where some people on the memory lane unit were raising their voice when speaking. On each occasion a staff member went up to them and quietly talked to them in a very calming manner. One staff that we spoke with told us that this unit was "quite difficult to work on as some people have challenging behaviour." Staff said that people had behaviour charts and risk assessments which helped them when dealing with challenging behaviour. We found that people had individual risk assessments so that risks could be managed effectively. We saw that people who needed assistance were supported to consider risks and staff discussed this with them.

The premises and equipment were managed appropriately so people were safe. Domestic and maintenance staff were employed to maintain the cleanliness and upkeep of the home. The registered manager said they were "very obliging" and "meticulous." We noted that all the corridors, bedroom doors and lounge doors were wide enough to allow wheelchairs to move easily. There was a lift to the first floor and easy access to the gardens. Everyone that we spoke with were very appreciative of the gardens. One person made a special point of saying "the gardener is very good."

Staff completed a maintenance book if they found something that needed repair. There was an ongoing monitoring programme to check beds and call bells every day. All the hoists at the home were working and serviced every six months. We looked at maintenance records and saw that appropriate fire safety checks were completed. These included fire alarms, fire doors, fire extinguishers and emergency lighting. A report from the London Fire & Emergency Planning Authority from November 2013 found no areas of concern. Other service reports that we saw included gas safety, Portable Appliance Testing (PAT) and the nurse call system. An independent inspection had been carried out in the kitchen within the last year to check for cleanliness and no areas of concern were identified.

Are services effective?

(for example, treatment is effective)

Our findings

People's care plan contained a front sheet which identified the person, their key worker, named nurse and the staff who completed out the initial needs assessment and the care plan.

Staff told us their keyworking duties included "speaking to [people who used the service]", "doing their laundry", "cleaning their rooms if they want", "buying toiletries and other items for them." Staff told us they spoke to the people they key worked "every time we are on shift."

Before people began to use the service, senior staff completed a pre-admission assessment, either in people's home or at hospital at the end of their stay. When people first came to stay at the home, a nurse carried out a further admission assessment where they checked people's support needs in relation to communication, hygiene, continence, mobility, moving and handling, tissue viability and nutrition and hydration. There was an admission information sheet which had details of their previous GP and other healthcare professionals involved in their care, their medication history and any medical diagnosis.

People's mental capacity was assessed during pre-admission. One staff told us "we do a mental capacity assessment and ask them how they feel about coming to live here. I ask them if they remember my name and if they remember how they got into hospital." We saw that although there was a section in the admission assessment for a mental capacity assessment, these were not always completed by staff.

We saw that people had individual risk assessments carried out which included moving and handling, falls, Waterlow (an assessment for assessing the risk of developing pressure ulcers) and Malnutrition Universal Screening Tool (MUST). Care plans were based on twelve key areas. These were communication, physical health, continence, mobility, tissue viability, nutrition, breathing, pain, sleeping, behaviours, cultural and spiritual values and hopes and concerns. Care plans were reviewed monthly by a nurse and any changes to people's needs noted. A more thorough 'care profile review' was conducted every six months to which people's next of kin were invited. People using the service or their next of kin had signed their care plans to indicate their agreement as to their content. Although many people using the service told us they were not aware of their care plan, relatives told us "we are all involved in the planning of care", "staff talk to us whenever we visit, give us any updates", "I am kept involved and informed", "they phone me straight away" and "we agree amongst ourselves (meaning people using the service, relatives and staff)."

Staff completed a comprehensive induction when they started employment. Each person had individual induction portfolios containing a number of exercises and questions that they were expected to complete within three months of joining. There was a separate induction programme for nursing staff and care workers. All new staff were assigned a mentor to "help and support them in their first few weeks."

Staff told us that the "training is good here", "the last training I went on was infection control" and "you get told of any courses." We looked at a sample of training certificates for staff and saw certificates for courses such as effective communications, customer service, epilepsy awareness, medication training and dementia care. The deputy manager said "we try and encourage people to attend training whenever possible, we send out memo's to staff letting them know of upcoming training." Staff training was monitored on an electronic system which staff could log into to complete any e-learning. We checked the system and saw that 77.79% of staff were up to date with their mandatory training.

Staff that we spoke with told us they were "supported", "given opportunities to grow", given responsibilities" and "it's been brilliant here." Staff supervisions were held every three months and appraisals once a year. Senior staff also carried out practical supervisions where they would observe staff while they cared for people who used the service.

