Barchester Healthcare Homes Limited

Ford Place

Inspection report

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Date of inspection visit: 27 July and 4 August 2015
Date of publication: 28/09/2015

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**

Overall summary

Ford Place is registered to provide accommodation and nursing care for up to 49 people, some of whom may be living with complex nursing needs or dementia. There were 39 people who lived at the home when we visited.

This unannounced inspection took place on 27 July and 4 August 2015. The previous inspection was undertaken on 30 May 2014. At that time we found that the regulations that we assessed were being met.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people were not always managed in a way that ensured people were kept as safe as possible.

Summary of findings

There were not always enough staff on duty to meet people's assessed needs. Pre-employment checks had been carried out to ensure that only staff suitable to work in a care home had been employed. Medicines were not always managed safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. However staff's knowledge in this area was not always sufficient to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People were given sufficient, nutritious food and drink but the nutritional needs of people who required special diets were not always met. People's health was monitored by the involvement of a range of healthcare professionals.

Staff showed they cared about the people they were looking after. Relationships between people and the staff were good and staff treated people with kindness and respect. Staff ensured that people's privacy, dignity and independence were upheld. People's personal information was kept securely to maintain confidentiality.

People and their relatives were involved in the planning of their care. Care plans did not always contain sufficient, up to date guidance for staff to ensure that the care delivered by the staff was consistent and personalised. There were not enough activities and outings offered to keep people occupied. Complaints were responded to appropriately.

There was an open culture in the home and people, relatives, visitors and staff were offered a number of ways to make their views about the service known. Audits carried out were not always effective in identifying shortfalls and therefore were not effective in driving improvements in the quality of the service provided. Records were not always maintained as required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were not always enough staff on duty to make sure that people's needs were fully met.

People did not always receive their medicines safely and as they were prescribed.

Staff had undertaken training in safeguarding and knew how to keep people safe from harm.

Is the service effective?

Requires improvement

The service was not always effective.

Not all staff were aware of their responsibilities to protect the rights of people who lacked the mental capacity to make all their own decisions.

People were cared for by staff who had received training and support to enable them to do their job properly.

People's nutritional needs were met and their health was monitored by the involvement of a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and respectful in their interactions with people who lived at Ford Place.

People were treated with respect and staff supported people in a way that upheld their privacy and dignity.

Personal information about people was kept securely so that their confidentiality was preserved.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans did not contain sufficient, up to date information and guidance to ensure that the care delivered by staff was consistent and personalised.

There were not enough activities, outings and entertainment provided to make sure people were kept occupied.

People knew how to make a complaint and complaints were responded to and resolved satisfactorily.

Summary of findings

Is the service well-led?

The service was not always well-led.

Audits carried out did not always identify shortfalls in the service provided and were therefore not effective in driving improvement.

Records were not always accurate, complete and contemporaneous as required by the regulations.

The home had an open culture, which encouraged ideas for improvement from everyone involved.

Requires improvement

Ford Place

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 27 July and 4 August 2015 and was unannounced. The inspection was carried out by four inspectors 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 our inspection we reviewed the information we held about the service. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners and Norfolk Healthwatch to obtain their views about the service.

During the two days of our inspection we spoke with 17 people who used the service, five relatives, 12 care workers, one senior care worker, one maintenance person, three nurses, the deputy manager, the registered manager and the regional manager. We observed people being supported in communal areas, and looked at the care records for six people. We also looked at records that related to health and safety and to the management of the home.

Requires improvement

Is the service safe?

Our findings

People had mixed views about whether there was a sufficient number of staff deployed to meet people's needs. One person said, "Sometimes we are short of staff providing care to the residents as staff are pulled away to cover the hostess role if one is not available." Another person told us they did not always get to bed when they wanted to due to lack of staff. A third person's relative told us that sometimes their family member had to wait a long time to receive assistance with personal care. They said, "There's never anyone around."

Staff also had mixed views. One member of staff said, "We have time to sit and chat with people." However, other staff said there were not enough staff on duty. One told us, "I love my job but there are not enough staff." Another said, "I'm not able to give the care I would like because there are not enough staff." They said that people had to wait to get up in the mornings and did not get a choice about the time they were assisted to get up. They felt their job was very "task-focussed" and they were not able to spend "quality time" with people. One member of staff gave us an example of how staff trying to save time affected people. They said that staff left people's curtains closed when people had their breakfast in their bedroom. This was so they did not have to close the curtains again when they went back after breakfast to assist people to wash and dress.

