Huskards Care Limited

Newday Nursing Home

Inspection report

45 Wynford Road, Acocks Green, Birmingham B27 6JH
Tel: 0121 707 8525
Website:

Date of inspection visit: 17 and 18 December 2015
Date of publication: 24/02/2016

Ratings

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

Overall summary

The inspection took place over two days on 17 and 18 December 2015 and was an unannounced inspection. At our last inspection on 15 January 2014 we found the provider was meeting all the regulations we assessed.

Newday Nursing Home provides accommodation, nursing and personal care for up to 37 people. There were 32 people living at the home at the time of our inspection. Care and support was provided to people with nursing needs including dementia. The home is a converted property and bedrooms were located on both ground and first floor level.

The registered manager had recently resigned. The provider had appointed another manager who was due to commence in February 2016. 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.

People and their relatives told us they felt safe. Staff had been trained in safeguarding people. Staff understood their responsibility to take action to protect people from the risk of abuse and how to escalate any concerns they had.

Summary of findings

The provider had systems and arrangements in place to recruit staff safely and to assess staffing levels.

People were supported to receive their medicines as prescribed.

Staff had some understanding of the Mental Capacity Act 2005 and we saw that people's consent was usually sought before they undertook any care tasks. We saw that where people lacked capacity and their decisions affected their safety arrangements were in place to restrict their liberty, although these had not always been robustly applied.

Staff received training and support to carry out their role and the provider had plans in place to ensure that training updates needed were provided.

People's health care needs were met and they were supported to access both social care and healthcare professionals to ensure their needs were met.

We observed that not all interactions were caring. Arrangements in place did not always ensure that people's privacy and dignity was always respected.

People's health care needs were met and they were supported to access both social care and healthcare professionals to ensure their needs were met.

The service had experienced an unsettled period with changes in the management arrangements for the home. Systems were in place to monitor the quality of the service. However, these had not always been effective in identifying where improvements were needed.

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.

People were supported by staff who knew how to protect them from the risk of harm.

There were enough staff on duty to meet people's needs.

People received their medicines on time and as prescribed.

Good

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

Procedures were in place to ensure that people's rights were protected. However these were not always robust.

Plans were in place to address training needs so staff were supported to carry out their role.

People received the support they needed to eat and drink and had access to healthcare professionals.

Requires improvement

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

People's privacy, dignity and independence was not always maintained.

People were not always supported in a way that demonstrated a consistent caring and sensitive approach.

Requires improvement

Is the service responsive?
The service was responsive.

People could take part in activities if they wished. People's relatives were welcomed.

There were systems in place to listen to people's complaints and concerns.

Good

Is the service well-led?
The service was not always well led.

The management of the service had not been consistent.

People and relatives were happy with the service.

Systems were in place to monitor the quality of the service and consult with people. However, monitoring processes were not sufficiently robust to identify where improvements were needed

Requires improvement

Newday Nursing Home

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 18 and 19 December 2015 and was unannounced on the first day of our inspection. The inspection team consisted of two inspectors and a specialist advisor. The specialist advisor was a nurse with experience of dementia care and medicine management.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities and commissioners that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We spoke with ten people, eight staff including care workers and nurses and eight relatives. We also spoke with the person in charge, interim manager and the provider. We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. Many of the people living at the home were not able to share their views with us about their care. As part of our observations we used the Short Observational Tool for inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We looked at records in relation to five people's care records to see how care and treatment was planned and delivered. Other records looked at included three staff recruitment and training records. We also looked at records relating to medicine management and the management of the service and a selection of policies and procedure.

We asked the provider to send us information about their training plan they provided all the information we asked for within the timescales we requested. In addition the provider sent us copies of some records that could not be located when we were at the service.

Good

Is the service safe?

Our findings

One person told us, "I feel safe; everything here makes me feel safe". Many of the people who used the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. People's relatives told us that they had no concerns about people's safety.

Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of potential abuse. Staff told us that they were clear about the action they would take if they suspected that someone was at risk of harm. Staff told us that any concerns they had would be passed onto the manager or provider. They knew the external agencies involved in safeguarding people and knew how to contact them if required. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

Staff told us that they knew how to support people when they became upset or distressed and how to manage behaviour that could be challenging to others. We saw staff followed risk assessments so that people were assisted to move safely with the use of a hoist. We saw that care plans were in place to inform and guide staff on what they needed to do to support people to reduce the risk of developing pressure sores. Risk management plans were in place for falls, moving and handling, personal care and skin integrity.