People told us they enjoyed the food at the home. One person said "it's very nice". Relatives told us they had no complaints about the food that was available at the home. We observed lunch and saw that staff offered people a choice from the menu and supported them if required. The chef told us that they changed menus seasonally and they "have more soups or broths during winter and more salads and lighter food during summer." People's dietary needs were recorded in their care records and through our conversation with the chef we saw that they were familiar with the needs of people using the service. Nutrition

Are services effective?

(for example, treatment is effective)

meetings were held every two months where the nutritional needs of people that were on a modified diet were discussed. Staff were able to consult a dietician if required.

Are services caring?

Our findings

People that we spoke with told us they were treated well and they could have visitors when they liked. However, more than one person said that when two staff worked together they sometimes talked to each other rather than ask them how they felt. Two people on the first floor told us that staff put their tablets down, waited a few minutes while they swallowed them and then left, usually with no conversation. Another person told us "they give me my pills. They just put them down for me; don't wait while I swallow them."

Some people using the service told us that although staff were caring, some did not engage with them. We were told by more than one person that some staff did not take the opportunity to chat to them when they were in their rooms helping. One person who received personal care told us "no-one talks to me about what they are going to do when they redress my foot."

We asked the activities co-ordinator how they split their time between the units and support they got from care workers. They told us that on certain days when only one of them was working, they would split their day between the two units and ask care workers to take a lead in running the activities. They said the activities "are hard work, they require a lot of preparation and planning" and "some people need lots of encouragement to participate." They told us they would like a bit more support from care workers, saying "we get a lot of support from carers on courtyard (the memory lane unit), but not as much from the elderly/frail unit." We saw this during our inspection, where staff were more engaged with the people on the memory lane unit than in the elderly frail unit.

People that we spoke with were satisfied with the care they received. One person said "I have everything I need", another said "I am very pleased." Comments from relatives included "staff are good", "I feel like I am part of the service", "I visit almost every day" and "first class." A relative who was visiting her mother in the home told us "I am very happy my mother is here. Everyone is amazing, reassuring, wonderful, and continually supportive. My mother came in initially for respite care but we then decided she should be here permanently. I have noticed that the behaviour and attitude of all the staff I have met has not changed." People using the service told us "they are wonderful. Nothing they wouldn't do for you. I am very happy here. I have friends." Another person told us "can't really fault the place. On the whole they do their best to accommodate everyone."

People that we spoke with told us that staff knocked on their doors before entering and closed their door when necessary. We observed this to be the case during our inspection. People living at the home all had single bedrooms. This afforded people privacy and independence. Call bells were present in every bedroom and bathroom and we saw that they were within reach of people. The registered manager told us that people were able to bring their own furniture to the home and re-arrange them how they wanted. We looked inside people's bedroom with their permission and saw that each one was different in décor.

The provider had taken into consideration the needs of people using the service in the design of the home. The dementia unit and the older people's unit were distinct in layout. The dementia unit had a number of places for people who walked up and down the unit to sit, there were a number of sensory objects located within the unit and there were objects to remind people of their past such as old typewriters and hats. Some people had 'triggers' on their bedroom doors to make them easily identifiable. The unit was arranged around a central courtyard which enabled people to experience the outdoors with minimal risk.

Staff completed training which included equal opportunities and confidentiality. The deputy manager told us "we discuss scenarios around treating people with dignity and respect." Staff that we spoke with gave us examples of the care they gave to people. One staff said "we have to respect people's wishes when carrying out personal care", "if there are any problems, I will always speak to the nurse in charge." Care workers told us their duties involved "carrying out personal care", "responding to their call bells" and "documenting the care plans."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We spoke with the manager and deputy regarding the MCA 2005 and DoLS. They confirmed that no one had been identified as needing DoLS at the present time. The manager said that each person underwent a mental capacity assessment when they first came to the service and if they were found to lack capacity to make decisions about their care, greater input from the family would be sought. Details of advocacy services were on display at the home. We noted that the details were out of date and we pointed this out to the manager and deputy manager during the inspection.

People received personalised care that was responsive to their needs. Care records that we saw included skin inspection records and monthly observation charts for recording people's temperature, pulse, blood pressure and weight. All the people living at the home were registered with a GP who visited the home every week. People's medication were reviewed every six months. Other visits by professionals such as a physiotherapist and a podiatrist were also carried out depending on people's needs. People that we spoke with gave us examples of where they had been referred to healthcare professionals by staff due to a change in their health needs. Staff completed 'progress and evaluation' records for people who used the service. These were daily care notes and gave an insight into the day to day care of people.

