The Retired Nurses National Home

Retired Nurses National Home

Inspection report

Riverside Avenue
Bournemouth
Dorset
BH7 7EE

Tel: 01202396418
Website: www.rnnh.co.uk

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

.This was an unannounced comprehensive inspection carried out by one inspector on 20, 22 and 25 January 2016. We last inspected the home in June 2014 when we found the service was compliant with regulations and the standards required at that time.

There was no registered manager at the home at the time of the inspection, the previous manager ceased their employment at the home on 18 December 2015 before they completed their registration. 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. A new acting manager had been recruited and had started work at the home the week before the inspection. The acting manager was to apply to become registered manager of the home.

The home had also undergone another major change in that Friends of the Elderly took over the control of the Retired National Nurses Home as an organisation in September 2015. As the Retired National Nurses Home remains a separate entity in its own right, both as a company and a registered charity, a new registration was not required.

The Retired Nurses National Home is registered to provide accommodation and personal care for up to 52 people. The home also has eight independent living flats and people who live in those are able to participate in activities in the home and have meals. Nursing care is not provided. At the time of the inspection there were 30 people living at the home.

Improvements were required to make sure the service provided to people was as safe as possible, such as the reviewing of risk assessments to identify actions that could lead to safer outcomes for people.

Staff had been trained in safeguarding adults and were knowledgeable about how to refer any concerns of abuse.
Risks to people's health concerning the physical environment, had been assessed to make sure that the home provided a safe environment for people.

Accidents and incidents were monitored and audited to see if there were any trends that could make systems and care delivery safer.
The home employed sufficient staff to meet people's needs.

Robust recruitment procedures were followed to make sure competent and suitable staff were employed to work at the home. The acting manager reviewed staffing files to make sure that all required records were in place and checks completed.

Medicines were managed safely in the home.

The staff team were well-trained and there were systems in place to make sure staff received update training when required.

The home was not meeting the requirements of the Mental Capacity Act 2005 as mental capacity assessments had not all been completed for people living with dementia. Appropriate applications made to the local authority for people at risk of being deprived of their liberty.

People's consent, where people were able to give this, was gained for how they were cared for and supported.

Staff were not supported through one to one supervision and annual appraisals. In the transition period this level of support to staff had not been provided to the frequency of the home's policy.

People were provided with a good standard of food and their nutritional needs met.

People were positive about the staff team and the good standards of care provided in the home. People felt their privacy and dignity were respected.
Care planning was in need of improvement. Some care plans did not reflect people's needs and were not personalised.

The home provided a programme of activities to keep people meaningfully occupied. At the time of inspection there was a vacancy for the post of activities coordinator.
The home had a well-publicised complaints policy and when a complaint was made, these were logged and responded to.

There were systems in place to monitor the quality of service provided to people.

The home was undergoing a period of transition with a new organisation taking over the management of the home in September 2015 and the appointment of a new manager. Staff morale had been affected by the changes and many new staff had been recruited to work at the home.
There were systems in place to monitor the quality of service provided to people.

You can see what action we told the provider to take at the back of the full version of the report.

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

Improvements in risk assessment were required to make sure that action was taken to reduce risks from identified hazards.

There were sufficient well-trained staff employed to meet people's needs.

There were robust recruitment procedures followed to make sure suitable staff were recruited to work at the home.

Medicines were managed safely.

Is the service effective?

Requires Improvement

Staff received appropriate training for them to fulfil their role but improvement was needed in management support of staff.

The service was not meeting the requirements of the Mental Capacity Act 2005 as mental capacity assessment had not all been completed for people living with dementia.

People's consent was obtained about the way they were cared for where they were able to give consent.

People's dietary and nutritional needs were being met.

Is the service caring?

Good

People were very positive about the home and the quality of the care provided.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The home was undergoing a period of transition with a new organisation taking over the management of the home in September 2015 and the appointment of a new manager.

The new management team had identified actions required but progress was needed to drive improvements and improve the morale of the staff.

There were systems in place to monitor the quality of the service provided to people.

Is the service well-led?

Requires Improvement

The home was undergoing a period of transition with a new organisation taking over the management of the home in September 2015 and the appointment of a new manager.

The new management team had identified actions required but progress was needed to drive improvements and improve the morale of the staff.