People we spoke with told us that staff supported them safely with their medicines. One person told us, "The staff do all that for me and I get all my medicines when I need them". We observed part of the medicine round and saw that people were supported safely to take their medicines. We saw that staff ensured people had taken their medicine before moving on to support the next person. The support people received was safe and unhurried. We saw that safe practice was in place for people prescribed their medicines through a patch applied to the skin and this ensured old patches were fully removed. We saw that people had been prescribed pain relief and a protocol was in place to inform staff how to give the medicine safely. We saw that one person's long term medicine had not been reviewed to ensure that it was still effective. The nurse we spoke with was knowledgeable on people's conditions and the support people needed to take their medicines.

Two people told us that they were happy with the level of support offered by staff. One person told us, "I am quite happy with everything. There seems to be enough staff". A staff member told us, "We work in pairs and we have people allocated to us to support each day. Although the bedrooms are spread out we do know who is supporting each person". The person in charge told us that staffing levels were based on people's needs. Two staff reported in sick on the day of our visit. We saw that steps were taken to cover the shortfall and this included using agency staff. A nurse who had worked the night shift stayed on duty until nurse cover could be provided. Most relative's told us that there was usually enough staff to support people. A few relatives told us that at times they may be a bit short staffed and this had meant that their family member had been late getting up.

People were kept safe in emergencies. All the staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively. People had individual plans in place to inform staff how a person should be supported in the event of a fire. We saw that equipment in use to keep people safe including specialist beds and equipment to assist people to move safely and fire safety equipment was checked and serviced to ensure it was maintained in good working order.

Staff told us that employment checks were carried out before they started working at the home. We sampled three staff files and found the pre-employment and Disclosure and Barring Service (DBS) security checks had been completed. DBS checks help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

Requires improvement

Is the service effective?

Our findings

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 who could tell us told us that they made decisions about their care. One person told us, "I can get up when I want and I chose how I spend my time during the day". All the staff we spoke with told us that they always sought people's agreement before offering care and support and this is what we mainly saw in practice. However, we saw that some staff did not ensure that they sought people's consent before supporting a person with their care. For example, we saw that staff put small tables in front of people and did not ask people if this is what they wanted. We also saw staff support a person to move but the staff member did not tell the person what they were doing or ask their consent first.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us told us that they had made application to the local authority where appropriate. Records looked at showed that there had been a delay in applying for renewal of a DoLS for a person. Although this had now been actioned this showed that arrangements for monitoring DoLS had not always been effective.

We saw that the behaviour management guidelines in place to a support a person had not always been followed. Part of the guidelines was ensuring that staff engaged with the person to offer stimulating activities and to minimise the risk of harm to the person or other people. We saw for long periods of time the staff member did not communicate with the person and did not attempt to offer activities that the person may wish to take part in, as detailed in the guidelines. We saw that no senior staff member intervened to ensure the person was supported in line with their care plan.

Staff told us that they had regular supervisions in which to reflect on their care practice so they could carry out their role effectively. Some staff said told us that it had been a difficult time with management changes and staff sickness but they still felt supported in their role. They told us that a handover of information took place at the changeover of staff so they were kept informed about changes in people's needs.

One person told us, "The staff are good". A relative told us, "The staff are good they work with you". Staff told us that they had opportunities to undertake training that was relevant to their role. A nurse told us that they had completed training to ensure that they had the clinical skills they needed to carry out their role. This included training in taking blood samples safely, end of life care and palliative care. The person in charge told us that following a recent visit from the CCG had identified that further training was needed in end of life care and falls training. We saw that a training plan had been completed to address this training and other areas of training that was needed. The person in charge told us that the training plan would commence in the new year (2016) to ensure that all staff maintained their skills and knowledge.

A staff member told us that they had an induction when they started work which included working alongside experienced staff so they could get to know people's needs and the home's procedures. There was documented evidence that an induction process had taken place. We saw that the provider had care certificate induction packs in place for new starters. This showed they were meeting the current requirements for inducting new care staff into their role.

One person told us, "The food is nice. I am quite happy with the choice". Another person told us, "I enjoy the food and I make a choice about what I want to eat". We saw staff asking people what they wanted to eat. We saw that many people required help to eat and some people needed to wait a considerable time until staff were available to assist. However, we saw that staff were patient and unhurried when they supported people. There was quiet music playing and the atmosphere during meal time was calm. We saw drinks were provided throughout the day and

Requires improvement

Is the service effective?

water jugs were replenished in people's bedrooms. Staff described to us how they involved people in the planning of the menu and how pictures were used to help people make a choice. We saw that some people were supported by their relatives at meal times and staff actively encouraged this involvement. The person in charge told us that they would be ensuring that all staff would be available to support people at meal times so that people received timely support. Staff had a good understanding of people's dietary needs. We saw that referrals had been made to healthcare professionals for people when there were concerns about their eating and drinking. Care plans for nutrition had not always been updated when people's dietary needs changed. For example, a person who was as risk of low weight had successfully been supported to gain weight whilst living at the home. The care intervention had therefore been successful. However, the care plan had not been updated to reflect this change and that food supplements were no longer needed.

