Care Quality Commission

Pressbeau Limited

Taymer Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on 21 May 2015 and was unannounced.

Taymer nursing home provides nursing care for up to 33 people. There are six bedrooms commissioned by the NHS for rehabilitation where people can stay for up to six weeks. People receiving rehabilitation care have access to physiotherapy and occupational therapy provided by staff from the NHS. At the time of our inspection there were 28 people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

When we last inspected the service on 15 May 2014 we found them to be meeting the required standards in the areas we looked at. At this inspection we found that there were areas which required improvement.

Summary of findings

Staff knew people well however during busy periods there were not sufficient staff to meet people's needs. People had to wait to have their needs met.

There was sufficient food and drink available for people throughout the day.

Medicines were not always managed safely to ensure best practice.

There were not enough tables to support everyone who wanted to eat at the dining tables.

We found although risk assessments had been completed not all steps to mitigate risk had been taken to protect the people who used the service.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People had regular access to visiting health and social care professionals. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The manager responded to all concerns or complaints appropriately when they were made aware of them.

Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role. People and staff were positive about the manager and their leadership.

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?

Requires Improvement

The service was not always safe.

People felt safe and were cared for by staff who knew how to recognise and report concerns of abuse.

Risk assessments had been completed but not all steps to mitigate risk had been taken to protect the people who used the service

Staffing levels were not sufficient to ensure that people's needs were met.

Recruitment procedures were robust and safe.

Medicines were not managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

There were not enough tables to support everybody to eat at the dining tables.

People were supported to eat and drink sufficient amounts to ensure their nutritional needs were met.

People had access to health care professionals where necessary such as GPs and opticians.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were kind, caring and patient, and encouraged people to express their views. However staff confirmed that sometimes they were too busy to take time to speak with people.

People were listened to and their wishes were respected.

People were treated with respect and their dignity and privacy was promoted by staff that were caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved with planning their care

The service had a complaints policy. People were aware of the policy and were confident to use it.

People were supported with activities.

Is the service well-led?

Requires Improvement

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Summary of findings

The service was not well led.

Audits, surveys and reviews were completed regularly to monitor performance, manage risks and keep people safe. However, not all areas of concern had been identified.

The manager were highly regarded by staff and people who used the service.

There were systems in place for obtaining people's feedback and views.

Taymer 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 21 May 2015 and was carried out by an inspection team which was formed of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. We also had a specialist advisor, who was a qualified nurse to advise us about the nursing care provided. The visit was unannounced. Before the visit, we reviewed the information held about the home, including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with eight people who lived at the service, six relatives and visitors, eight members of staff, the registered manager and a healthcare professional. We viewed four people's support plans. We viewed two staff files. We used the 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 due to complex health needs.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I'm safe here, they [staff] are kind and there is always someone to help me." A relative told us, "My relative is very safe here, I feel reassured."

We received mixed views from staff about staffing levels. The provider had a recruitment programme to ensure there were enough staff and the manager told us that they used a system that looked at people's needs and addressed this with the correct number of staff. However when staff were supporting people over lunch there were not enough staff to deliver a good service. People who required support were not given appropriate levels of support to help them eat and drink.For example,one person we observed at 13:30 was sitting at the dining table unsupported by staff. Their care plan stated that they required regular prompts and support while they ate. The person did not receive help to eat for 20 minutes. This was because there were not enough staff to meet people's needs. One person said, "There's no point asking for the toilet at lunchtime, it just won't happen." Another person said, "Sometimes they are low on staff, it doesn't bother me because I'm independent but it isn't good." However some relatives were concerned about the length of time their loved ones had to wait for care and treatment, for example two people told us that they had concerns about the length of time their relatives had to wait to be supported to use the toilet.

A visitor stood in the middle of the room just after lunch with their relative who was sitting in their wheel chair. They told us they were waiting for staff to become available to assist their relative into a comfortable chair. They told us that sitting in the wheelchair for too long was not good for their relative's skin. They went on to tell us that, "The chances of getting support from staff at lunch times were nil as there was just not enough staff." They demonstrated this by pressing their relatives call bell and we waited over five minutes for any staff to attend. "One relative told us, "You lose your dignity in here, my relative is a very clean person but here there is no chance." (The relative was commenting on the length of time you had to wait to be taken to the toilet).

Whilst overall we found that there were adequate numbers of staff overall we recommend that the manager reviews how they utilise their staffing at meal times to improve the service for people.