We spoke with the provider's regional director who explained that staffing levels were calculated using a dependency tool that looked at people's needs and converted the findings into staffing hours. They said that slightly more staff were on duty on each shift than the tool had calculated as being required. However, rotas showed that staffing numbers had dropped below the minimum level identified by the tool on a number of occasions in the two weeks prior to the inspection. For example, on two shifts there had been one fewer members of staff on duty than the minimum level identified by the tool and on one shift there had been two fewer staff.

The registered manager told us she was continuing to recruit more staff. On both days of the inspection we noted that call bells were answered in a timely manner and people received the care they needed. However, during the day we found that there were a number of occasions when we were unable to find care workers to speak with us and one occasion when we could not find a care worker to assist a person who was in some distress. This meant that there were not always enough staff deployed to make sure that people's needs were fully met.

Staff told us that all the required checks had been carried out before they were allowed to start work at the home. These included references from previous employers, proof of identity and a criminal record check. One member of staff said, "I was unable to start employment until the company had received satisfactory references and the DBS [Disclosure and Barring Service] check." Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We saw in people's care records that the provider had used established risk assessment systems to ensure that any potential risks to people were identified. However the measures to reduce the risks were not always detailed enough. For example one person had been assessed as being at high risk from developing pressure ulcers but the risk assessment did not state that they needed help with regular repositioning. Another person had inserts in their slippers to prevent pressure sores but this information was not included in their care plan. We noted that people who needed it had their call bell within reach so that they could summon assistance.

Accidents and incidents were recorded. However we noted that it had been reported that one person had been found on two occasions with their legs trapped in the rails at the side of their bed. The registered manager told us that staff had been made aware of the issue and were checking the person regularly. However, no action had been taken to try to prevent this recurring. This meant that risks were not always managed appropriately.

We checked how people's medicines were managed. One person told us that they felt "comfortable and safe" when staff gave them their medicines. A relative said their family member was receiving their medicines "safely and respectfully." Staff told us, and records of staff training confirmed that all staff who gave people their medicines had been trained to do so. Following their training staff had had their competence to give medicines assessed by a manager. Staff told us and records confirmed that there were clear protocols in place for giving medicines

Requires improvement

Is the service safe?

prescribed to be given 'when required'. For example there was a timeframe for actions for when one person had a seizure. Medication administration record (MAR) charts showed that there were no gaps in the records, which meant that medicines had been given as prescribed. Medicines were stored correctly and unused medicines were disposed of in line with the provider's policy.

However, there were no care plans in place to give staff guidance on the way in which each person preferred to take their medicines. Records of topical medicines did not contain sufficient information for staff. For example, the directions for one cream stated 'apply liberally' but did not detail how often nor where on the person's body the cream was to be applied. Almost all the records of topical applications that we looked at had not been completed correctly. For example, one record showed that a cream prescribed to be applied once a day had been applied twice a day for three days in the two weeks before the inspection. Another cream had not been recorded as applied on four days out of the previous 14 days. This meant that we could not be confident that people always received their medicines safely.

People told us that they felt safe. One person explained by saying, "Safe place, clean room, clean bed, they keep us clean." Another person told us, "I like it here because I feel secure." A third person said that the home "feels safe." Relatives we spoke with were confident that their family members were safe at Ford Place. One person voiced some concern about another person entering their room uninvited. They said that at those times they felt "not very safe at all." However, they said this was the first time that they had felt this way in all the years they had lived at the home. They had discussed the matter with the registered manager and were confident the situation would soon be resolved.

Staff confirmed that they had undertaken training in safeguarding people from harm. They were able to demonstrate that they knew what constituted abuse and how to keep people safe. They said they would report to the senior care worker or one of the managers if they suspected that someone was being harmed. They also told us that they would report to the local authority or to CQC if the managers did not respond appropriately. This meant that the provider had an effective system in place to keep people safe from harm.

Requires improvement

Is the service effective?

