Care Quality Commission

Bupa Care Homes (AKW) Limited

Erskine Hall Care Centre

Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 and 15 October 2015 and was unannounced. The service provides accommodation, personal and nursing care for up to 85 older people. On the day of the inspection, there were 76 people living in the home.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager took up their post in June 2015 and was not yet registered with the commission. They were awaiting for their application for registration to be processed.

People were safe and there were systems in place to safeguard them from the possible risk of harm. There were risk assessments that gave guidance to staff on how risks to people could be minimised. Risks to each person had been assessed and managed appropriately.

Summary of findings

The service followed safe recruitment procedures and there were sufficient numbers of suitable staff to keep people safe and meet their needs. There were safe systems for the management of people's medicines and they received their medicines regularly and on time.

People were supported by staff who were trained, skilled and knowledgeable on how to meet their individual needs. Staff received supervision and support, and were competent in their roles.

Staff were aware of how to support people who lacked mental capacity to make decisions for themselves and had received training in Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. People at risk of not eating and drinking enough were not always effectively monitored. People were supported to access other health and social care services when required, but there was not always sufficient information to ensure that their health care needs were appropriately met.

People were treated with respect and their privacy and dignity was promoted. People were involved in decisions about their care and support they received.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

There were systems in place to seek the views of people, their relatives and other stakeholders. Regular checks and audits relating to the quality of service delivery were carried out. There were effective systems in place to monitor the quality of the service.

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?
The service was safe.

There was sufficient numbers of staff to support people safely.

There were systems in place to safeguard people from the possible risk of harm.

People's medicines were managed safely.

Good

Is the service effective?
The service was not always effective.

People's consent was sought before any care or support was provided and staff understood their roles to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People's health care needs were not always monitored effectively to ensure that they maintained their health and wellbeing.

People's nutritional needs were not always monitored to ensure that they had enough to eat and drink.

People were supported to access other health and social care services when required.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good

Is the service well-led?
The service was well-led.

The manager provided effective support to the staff and promoted a caring culture within the service.

Good

Summary of findings

People who used the service, their relatives and professionals involved in their care had been enabled to routinely share their experiences of the service and their comments were acted on.

Quality monitoring audits were carried out regularly and the findings were used effectively to drive continuous improvements.

Erskine Hall Care Centre

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 14 and 15 October 2015 and was unannounced. The inspection team was made up of one inspector, a specialist advisor who is skilled, experienced and trained in the field of nursing care and an expert 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.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 15 people who used the service, six relatives, seven care staff including two registered nurses, a volunteer, the visiting GP and the deputy manager. We carried out observations of the interactions between staff and the people who lived at the home.

We reviewed the care records and risk assessments for eight people, checked medicines administration processes and reviewed how complaints were managed. We also looked at six staff records and reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe and that they were well supported by staff. One person said, "I feel safe staying here." Another person said, "Feel safe. Absolutely. No worries. No fears. If I don't feel safe, I will use my bell." A relative said, "My mother is safe here. The staff are very good and we have no concerns."

The provider had detailed policies in relation to safeguarding people and whistleblowing that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed on the notice boards. This included guidance on how to report concerns and contact details of the relevant agencies. Staff confirmed that they had received training in safeguarding people and they demonstrated good understanding and awareness of safeguarding processes. They were aware of their responsibilities to report any concerns about people's safety to the manager. They said that they felt confident that if they reported any concerns, it would be dealt with appropriately. The registered manager was knowledgeable on how to report any safeguarding concerns to the appropriate authorities such as the local authority, police and the Care Quality Commission (CQC). We noted that safeguarding referrals had been made to the local authority and the CQC had been notified as required.

There were personalised risk assessments for each person that gave clear guidance to staff on any specific areas where people were more at risk. The assessments identified risks associated with people being supported to move, risks of developing pressure area damage to the skin, people not eating and drinking enough, and risk of falling. This helped staff to mitigate any potential risks to support people safely. People told us that staff had discussed with them about their identified risks. One person said, "I have been shown how to use my walking frame, to get my balance right and not to make long strides." Staff confirmed that they were aware of their responsibility to keep risk assessments up to date and some of them told us about how they supported people at risk of developing pressure ulcers. One member of staff said, "A resident who is at high risk of having pressure ulcers is nursed in a special bed with air pressure relieving air mattress and they have a cushion to sit on." Another member of staff said, "A resident who has a pressure ulcer has their dressings changed regularly and the ulcer has improved." We observed staff using equipment to support and move people safely in accordance with their risk assessments.