We saw that people received their medicines as prescribed and that medicines were stored correctly. We saw that people were supported, where necessary and appropriately, to take their medicines at a pace that best suited them and their individual needs. The nurse was observed checking and administering medicines safely. They allowed people time to take their medicine and explained what they were doing.

The nurse and manager were observed checking and administering medicines. However, the manager signed to say the medicine had been given before leaving the room. In addition, the nurse did not promptly sign to confirm the medicine had been administered but went to administer medicines to another person. This is not compliant with drug administration legislation. This meant that the correct procedures were not followed. The manager should not sign to say the medicine had been given as the person may refuse their medicine. The nurse should sign to show that the medicine had been taken to make sure the medicine was not given again.

We looked at the stock levels and found descrepencies. The manager looked into this and reported that one persons medicine had been sent to the pharmacist to be placed into a medicine box because they were leaving the care home. However this had not been recorded. This meant there was not an accurate record kept of medicines.

The manager told us that on night shifts they have one nurse. The manager also said that the staff check the medicines with the nurse. We were told by the manager that the training for the administration of medicines was done online.

There were safe and effective recruitment practices to ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory employment checks were completed and all new staff had to complete an induction process to ensure they were competent.

Staff were able to describe what constituted abuse and gave clear examples of what signs of abuse might be and were confident about how to report any concerns they had. All staff had received training in safeguarding adults. One staff member who was asked what they would do if they had any concerns said, "I would report this to my manager ." They were also aware of reporting to safeguarding teams and raising concerns using the whistle-blowers policy.

Is the service safe?

Another staff member said, “I would report any concerns straight away to my manager and document what I found.” We saw on notice boards throughout the home to promote awareness “Safeguarding abuse is every bodies business”.

Is the service effective?

Our findings

People felt that the staff were sufficiently trained to meet their needs and they were confident in the staff that were helping them. One person said, "I am happy here it's a good home, good friendly helpful staff."

We observed one person during lunch had fallen asleep over their plate of food. The person was sat with their lunch in an armchair as there was insufficient space at the dining table. There were 28 people who used the service when we inspected the home. We found that there was not enough space to accommodate everyone at the dining tables. We saw people having there dinner in arm chairs or their wheel chairs, some people we spoke with said they did not mind while another person told us they preferred sitting in the arm chair. However one person told us they would prefer to have their lunch at the table but there had been no room. This meant that not all people were able to eat at the dining table when they wanted to because there was not sufficient dining tables to allow this.

People were supported with nutritionally balanced meals, there were options to choose from daily and if required there was an alternative menu provided to cater for people's taste. There had been meetings with people to gain feedback about the food. A relative told us, "I can tell you the food is good because I eat here sometimes." Another relative said, "Sometimes my son and I come and have lunch." We saw that there were lots of food served throughout the day with the tea trolley in-between. There was also a fruit trolley that supplied people with fresh fruit. We saw people supported to drink throughout the day. 'The catering staff were familiar with people's dietary needs The chef told us that food was available to people when required and that staff have access to the kitchen to provide food for people when we have gone home. People told us that they had enough to eat and drink.

A staff member told us, "This is a good care home, otherwise I wouldn't work here." We found that staff had received relevant training to help them do their jobs effectively. For example, they had received training in dementia care and safe moving and handling techniques. New staff were supported and mentored in the work place by experienced colleagues. There was an induction plan followed by shadowing other staff to ensure their proficiency. One staff member said, "The manager will often talk about our training needs during supervisions and meetings." Staff were supported by regular supervisions and appraisals to help with their professional development. We saw that the manager monitored training to ensure that all staff were up to date. One staff member said, "I have achieved my National Vocational Qualification level three."

The manager told us that care plans were regularly reviewed and that people were involved with their care and where appropriate if people lacked capacity that family or independent advocate services were available. We saw that the home had leaflets on notice boards to promote advocate services. However although we saw care plans were reviewed regularly most people we spoke with said they had not been involved on a regular basis. One person said, "I've never seen mine or had a review and my son hasn't either (son agreed)". Another relative said, "I've never seen a care plan but I have had separate discussions with the home about medicines and about physiotherapy but not all in one meeting, no formal discussion". However one staff member said, the reviews are done with the person and after the updates the person reads and signs to say they agree." The manager confirmed this. Care plans we reviewed had been signed.