We observed two activities during our inspection. Four people were doing a knitting group session. They enjoyed being there and were engaged in the activity. We also observed gentle exercises in which there were seven people taking part. They were all laughing and enjoying this activity. Some of the comments from people during this activity were "that's lovely", "gorgeous" and "it's nice." People that we spoke with enjoyed the outings that the home organised and wanted more of them. The activities co-ordinator told us there was funding available for outdoor trips and told us they had been to pub lunches, Richmond and Syon park previously.

We spoke with the activities co-ordinator about what was available to people who used the service. They told us that although they had a fixed activities timetable, there was flexibility within it to change it according to people's wishes. They said "we sometimes have to change the activities depending on people's mood." The activities co-ordinator told us that "people here can be quite vocal, I ask them what they would like to do and they always tell me," they also added "they love scrabble." A number of different activities were planned during the week of our inspection, including scrabble, drawing, gentle exercises and celebrating people's birthday. In addition to the planned activities there were DVDs, playing cards, and a variety of magazines or books for people to read.

We saw the complaints' file. The provider had received three formal complaints in the past year. These had been recorded and appropriate action had been taken. People we spoke with said they felt able to speak with staff if they had any concerns or complaints.

Are services well-led?

Our findings

There was a registered manager in post and all other conditions of registration were being met at the time of our inspection. There was a deputy manager in post which allowed the registered manager to delegate certain areas of responsibility, such as staff induction and training. Staff told us they felt "well supported" and enjoyed working at the home. One staff told us "the manager is fantastic" and "we have a great team." Another staff said "managers listen to us" and "I really enjoy working here."

The registered manager showed us around the home when we arrived. They knew the name of every person using the service and relatives that we came across and spoke to them in a kind manner. The registered manager told us "we want to provide a nice environment with well trained staff and that people are well looked after." They told us that the culture of an organisation spreads down from the top and they tried to be "honest, open and listen to staff." The manager and deputy manager were both dignity champions. They told us this meant reminding staff about providing care that promoted people's dignity and protected their rights, "in many ways it's about offering people choices." We looked at some cards that had been received from relatives of people who used the service, comments included "such care and kindness", "excellent management."

The provider held a number of meetings to monitor the quality of service provided to people and get feedback. Relatives and residents meetings were held every two months, managers were not invited to this meeting so that people would feel more comfortable in speaking up. Daily meetings were held between the manager, deputy manager and nurses to discuss any concerns, expectations for the day and other business. Meetings between the heads of the various departments were also held, this included the head of the kitchen, head of the domestics, and head of maintenance to discuss any relevant issues. Senior staff told us they passed on information from these meetings to relevant staff.

A number of audits and checks were carried out at the home, these included weekly medication audits and care plan audits. Hourly checks were carried out on people at night and the manager made unannounced checks at night to ensure staff at night were carrying out their duties as expected. Incidents related to people using the service were recorded in individual care records. Incidents were recorded onto the computer system and monitored at manager level. Incidents were categorised into tissue viability, accidents, hospital admissions, safeguarding and infection control so that managers could identify themes and trends and use the information to improve service delivery.

We saw that the complaints procedure was on display at the home. The manager told us that complaints were either dealt with formally or informally. People that we spoke with told us that staff would listen to their concerns and act upon them quickly. Formal written complaints that were received would be sent an acknowledgment letter and took up to twenty one working days to respond. The manager told us this was so they could "investigate properly and allows time to speak to relevant people." We saw that there were three formal complaints in the past year and that these were investigated and responded to appropriately. The relevant funding authorities were informed of the complaints. There had also been some safeguarding concerns at the home but these were fully investigated and we saw that the provider took appropriate action in response.

People that we spoke with or their relatives did not raise any concerns about staffing levels at the home, although one relative did say that "it feels rushed in the mornings". The registered manager told us they looked at people's needs when carrying out a pre-admission assessment and looked to see whether they could support them with the staffing levels in place at the home. If people required extra support than extra staff were allocated. The manager told us that the provider was piloting a dependency tool to assess staffing levels which was similar to the 'Clifton Assessment Procedure for the Elderly' (CAPE).