The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. Where necessary, we noted that people's risk assessments had been updated as a result of incidents or accidents. For example, one person who had a fall had been provided with bed rails to prevent them from slipping off their bed and this protected them from injury.

There were processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical appliances, gas appliances, and fire fighting equipment. The service had an emergency business plan to mitigate risks within the service. The plan included the contact details of the utility companies and the management team. People's care records contained personal emergency evacuation plans (PEEPS) which gave staff guidance about how people could be evacuated safely in the event of an emergency. We were told that the room numbers in the fire safety folder were colour coded to identify what support people needed so that they received appropriate assistance in the event of a fire.

People said that there were enough staff to support them safely. One person said, "I am well looked after. The staff are there when needed." We noted from the staff duty rotas that sufficient numbers of staff were allocated to ensure that people's needs were met. One person said, "There are always enough staff here. They do respond to the call bells quickly." Staff told us that there were always sufficient numbers of them on duty and that they used regular agency staff when required.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. They had effective systems in place to complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and

Good

Is the service safe?

identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were systems in place to manage people's medicines safely. One person said, "They offered me to look after my own medicines, which I do." Staff confirmed that only registered nurses administered people's medicines.

Medicine administration records (MAR) had been completed correctly and there were no omissions of the staff signatures. That confirmed the staff had administered the prescribed medicines. Medicines no longer required had been returned to the pharmacy for safe disposal. Regular checks were carried out to ensure that all medicines received into the home were accounted for.

Requires improvement

Is the service effective?

Our findings

People were very positive about the staff who supported them in meeting their needs. One person said, "I am satisfied that the staff are competent." Another person said, "The staff are trained and they know what they are doing." A relative said, "The staff are good. [My relative] spent a few days in hospital and they were very attentive on their return. The nurse has been in the room four or five times today already. They work very hard."

Staff received a variety of training to help them in their roles. One member of staff said, "I keep up to date with my training. We are always given opportunities to attend other training." Another member of staff said, "I have done my induction and all my training and we are reminded when the next one is due." We noted from the staff training records that they had undertaken relevant training and had completed yearly refreshers. Although the majority of the staff had completed the mandatory training, however, we found for some of staff training such as safeguarding, moving and handling and fire safety awareness had expired. They had also attended other specific training such pressure ulcer care, nutrition and hydration and managing behaviour that challenges others. The deputy manager said that they made sure that all the staff received the relevant training they need so that they had the right skills and knowledge to support people in meeting their needs.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "In supervision we discuss our work and talk about what training we need." The senior manager said that they had recruited a 'clinical manager' whose role would be to focus on clinical matters and provide guidance for best practices.

People were supported to give consent before any care or support was provided. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions made to provide care in the person's best interest. This was done in conjunction with people's relatives or other representatives.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and made applications where it was felt to be appropriate.

People were complimentary of the food and said they enjoyed mealtimes because they did not feel rushed. One person commented, "The food is very nice. I had bacon and eggs for my breakfast this morning and I don't usually eat a cooked breakfast. It was lovely." Another person said, "The food is tasty. Lunch is always hot as it gets served quite quickly after it comes up. Sometimes the evening meal is cold, but they will re-heat it for you." A relative said, "Although [our relative] eats pureed food it is beautifully presented in separate little servings on the plate." People were provided with choices on the menu or other alternatives. We noted that people were offered a variety of drinks and snacks in between meals during the day. One person said, "We get a fresh jug of drinks every day." There were drinks brought to people throughout the day, as well as fluids available within reach to those in their rooms. We observed good interactions between staff and people using the service at lunchtime in order to make it a social occasion.

Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. Each person had a care folder kept in their rooms that contained daily monitoring forms such as food and fluid charts or repositioning charts. Staff told us that they and agency staff used this information when providing daily care needs. We also noted that the food and fluid monitoring charts had not been fully completed nor the fluid intake totalled. This meant that staff were not be able to monitor effectively whether people had enough to eat or drink to remain

hydrated. We spoke about this with a senior member of staff who said that the care staff knew that the monitoring forms needed to be completed. However, we found the lack of effective monitoring and recording of people's food and fluid intake put them at risk of not receiving care that appropriately met their needs.

We looked at the care records for five people who required treatment to their wounds. We noted that people had been provided with pressure relieving equipment and that wound care was maintained. In two cases the wounds had healed and for the others the prescribed treatment was carried out. However, it was not possible to establish whether the treatment was effective or not as wound assessments had not been consistently evaluated. In one case, there was no information to indicate whether the wound had been seen by a GP or the advice of a tissue viability nurse had been sought. The wound care records we looked at did not provide clear guidance on how treatment should be carried out. The records did not show the type of wound or how and when it should be dressed which would impact on the care given and the outcomes for the people. The records seen, showed intervals of weeks before an evaluation and assessment of the actual wound had been carried out. We spoke with the senior manager who told us that they had taken action to improve practice and had recently appointed a clinical manager to oversee the provision of nursing care and to implement current best practices.

People told us that they were supported to access other health and social care services, such as GPs, dietitians, dentists and chiropodist. One person said, "The doctor comes in on Wednesdays. We all had our flu jabs last week. I make my own [private] arrangements with the dentist and chiropodist. If I request to see the doctor, the staff would arrange it for me." Another person said, "The doctor came to speak with me and they changed my medication. The doctor explained to me. I think this is because I am bad at giving blood, so with the new medicine I do not have to give blood."

Good

Is the service caring?

Our findings

People told us that staff were friendly and provided care in a compassionate manner. One person said, "I have excellent relationships with my own carers. The staff are kind and caring." Another person said, "The girl who looked after me this morning was absolutely lovely. I'm here recovering from an operation so I don't need much help." The relatives spoke very positively about the care and support provided by the staff. One relative said, "My [Relative] is very well cared for. The staff are helpful and they smile when they help you. That is so important."

People told us that they were involved in making decisions about their care and support needs. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. We observed that staff knew how people wanted to be supported and respected their choices. For example, a member of staff told us that they showed people sets of different clothes so that they chose what to wear on the day. Another member of staff told us that the majority of people preferred to be supported by female staff, except for a few who did not mind a male carer. They went on to say that choices were given to them.

People told us that staff treated them with respect, and maintained their dignity. One person said, "The staff are always respectful. They draw the curtain, cover me up when they help me with my wash." A relative said, "The staff treat [our relative] with respect and listen to him."

Staff demonstrated that they understood the importance of respecting people's dignity, privacy and independence by ensuring that they promoted people's human rights. A member of staff said, "We always knock on the door and wait for a response before we go in. We ask people how they would like to be supported with their shower or bath. We encouraged them to do as much as possible for themselves. It gives them satisfaction that they are not entirely reliant on us to meet all their care needs."

People were complimentary on the morale and attitude of staff. One person said, "The staff are pleasant and we do have a laugh sometimes." We observed good interactions between staff and people and saw how responsive, professional and respectful the staff were towards them. For example, we observed that they addressed people using their preferred names, as we noted that one person was known by a different name from their legal one. One relative said, "They are always respectful when speaking to people." Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely in an office on each floor.

People's relatives or friends could visit them whenever they wanted. We spoke with a relative who visited the home regularly and they were happy that there were no visiting restrictions. One person also said, "My family visits regularly and I enjoy it when they are here." We found this enabled people to maintain their social networks and relationships with loved ones

Information was given to people in a format they could understand to enable them to make informed choices and decisions. People's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. When required, information was also available about an independent advocacy service that people could get support from.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People and their relatives told us that they had provided information about themselves when they had their assessment of needs carried out. We noted from their care plans that people had contributed to the assessment and planning of their care. One person said, "We are invited to write our life stories when we arrive." Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We saw evidence that information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. One person said, "I decide when I go to bed and what time I get up in the morning. The staff know what I like to eat and things I like." Documentation in people's care plans confirmed that they had been asked about their preferences for male or female staff to provide their care.