We observed the handovers for staff, they were given by the nurse in charge. The handover was attended by the manager and the feedback to staff was very good. They gave information about how every person had been during the night and any problems that may have occurred. For example, one person who is a diabetic had been found to have low blood sugar levels and the feedback given included where the levels were at the last check, they indicated that the levels were now back within normal ranges. Staff were also updated about a person who had arrived at the home the day before and were informed about the person's needs.

Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005). They explained the importance of giving people as much choice and freedom as possible. One staff member said, "People's consent is very important, because they are individuals." We saw in people's care plans that capacity assessments and best interests had been followed. People's families were involved where they lacked capacity. The manager was aware of the role of the independent mental capacity advocate's service (IMCA) this service is used to protect people's best interest in the

Is the service effective?

absence of their own advocate. The manager told us about one person who IMCA had been arranged for, this was to protect the person's best interests regarding financial matters.

We observed staff gained consent before they provided support and assistance. . The manager had appropriately made applications for Deprivation of Liberty Safeguards (DoLS). We found where bedrails had been used to keep people safe in bed that assessments had been completed which included consideration about whether the bedrails restricted the person's freedom of movement.

We found that people were supported to access health care professionals to help and maintain their care needs. For example, GP's, dentist's occupational therapist, and community support nurses. During our inspection a person was taken to the dentist. This showed that people were having access to other healthcare professionals. One person who had an open wound was being treated by a Tissue Viability Nurse and we saw that staff followed the instruction provided.

Is the service caring?

Our findings

People were complimentary about the staff that looked after them. One person said, “The staff are very kind here.” Another person said, “The staff here are very good they are lovely, Can’t fault any of them.” A relative told us, “They [staff] do think of them, they were all sitting in the warm sun outside and the staff gave them all hats to wear to protect them.”

We saw that staff were patient and gave encouragement when supporting people. We saw staff interacted with people and explained what they were doing. Staff were kind, caring and cheerful and used soft tones when talking with people. We observed a staff member assisted one person with their meal, they were cheerful and interacted in a positive way. One relative told us, that they could not get there one Saturday, so they told staff that,” their relative would really miss his TV guide and the chef went out and bought it for them.”

People had their own keyworkers who knew the people they cared for. We were told about one person who had limited mobility that they loved to swim; it was a big part of their life. The manager and staff arranged for them to be taken to a local swimming pool with the support of life guards and family members. The manager told us how happy this made the person concerned. We were also told about a person who loved politics and wanted to go to parliament to speak with the MPs. The manager arranged for the local MP visit the home and speak with them.

Staff understood the importance of privacy and dignity and promoted those principles during their work. One staff member said, “I always address people by their preferred name, always make eye contact and ask if they would like to shower or wash. I always ask what people want to wear and always respect what they say, people’s choice is very important.” Another who? Told us, “That they always promote the persons independence by encouraging them to do as much for themselves as they can. I don’t want to take their independence away

However, we saw that staff during busy periods were more task led. For example, we observed over lunch one person was coughing, they were trying to gain staffs attention for some water. We saw that one staff member walked past this person; they did not notice the person. We alerted a cleaner to the person’s needs, they arranged for the person to have a drink and this resolved the situation. We observed people had to wait for staff to be available to be taken back to their rooms or to be put into a seat in the lounge.

The home displayed on their notice boards about independent mental capacity advisors (IMCA). The manager gave an example of where they had provided this service to a person recently to protect their best interests.

Is the service responsive?

Our findings

One staff member said, “This is a lovely care home, everybody who works here tries to make it as good as they can.”

Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. However, we saw that one person’s Waterlow score indicated a very high risk of pressure ulcers (Waterlow is a risk assessment that is used when assessing pressure ulcer risk). The identified risks were not managed effectively. The person’s care plan stated that the person was not very mobile particularly in bed. The staff were to monitor their skin whilst delivering personal care. Although the person had been recognised as high risk of developing a pressure ulcer and that they were not very mobile particularly in bed their assessment and care plan did not include the need for the person to be assisted to change position regularly to alleviate the pressure on one area of the body to prevent the risk of a pressure ulcer which would have reduced the risk of the person developing a pressure ulcer. We note your comments however the issue is that this was not evident from the care plan. The care plan needs to be clear enough so that anyone reading it would have a clear understanding of the person’s needs and abilities and how to support them.