Our findings

The registered manager told us that she and the staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that assessments of people's capacity to make certain decisions relating to their care had been carried out and recorded. We saw that when people had made decisions that could harm their health and they had been assessed as having the capacity to make their decision this had been respected. Staff had also asked for guidance from a healthcare professional to ensure that the person had all the information they needed to make the decision. However, staff we spoke with had a poor understanding of the principles of the legislation and guidance. This meant that people's rights in this area might not always have been protected.

People's care records contained nutritional risk assessments and nutrition and hydration care plans were in place. However, we found that vital information was missing from some care plans and staff were not aware of the information. For example, advice from the speech and language therapist (SALT) for one person, which related to thickened fluids, not using a straw and only taking one sip of drink at a time had not been included in the person's care plan. Staff were not aware of the advice and told us they had always given the person a straw to drink with. The SALT assessment stated that using a straw would "put them at increased risk."

We also found that care plans had not always been updated with the correct information about the assistance people needed with their food. For example, in one person's care plan it indicated that they did not need assistance with eating and drinking. Staff told us that the person did now need assistance from staff, with both eating and drinking. The nutritional risk assessment for the same person stated that they should be weighed weekly. However the records showed that this had not always been achieved. Not all staff had been made aware of people's diabetic needs and one person who required a diabetic diet had been given sweets inappropriately as a bingo prize. This meant that people were not always supported with their nutrition and hydration needs.

People said that staff knew how to meet their needs and that staff had been trained to look after them properly. Staff told us that when they first started to work at the home they had received a thorough induction. The induction lasted at least five days. During that time new staff read the provider's policies and procedures, received training and looked at care plans and risk assessments. New staff then worked alongside experienced members of staff until they were deemed sufficiently confident and competent to work as part of the team. One member of staff said, "I shadowed care workers as part of my induction. They were very supportive, as were the other staff."

Staff told us that they had been given opportunities to undertake training in a range of topics relevant to their work. These included caring for people with dementia, infection control, moving and repositioning, health and safety and food safety. They said that the training was good and they were also able to attend regular updates to ensure they were knowledgeable about current good practice. One member of staff told us, "The training is brilliant; we do e-learning and group work." The registered manager told us that 95 percent of the staff team were up to date with all the required training.

Staff received regular supervision sessions with their line manager. The sessions covered all aspects of their role, including key responsibilities, performance, behaviour, attitude, personal development and areas for improvement. One staff member said, "I receive regular supervision and attend the staff meetings that are regularly arranged. It's lovely working here." This meant that the provider had an effective system in place to ensure that people received effective care from staff who had the knowledge, skills and support to do their job well.

We observed that staff had the skills to communicate effectively with people according to their needs. One care worker told us how they carried a notebook to communicate with one person who was hard of hearing. We also observed a care worker guiding and encouraging a person who was blind to enable them to pick their own drink up without the physical assistance of the staff member. The person responded very positively to this. One care plan we saw included information about how staff should talk to and support a person when they were becoming distressed and confused.

People told us they were satisfied with the food and drink options that were made available to them. They told us they liked the food, using comments such as, "We have good cooks", "The food is good" and "I do enjoy my food." They said they always had a choice of two main meals or

Requires improvement

Is the service effective?

could choose from the 'something different' menu. The day's menu was on display outside the dining room and on each dining table. However, at lunchtime one person asked for the soup that was on the menu. Staff said it was not yet cooked and would be served at suppertime instead. We noted that the food served for lunch was appetising and was served hot. People who needed it were given assistance with their meal. People were offered drinks throughout the day. Special diets, including pureed and soft food, were provided for people who needed them.

Mealtimes were calm and relaxed. Staff made sure people were comfortable where they were sitting. The dining tables had been attractively set, with serviettes and condiments available. Staff did not rush people with their food and gently encouraged people to eat their meal. Staff who were assisting people sat with the person and we heard them asking if the person was ready for another mouthful or if they wanted a drink. Staff asked people if they had enjoyed their meal and checked whether the person wanted any more to eat or drink.

Records showed that people had access to a range of healthcare professionals such as the dietician, the chiropodist, the optician, the GP and the speech and language therapist. When required people had been supported to attend regular appointments relating to their health needs. One person told us how good the staff were at arranging their visits to an outpatient clinic.

On the first day of the inspection we found that information about wound care had not been recorded correctly and records indicated that people had not had their wounds dressed at the appropriate intervals. However, on the second day staff told us that wounds had been dressed but no record had been made on all the records. They showed us photographic evidence that people's wounds were healing or had healed, which meant that dressings had been done. This meant that while suitable arrangements were in place to monitor people's health and to support them to maintain good health and well-being further improvements were needed in the recording system.