There were systems in place to monitor the quality of the service provided to people.

Retired Nurses National 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.
We also liaised with the local social services department about the service provided to people at the home.

This inspection took place on 20, 22 and 25 January 2016 and was unannounced. One inspector carried out the inspection over the three days. During the inspection we met the majority of people living at the home and spoke in depth with ten people about their experience of the home, six members of staff and three visiting relatives.

We also looked at records relating to the management of the service including; staffing rotas, staff recruitment files, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records. We also looked in detail at the care plans and assessments relating to three people and a sample of other documents relating to the care of people at the Retired Nurses National Home.

Requires Improvement

Is the service safe?

Our findings

People were positive about their experience of living at the home and no one had any concerns about their safety. One person told us, "Overall, 90 % of things are absolutely fine". Another person told us, "I am quite content and comfortable and have no concerns". A relative told us, "No worries whatsoever. My relative is safe and looked after; we are relieved they are in such a good home".

People were protected from abuse and avoidable harm as staff had been trained in safeguarding adults. Three training sessions had been held this year with now only four staff out of a team of 38 staff to have this training. The new manager had also put information notices in the staff room and other areas of the home about how to make safeguarding referrals and how to whistle blow. The staff we spoke with confirmed they had received safeguarding adults and whistle blowing training and were aware of how to report any concerns. These steps should now ensure that all safeguarding issues are reported correctly. The log of complaints included an issue raised by a relative that should have been referred to the local authority as a safeguarding concern. The person registered as manager at that time had carried out their own internal investigation and failed to follow safeguarding procedures.

The provider had identified shortfalls in maintenance of the physical environment and work was in progress to improve systems to maintain safe premises. The home no longer employed a maintenance person, instead contracting this work out to an external company. There was regular checking, tests and inspections of the fire safety systems, portable electrical equipment wiring, water systems, boilers and lifts. The premises had been assessed and an action plan was in place for managing asbestos that had been used in the construction of the home. Action had been taken for managing a rodent problem; the home being located adjacent to fields and farm land. An overall risk assessment of services and equipment had been completed but risk assessments of people's individual rooms and the communal areas could not be provided at the beginning of the inspection. We identified a number of hazards, such as uncovered radiators above 43C in the dining room and an electrical wall socket no longer used that had been taped over. Following the inspection the acting manager provided us with examples of risk assessments they had completed. They also confirmed that all risk assessments were now in place and the radiators in the dining room fitted with covers.

Risk assessments had been developed for identified risk areas that could affect older people such as malnutrition, falls, people's mobility and skin care. Risk assessment tools, such as the Malnutrition Universal Screening Tool and tools for assessing the risk of people developing pressure sores were also used and were recorded. For example, people who had bedrails in place to prevent their falling from bed had a risk assessment to make sure that the rails were fitted correctly to minimise risk. The assessments had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments had been taken into account for developing the care plans that were also in place. However, some of the assessments recorded on the home's computerised recording system were not satisfactory. For example, one assessment recorded that the person was at risk of falling from bed with an action stating that the paramedics should be called should this happen. There was no consideration as to how the risk could be reduced by such means as using bedrails, lowering the bed or the use of a crash

mat. The acting manager confirmed after the inspection that risk assessments had been reviewed to ensure that measures to reduce risk were in place and recorded within the risk assessment.

People had personal evacuation plans recorded within their care plans and emergency contingency plans had also been developed.

The provider monitored accidents and incidents that occurred in the home to look for trends or particular hazards could reduce further such occurrences.

The majority of people and the staff we spoke with said that staffing levels were sufficient to meet the needs of people accommodated. Three people, however, told us their call bell was not always responded to promptly, with sometimes a wait for over 15 minutes before staff responded. The acting manager informed us that company policy was for call bells to be responded to within four minutes. Before the end of the inspection the acting manager had carried out a small call bell audit and found some responses to be over 7 minutes. They assured us that action would be taken to ensure better response times. There were no other indicators that staffing levels were not sufficient. The acting manager told us they would consider the use of dependency tools for evaluating staffing levels.

At the time of inspection between 7.00am and 2.00pm, there were six care workers and a senior on duty; between 2.00pm and 8.00pm five care workers and a senior. During the night time period there were three awake members of staff on duty. In addition, the home employed chefs and kitchen staff, an administrator, cleaning and laundry staff.