Some people received their nutrition through a PEG (This is when a tube is passed into a persons' stomach to provide a means of feeding them). We saw that their care records informed and guided staff about how to ensure people received adequate nutrition and hydration. We asked to see what arrangements were in place for the care and maintenance of the PEG site to detect early signs of infection. Records to evidence that rotation of the PEG took place were not always well maintained. The person in charge told us that they would be making improvements to the recording of the rotation of PEGs so that the monitoring of these were in line with national guidance.

People told us, and records confirmed that they received support from healthcare professionals. One person told us, "The staff will call the doctor if I am not well". We saw records of visits by external healthcare professionals including GP, optician and podiatrist. We saw that referrals had been made to other healthcare professionals when staff had observed that there had been a change in a person's health and care needs. All the relatives we spoke with told us that they were satisfied with the healthcare their relative received. A relative told us, "They get the GP straight away if they need to". Another relative told us when their family member was unwell the GP was called and they were kept informed.

Requires improvement

Is the service caring?

Our findings

We saw that two bedrooms on the ground floor overlooked an enclosed area that was used by staff to take breaks, access their lockers and was used for general storage. Although the provider had taken some steps to promote privacy with curtains on internal windows, this arrangement did not ensure that the design and layout of the building fully promoted people's privacy.

The main lounge area where people relaxed, spent time with visitors and took part in activities also accommodated a staff work area. We saw staff take phone calls related to people's care and personal information was discussed. This did not ensure that information about people was treated confidentially and respected by staff.

A number of bedrooms on the ground floor had doors that could be split so the top half remained open. People walking along the main hallway could see into the bedrooms. We saw people resting and sleeping in their beds and this did not ensure people's privacy was maintained. We discussed this with the person in charge. They told us that for the people where the half doors were in place, discussions had taken place with people and their families. They told us that the arrangements were in place for people's security and safety. The person in charge told us that they would discuss the issues with the people involved and explore if there was a more appropriate way of ensuring that people's privacy and dignity was not compromised.

We saw that interactions between staff and people were variable and staff did not always demonstrate a caring and kind approach. Some interactions from staff were task led and were not always meaningful for the person. For example, staff only interacted with some people when there was a care task that they needed to do. However, we also saw some caring interventions where staff spent some time with people and enjoyed spontaneous activity and conversation. A visitor told us in the company of their relative, "The staff are exceptional, nothing is too much trouble". Another relative told us, "The staff are very caring".

We saw that staff had some understanding of a person – centred approach to communicating. Some pictures and photographs were used to help people make decisions about their care. Some people told us that they had made a choice about the activities they were involved in. A person told us that they preferred to spend time in their bedroom. However, we saw very limited opportunities took place to involve people in day - to- day chores that would promote their independence and self-esteem. For example, helping to lay the table at meal times and taking part in household chores.

The provider told us in the Provider Information Return (PIR) that they will be introducing dignity champions to help the service to increase awareness in promoting dignity and respect to service users. They also told us that they would be providing further opportunities for more tailored staff training and reflective practice that is related to individual and specific needs of the people that live at the home.

Good

Is the service responsive?

Our findings

We saw that people received a variable level of staff engagement. Some staff recognised the importance of social contact and engaged with people frequently and enjoyed a chat, contact and conversation. However, some people experienced only minimal engagement from staff and their contact was related to a task. For example, if the person needed a drink or if they needed to be supported with personal care.

Staff described to us how people's personalised care needs were met including peoples cultural needs. We saw that a person's specific needs in relation to their skin and hair care were met. Some people told us that every few weeks a service took place in the home organised by a local church so that they could continue to practice their religious needs and a church newsletter was made available to people who wanted to read it.

We saw that memory aids such as clocks with large faces, calendar and message boards were in use to help orientate people. However, we saw that the position of these were not always in the most accessible position for people to see. There was no directional signage to communal areas or to the toilet or bathing areas that promoted people's orientation and independence around the home. The person in charge told us that there were plans in place to make the environment more dementia friendly.

We saw that there was a second quiet lounge area with sensory equipment, a budgie and comfortable seating area for people that led through to another small room with computer facilities. We saw that only one person spent time in this room and this was when they had some visitors. When the room was not in use the door was locked with a key code. The person in charge told us that this was for safety reasons because some of the sensory equipment may present a risk to people. However, they told us that they would review the risk assessment and look at how this area could be made more accessible for more people to enjoy the facilities that were available.