Good

Is the service caring?

Our findings

People told us that they liked the staff. One person said, "The majority of the staff are brilliant, very good." A relative stated that, "Some of the carers are lovely." We saw that staff were polite and treated people with respect. Staff sat with people and engaged with them in a kind, caring and sensitive way. They showed they were knowledgeable about people and their individual needs. They took the time to listen and responded appropriately.

Assistance with personal care was offered discreetly and we saw that doors were kept closed when people were being assisted with personal care. We noted that all staff except one knocked on people's doors and waited for an answer before entering. The other member of staff put their head round the door and asked if it was okay to enter the room.

Care plans had been written in a way that promoted people's privacy, dignity and independence. For example, one care plan that we looked at clearly stated what the person could do for themselves when having a bath and what they would need staff to support them with. The care plan also stated, "Please ensure doors are shut and curtains are closed when assisting with personal care."

People's independence was maintained whenever possible. One member of staff described how they had supported one person with a sensory impairment to become more independent with eating and drinking. The member of staff said, "I asked the person how they felt doing it and they replied 'I'm so happy that someone had the patience to do it with me'."

Staff spoke with people in a caring and respectful manner and people were involved in decisions about how their care was delivered. We saw one of the nurses engaging people in conversation about what they would be doing during the day and whether they had had visitors at the weekend. They asked each person if they were ready for their medicines and checked with them if they wanted any medicines that had been prescribed to be taken 'when required'.

We observed one person who was confused and disorientated. They were stating that they did not think that they should be at the home and they were becoming upset. One member of staff did not respond appropriately and left the person alone as they needed to carry out another task. However, a care worker sat down with the person, reassuring them and putting their arm around their shoulders when they became upset. They continued to take time to speak to the person about their life and interests until they were happier and more settled.

Care records showed that people and their relatives had been involved in the planning of the person's care. Care plans were personalised and clearly showed areas in which the person wanted to remain independent. People had been encouraged to contribute their views about how they wanted their care delivered by the staff.

People's personal care records were kept securely in the nurses' office so that people's confidentiality was maintained. Any records kept in the person's bedroom were stored in a folder so that people could decide who looked at them.

The registered manager told us that an advocacy service was available and people were made aware of it. The majority of people who lived at Ford Place had relatives who would advocate on their behalf so they did not have need of the advocacy service.

Requires improvement

Is the service responsive?

Our findings

There were not enough activities, outings and entertainment provided to make sure people were kept occupied. People told us that activities had been limited due to only one part time member of activities staff being available. One person said, "It's boring sitting here all day." The registered manager told us that she was in the process of recruiting an extra member of staff so that more activities would be organised. Recent activities had included a visit from local school children, coffee morning, gentle exercise classes and a visit from the mobile library. On the second day of the inspection the activities care worker was doing one-to-one activities with people. During the afternoon there was a fashion show in the lounge.

On the first day of the inspection we found that some care plans provided staff with the detailed guidance they needed to care for the person in the way they wanted to be cared for. However, we also found that some information, for example relating to people's nutritional and dietetic needs, was missing from the care plans.

We found that the nurses on duty were not always aware of what wounds or pressure ulcers people had. For example, one person had sustained an injury which had required a dressing. Neither of the nurses working at the time of the inspection were aware that the person had a wound dressing. We found that one person had a repositioning chart in their bedroom and two charts for applying topical creams. This information was not included in their care plans.

Staff participated in a handover at each shift change. We noted that not all changes to people's health were included in the handover information. One person had experienced breathing problems and had used their inhaler. This information had not been written on the handover sheet and was not known by the nurse leading the handover.

The provider wrote and told us they had taken immediate action to ensure that these shortfalls had been addressed. For example, to ensure that advice from clinical experts such as SALT was "cascaded down to the nursing and care team" and that all staff were made aware of people's health needs.

On the second day of the inspection we found that a number of measures had indeed been taken to make sure all staff were aware of relevant information. For example, all current advice letters from healthcare professionals had been photocopied onto brightly coloured paper and inserted with the relevant care plan in the person's care records. Handover records had been re-designed to include more detailed information about people's medical and health needs. A whiteboard had been installed in the nurses' office so that all wound care would be immediately visible to the nursing team. Most staff were aware of these measures and the information they contained.