Robust recruitment checks were in place to make sure people were supported by staff who were suitable to work at the home. Recruitment files who had been employed since the last inspection contained the required information and checks required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in place, with the exception of one person. There were gaps in their employment history and the reasons why they had left positions of care working with adults had not been investigated. By the third day of the inspection the acting manager had checked the recruitment files for all staff, investigated any omissions with the staff concerned and updated the records.

The provider had systems to make sure that medicines were managed safely.

The two senior carers managed the ordering of medicines and receipt of medicines into the home. Staff responsible for administration of medicines had received training in safe medication administration and had also had their competency assessed.

Medication administration records (MARs) showed people received the medicines prescribed by their GP. Prescribed creams for people's skin conditions were administered by care staff. Information, body maps and a recording chart, to show where staff should apply the cream prescribed, were kept in people's rooms and therefore readily available to staff. There was good practice of a photograph of the person concerned at the front of their administration records together with information about any allergies they had to any medicines. However, in the case of one person, the allergies recorded on their care plan had not been transferred to their MARs. Before the inspection was completed the acting manager checked that information on people's allergies was cross referenced to make sure accurate information was recorded in both records. Where a variable dose of a medicine had been prescribed, the number of tablets given was recorded.

The home had suitable storage facilities and medicines were stored in an orderly way. The home also had a

small fridge for storing medicines that required refrigeration with records maintained of the temperature range.

During the inspection we observed medicines being administered. The member of staff wore a red tabard so that people knew not to interrupt them. The member of staff was patient, explaining why medicines were being offered. The person being given medicines was given a glass of water to assist them in taking their medicines.

Requires Improvement

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care. People told us they had no concerns about the competence of staff, telling us that staff met their care needs. Staff told us that over the last year there had been a lot of changes in staffing but there was good access to training to make sure staff received essential training.

The provider had a system to make sure staff received essential training with dates set for ensuring update training when this was required. Essential training included: food and hygiene, the Mental Capacity Act 2005, moving and handling, infection control, adult safeguarding and health and safety training.

New members of staff received induction training that included shadow working with more experienced staff. They were also enrolled on the Care Certificate, which is the recognised induction standard. New staff spoken with confirmed they had received this training.

Staff had differing opinions as to whether they felt supported by management. The home was in a period of transition with a new organisation taking over the management of the home and a new manager. Staff told us that in this transition period there had been lapses in regular one to one supervision sessions and annual appraisal. Staff told us that the frequency of staff meetings had declined in the transition period, although they had had meetings through the transition to keep them informed of progress. This is an area for improvement.

Staff were knowledgeable about the needs of individuals we discussed with them. They told us there was good communication through staff handovers.
Although the home predominantly accommodated people for reasons of frailty of old age, there were two people at the home living with dementia. We therefore checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions or authorisations to deprive a person of their liberty were being met.

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).

Appropriate referrals had been made to the local authority under DoLS but at the time of inspection none had yet been granted. Within the records of the people living with dementia we saw some mental capacity assessments had been carried out where people lacked capacity to make specific decisions. However, the

assessments were incomplete and did not cross reference to care plans, so that staff referring to care plans would be unaware where a 'best interest' decision was being made on behalf of the person. For example, one person's assessment informed that the person did not have mental capacity to understand or be able to make decisions about their medication requirements. Their care plan did not reflect this. Where 'best interest' decisions had been made, the people consulted in making the 'best interest' decision were also not recorded. In respect of another person living with dementia, their assessment informed that the nearest relative held a power of attorney but did not record whether this in respect of the persons finances, health and welfare or both. Overall, these omissions were a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everyone who was able to tell us of their experience of the home said that their consent was always sought by staff about the way they were cared for and supported. Throughout the inspection staff discussed and supported people appropriately.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Everyone we spoke with was overall satisfied with the standards of food provided. Comments were made such as, "What I get is varied, hot and there is always choice", "There is always a choice of two main meals and desserts and I can choose to have a cooked breakfast" and "A good variety of food".

People's weight was monitored each month and steps taken if people were at risk of becoming malnourished. At the time of inspection no one required food and fluid monitoring. The acting manager confirmed that monitoring records would be maintained should there be concerns that a person was not eating and drinking enough.