Care records were personalised and included information about people's physical health care needs to ensure that they were comfortable and received the care they needed. There was sufficient information for staff to support people in meeting their needs. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently.

We noted that while we were with a person in their room, a member of staff came in to check if anything was needed. The person asked for some more drinking water and a footstool. The staff member returned promptly with the water and said they would look for a footstool. They added that they were sure they had seen one somewhere that was not in use indicating they were in earnest about their search and they promptly brought one. Another person said, "Nine out of ten of my needs related to my conditions are known about and respected. They do everything the way I like." A third person said, "They brought me in the electric heater as I was feeling a bit cold." This showed that staff responded positively to people's needs and acted promptly to meet them.

The activities provided were varied, enjoyable and aimed to motivate and engage people. People were actively encouraged to make suggestions about activities they would like through their activities coordinator. One person said, "There are two activities every day. I don't go to all of them but I like the discussion group and the crossword activity." Another person said, "They have lots of activities such as discussion group, quizzes, crosswords and movement exercises." A volunteer told us, "I come on Wednesday afternoons to play Bridge. It's popular with residents." Other activities such as sing along sessions were held and on occasions entertainers were invited to play live music. People told us that they enjoyed the majority of the activities provided for them but they chose which ones to join in depending on how they felt on the day. We observed that people were involved in the activities provided on the day of our inspection and that they enjoyed each other's company. Their interactions were good and vibrant. One person said, "I have my own I pad and use the emails."

The provider had a complaints policy and procedure in place and we noted that this had been displayed on the notice boards. People were aware of the complaints procedure and they told us that if they had any concerns, they would raise it with the manager. One person said, "I am the chair of the 'resident's committee' and I look at people's worries and troubles rather than complaints." We noted that complaints had been fully investigated and responded to in accordance with the provider's complaints procedure. This included a record of the investigation process being kept and any actions taken. For example, a complaint was made about the lateness of the food and the response was to apologise and additional catering staff had been provided to prevent recurrence.

Good

Is the service well-led?

Our findings

People and relatives knew who the manager was and felt that she was approachable. Staff told us that the manager was helpful and provided stable leadership, guidance and the support they needed to provide good care to people who used the service. People were complimentary of the care they received.

The manager had been in post since June 2015 and was waiting for their application for registration to be processed. One person said, "We have a new manager. She is very easy to talk to and her door is open." A relative said, "We are able to walk into the manager's office at any time."

The manager promoted an 'open culture' within the service so that people or their relatives and staff could speak to them at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Regular staff meetings had been held so that they could discuss issues relevant to their roles. Staff confirmed that they found the staff meetings helpful and supportive in that they were able to air their views on how the service was run.

Regular 'residents and relatives' meetings were held to discuss issue and to inform them of any future events. Issues raised at the most recent meeting included the need for additional car parking spaces, additional catering staff, response to call bells, additional hoist slings and review of the menus. The majority of the issues had been addressed and some were on-going. People and their relatives spoke very positively about the management of the home and about the approachability and responsiveness of the manager and her staff.

We noted from the most recent questionnaire survey carried out in May 2015 that the feedback had positive comments such as, 'staff were all very polite and they did their best', 'well looked after and we are happy here.'

The provider had systems in place to assess and monitor the quality of the care provided. The manager completed a number of quality audits on a regular basis to assess the quality of the service. These included checking people's care records to ensure that they contained the information required to provide appropriate care. The provider had identified that additional support was required to oversee the provision of nursing care and best practices and had recently employed a clinical manager to the new post. Other audits included checking how medicines were managed, health and safety and other environmental checks, staffing, and others. Where issues had been identified from these audits, the manager took prompt action to rectify these. There was evidence of learning from incidents and appropriate actions had been taken to reduce the risk of recurrence. The deputy manager said that they were a learning service and were continuously seeking to improve the quality of service provision.

The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required.