We also found a body map for this person that had been completed. The person had some unexplained bruising. Although the provider had investigated the cause of the bruising and told us that a change in medication had resolved this, this was not clearly described in the care plan. This meant that someone working from the care plan would not know that this had been resolved or what action to take in relation to monitoring of the bruising. Our notes show that there was no record to show any further monitoring. Although the provider had investigated the cause of the bruising and told us that a change in medication had resolved this, this was not clearly described in the care plan. This meant that someone working from the care plan would not know that this had been resolved or what action to take in relation to monitoring of the bruising.

The activities co-ordinator told us that they talked with people and they looked at their interests and hobbies to help develop activities people liked to participate in. There had been meetings where people’s views were sought about what people wanted or would like to do. We saw activities that included a wide range of interests for people to be involved with. For example, there were board games, potting plants and flower arranging. There were regular entertainment events including a falconry session planned for June. The home had recently received a laptop from a charity and are planning to use this to help people communicate with their friends and family. One resident in particular had a family member abroad and was looking forward to this. However this was not in place at the time of the inspection. The activities coordinator had arranged for the mobile library to visit and arranged outings for people, including a local Park.

On the day of our inspection the hairdresser attended and the activities person helped people with facials and nail care. They told us that they spent time with everyone to talk and to listen. A relative told us, “The activities are OK here; they [staff] try to include everyone during the day.” Friends and relatives can visit the home any time they want to as there are no restricted visiting hours. People said that they could always talk with the activities person and the activities person told us that they always made time to speak with everyone.

The manager told us that there were regular resident meetings held every three months. We saw that these had included discussions about equipment, personal needs, meal times and the cooking club. There had been a great response from people about having a cooking club with cooking sessions once per month. People, relatives and staff had opportunities to express their opinions during meetings.

Relatives confirmed that they knew how to raise concerns. They told us that staff and the manager were approachable and had confidence their complaints would be dealt with. People had not raised any concerns. We found that the complaints received had been fully investigated and responded to in a timely manner.

Is the service well-led?

Our findings

Staff felt confident to raise any concerns with the manager. They told us the manager was very approachable. One staff member said, "We have staff meetings and say what we want to say and share ideas. I feel supported because we have a good manager, good colleagues and team work."

The manager was dividing their time between two homes as they were the manager for both. The manager told us that the head nurse was in charge when they were not there and that they are always contactable by phone if required. There were plans for a deputy manager to start working at Taymer to support the manager from June 2015.

We saw that the manager conducted environmental checks to ensure standards were maintained and safe. One relative told us, "[The manager] is nice; we are on first name terms." The manager told us that they have an open door policy and made themselves available to residents, relatives and staff.

The manager promoted an open culture and encouraged people to speak out at meetings and in supervisions. Staff told us that the manager was very approachable. The manager said, "it is important that staff and people feel supported and are confident to express any concerns. We have regular meetings for people or staff to talk about any concerns but they don't have to wait for these to happen as my door is always open." Staff we spoke with were aware of the whistle blowing policies and contact numbers for people to call should they have concerns. Staff confirmed they received supervisions and were able to approach the manager. One staff member said, "I feel supported by the manager".

We saw that a system of audits, surveys and reviews were completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as infection control, medicines, staffing and care records. We saw that where areas for improvement had been identified action plans were put in place. For example,the manager told us during the infection control policy audit we found that the policy and procedures lacked detail, We discuss this with the provider and the operations manager and put a plan in place to rectify this. The infection control policy is now being rewritten in line with the Bedfordshire clinical commissioning group. However, audits had not highlighted issues we found.

Accidents and incidents are regularly reviewed and the manager said, "I look at these monthly and look for any patterns that might be emerging. When people have falls we review the risk in the care plan and look to see what can be done to minimise risk for example. Keeping rooms uncluttered and checking walking frames regularly." However, we found areas where risk had not been managed and staffing levels that were not sufficient had not been identified.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

There were regular meetings held for people who used the service and for staff. The manager told us they encouraged people's views and that staff definitely had a voice. One staff member suggested a new way to manage the way they constantly changed the linen on beds. They told the manager that if we only change the linen on people's bath days and when required this would make a big difference. The manager confirmed that they tried this and it worked really well and had been implemented in to the working practice. This showed that people could express their ideas and that their views were listened to and acted on. One staff member said, "I feel listened to, I have a voice."