Good

Is the service caring?

Our findings

One relative told us, "Overall the care has been good, a few niggles but my mother has been well cared for". People we spoke with made comments such as, "The staff are always very willing", "They treat me respectfully and are also very friendly", and "I am looked after very well".

Everyone we spoke with said that the staff were respectful. They told us that staff addressed them by their preferred form of address, always knocked on their bedroom door before entering and ensured privacy when people received personal care.

Throughout the inspection we saw that staff took time to talk with people when they were called to assist them. We saw staff giving people reassurance and making sure that they were alright.

Requires Improvement

Is the service responsive?

Our findings

Although people spoke highly of the care they received, care planning could be improved to provide more personalised care.

Before people were admitted to the home, a pre-admission assessment of their needs had been carried out and recorded within their care file to make sure that their needs could be met at the home.

People's care records showed that on entering the home more in-depth assessments and risk assessments were completed. These assessments were then used by to develop a care plan with the person concerned. Care plans were recorded on an electronic system and covered topics such as, people's personal care needs, skin care, nutrition, falls risk assessment and a moving and handling assessment. The home was already working to an action plan for one of the local authorities who had identified that care plans were not personalised and did not always accurately reflect people's assessed needs. We too found examples of where care plans did not reflect people's needs and where care are planning could be more responsive to people's needs.

For example, one person's care plan stated that they could propel themselves in a wheelchair, which was in contradiction to other sections of their care plan. When we spoke with people they drew attention to several issues where action could have been taken to provide people with more personalised care. One person told us that they only had one bath a week when they would prefer to be bathed more often, they also asked if they could be provided with a brighter light bulb as they enjoyed reading and found it difficult to read in low light. Another person told us that they would like to have a snack in the late evening. The acting manager said that all these requests would be actioned; however, good care planning and reviews should have identified these issues. Some people had a life history recorded on their file, to enable staff to know the person individually but these were not in place for some people whose care records we viewed. Overall. this amounted to a breach of Regulation 9 (3) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems to make sure that people's care was monitored. For example, one member of staff showed us the daily checks that were carried out and recorded to make sure that people's pressure relieving mattress was set at the correct setting. Records showed that people's weight was being monitored and people supported appropriately if they were over or under weight. Staff told us that people could request the gender of staff who provided personal care.

There was a vacancy, at the time of the inspection, for an activities coordinator. The acting manager informed us that recruitment for this position was in progress. Generally, people told us that they were satisfied with the levels of activities provided.

The home had a well-publicised complaints procedure, which was reviewed and updated in January 2016. The procedure was on display on the notice board in the reception area and also detailed within the Service User Guide given to each person when they were admitted to the home. No one we spoke with had any

complaints about the service they received. They also said that they had confidence that complaints would be taken seriously.

Apart from the complaint that should have been investigated under safeguarding adults procedures, complaints were well-managed. A record was in place of any complaint made and details of investigations and responses to complainants.

Requires Improvement

Is the service well-led?

Our findings

One person told us, "I have been in a few homes and this had been one of the best".

The home was going through a period of great change with a new organisation taking over management of the service in September 2015 and the appointment of a new manager, who was in their second week of employment at the time of the inspection. There had also been a lot of changes of staff with periods of high use of agency staff.

Throughout the inspection the new acting manager responded to any issues we identified and took action immediately where this was possible. For example, addressing the issues people raised with us about their care, the covering of radiators, updating of staff recruitment files and carrying out of individual bedroom assessments. However, there was still work to be done to meet the regulations, through ensuring the service was compliant with the Mental Capacity Act 2005, reviewing and updating of care plans and improving on call bell response times. The staff team was also in need of better support through supervision and staff meetings.

There were systems to monitor the quality of service. Operations managers from the Friends of the Elderly visited the home and assessed progress. Their last audit was carried out in December 2015 and actions had been identified with plans put in place for improvement. A medication audit was carried out in November by the home's local pharmacist and this was followed up later that month to check that actions had been completed.

A health and safety audit was carried out of the home at the end of the last year as well as an infection control audit.

The acting manager told us that a survey involving people living at the home, their relatives and visiting health professionals would be carried out later in the year.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care You have failed to adequately plan to meet people's individual needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent You have failed to meet the requirements of the Mental Capacity Act 2005.