We saw people smiling and chatting during an activity session which involved people doing gentle exercises, whilst sitting. We saw some people reading the daily newspaper that had been delivered. One person told us, "I like to read the paper, watch a film and occasionally I go out to the local shops". Staff told us that planned activities took place and also external entertainers were arranged. A person told us about a recent show that had been put on by a visiting drama company and they had enjoyed it.

A person told us, "It's the Christmas party tomorrow I have bought a new top and I am really looking forward to it". Another person showed us the outfit they would be wearing and they told us that they were looking forward to the party. We heard some conversations take place between people and staff about how people wanted their hair done for the party. A person told us, "I am going to have my hair platted for the party". We saw that some people had their nails painted in preparation for the celebrations. People and relatives that we spoke with told us that birthdays and special events were always celebrated. This included a range of cultural festivals and celebrations throughout the year.

People who could tell us told us that they would speak to staff if they were not happy about something. They told us that staff listened to them. One person told us, "The staff listen to me they are good". The provider was responsive to the cultural needs of people and we saw that information about raising concerns was provided in different languages and was displayed for people and visitors to the home to see. Relatives told us that if they needed to speak to staff or the person in charge they would do so and were confident that their concerns would be dealt with. A relative told us that there had been some minor things that they had raised and these had been dealt with. We saw that the provider had a system in place for the recording of complaints and the outcome. Records showed that one complaint was still in the process of being dealt with.

Requires improvement

Is the service well-led?

Our findings

The service had experienced a number of management changes. In the last twelve months two registered managers had left the service. The most recently appointed manager resigned in December 2015. We were told by the provider that the manager had moved on for personal development reasons. The provider told us that another manager had been appointed and was due to take up the post in February 2016. In the interim the provider had employed the services of an agency manager to oversee the running of the home. The provider had kept us fully informed of the management changes. The interim managers first day at the service was the day of our inspection.

The inspection identified a number of areas that needed improvement. It identified that the culture of the home was not always person centred and empowering. The person in charge, interim manager and provider were open and receptive to the inspection process. They told us and sent us evidence of the action they had taken and would be taking to improve the way that the service operated. This included improving people's care records. Meeting with staff to discuss care practice and to ensure people's privacy and confidentiality is respected. In addition they said that they would be reviewing some of the restrictions in place and making the environment more dementia friendly.

The provider's representative completed a quarterly report on the quality of the service. The reports following these visits were detailed and identified areas for improvement. There was an action plan prepared in response to the issues identified.

Regular internal audits were completed, for example of health and safety, care records, and medicines. This ensured the provider had procedures to monitor the service. However the providers systems had not identified all of the areas for improvement that we identified in our inspection, to ensure the safety and wellbeing of people living at the home. For example we found that records relating to people's care and treatment were not always well maintained. Some records were difficult to locate, were not accurate and up to date. For example, we saw that some people who required their blood glucose level to be monitored did not have their normal range recorded on their care plan. People who required their position to be changed to prevent sore skin the records were not always completed to confirm that this had been done. People's records did not always state their preferences, likes and dislikes. Food records were not always completed to accurately reflect what people had eaten. Risk management plans did not show that incidents had been fully recorded so information could be analysed and steps taken to mitigate risks to people. We saw that some people were prescribed medicines that had associated risk factors and their records did not always reflect these risks and there was no evidence that close monitoring of side effects had taken place

Staff told us that it had been an unsettled time at the home with the management changes that had taken place. Staff told us that despite this they still felt supported in their role. They told us they were confident about raising concerns with the person in charge and or the provider and they felt that they would be listened to.

There were opportunities in place for staff to discuss their practice including staff meetings and supervisions. Minutes of meetings showed that staff meetings were used to share information about the quality and safety of the service. For example records of a recent meeting showed that the outcome of a safeguarding investigation and learning from this had been shared with staff.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

People who could tell us and all the relatives we spoke with told us that they were generally happy with the care their family member received. Some relatives told us that at times the food quality could be improved. People had been asked their views about the service through residents meetings and surveys. Records showed that discussions had taken place with people about food, day trips and activities. For example people had said they would like ice cream offered instead of a pudding and this change had been made to the menu. There was also a discussion about moving the in-house book selection to the main lounge, to improve people's access to these and we saw that this had also been actioned.

CCG (Clinical Commissioning Groups) had visited in November 2015 and identified some areas that required improvement. The person in charge shared the findings

Requires improvement

Is the service well-led?

with us and told us that a plan of action was in place to make the improvements. This included ensuring that staff training on specific topics was provided and we saw training plans were in place to address this.