Also on the second day of the inspection the registered manager told us that care plans for people who needed wound care had been reviewed and updated. We found that this was not always the case and one of the care plans we looked at still did not contain up to date guidance for staff. Nevertheless, the up to date information was included in the handover records. This meant that improvements had been made in the information cascaded to staff but further improvement was still required.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "If I had a complaint I would say to [the registered manager]." A complaints procedure was available in the information booklet supplied to people when they moved into the home. Staff were aware of the procedures to follow if anyone raised any concerns with them. We looked at the complaints log and found that all complaints received had been dealt with appropriately and in line with the procedure.

Requires improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of the service that was being provided to people. These included a number of audits carried out by staff in the home and by the provider's representatives. For example, medicines audits, health and safety audits and care plan audits were carried out. However, the audits did not always recognise improvements that needed to be made. The regional director had carried out bi-monthly audits of the home which included reviewing some people's care plans and talking to people to get their views of the care and support they were experiencing. The care plans we looked at had also been reviewed by a nurse. However the inconsistencies of information and missing information had not been identified as part of either review. The regional director's audit also monitored if the service was safe, effective, caring, responsive and well led. An action plan had been put in place to address any areas of the service that needed improvement.

We found that records were not always maintained as required. Care plans did not all contain up to date information and guidance for staff about the care the person needed. Although we were told that care plans relating to wound care had been reviewed between the two days of the inspection, we found that this had not happened.

We found that other records were not being maintained as required, such as records of the application of topical medicines, records of medicines carried forward from the previous cycle, records of people's weight and records of wound care. Staff rotas were difficult to decipher as they had been altered a number of times, with entries crossed through and over-written.

These matters were a breach of Regulation 17(1) and (2)(a) to (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were satisfied with the service they were receiving. One person said, "Nothing could get better."

There was a registered manager in post. People and their relatives told us they knew who the registered manager was. One person told us, "I think she [the registered manager] is very good. Very fair." One relative described the registered manager and staff team as "simply out of this world." A member of staff said, "I get on very well with the [registered] manager, she is great, she listens to everyone's opinions." Another told us, "Things have improved since the new manager came." However, people, relatives and staff said they rarely saw the registered manager as she had been spending a lot of time in the office. The registered manager was aware of this and had started to make time to walk round the home regularly.

The registered manager told us about a reward scheme for staff that had been introduced to the home. This rewarded staff who had, in the opinion of other staff, performed well. Called the Made a Difference (MAD) scheme, staff had decided they wanted it to be anonymous. This meant that no-one other than the management team knew who had been nominated and who had won each month. Nevertheless, this was a good incentive for staff.

Meetings for people who lived at Ford Place and their relatives were held on the 19th of each month. These gave people the opportunity to make decisions about things that affected them such as the menus, activities and trips out. At the meeting in June 2015 people had requested a weekly church service to be held. The registered manager told us that she had been able to arrange for a minister to lead a service once a month and this was due to start imminently. The meetings also provided people with the opportunity to raise any concerns they may have had. The registered manager told us that the provider sent questionnaires annually to people and their relatives for feedback on the quality of the service. Returned questionnaires were collated and any requested improvements made where possible. The 2015 questionnaire was due to be sent soon.

Regular staff meetings had been held. Staff confirmed that they could add to the agenda for staff meetings and make suggestions for improvements. One member of staff said, "We are encouraged to talk about how we can make the service better for the people who live here." The registered manager held 'stand up meetings' in her office every day at 11am. A representative from each department (nursing, care, catering, administration and maintenance) was included. Each representative was given the opportunity to raise any issues or discuss any changes relating to their department that other staff needed to know about. At the meeting we attended the catering department was congratulated on achieving five stars (the highest accolade) following a visit by the environmental health officer. Staff

Requires improvement

Is the service well-led?

were asked for their opinion about a move to a different bedroom for one person and their views were accepted. This meant that staff were enabled to put forward their ideas about making improvements to the service.

Records we held about the service confirmed that notifications had been sent to CQC in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not have a sufficiently robust auditing system in place to identify and rectify shortfalls in the quality of the service provided. Records were not always maintained as required.** Regulation 17(1) and (2)(a) to (d)