Bupa Care Homes (BNH) Limited

Clare House Nursing Home (Uxbridge)

Inspection report

Harefield Road
Uxbridge
Middlesex
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Tel:

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Ratings

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

Overall summary

The inspection took place on 2 June 2015 and was unannounced. The last inspection of the service was on 22 September 2014 and there were no breaches of Regulation identified.

Clare House Nursing Home (Uxbridge) is a nursing home registered to provide accommodation, personal and nursing care for up to 43 older people. At the time of our inspection there were 35 people living at the home. The home was divided into two units and people were cared for by qualified nurses and care assistants. Some people had complex nursing needs. The home is managed by Bupa Care Homes (BNH) Limited (BUPA), a national provider of care and nursing homes.

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

Summary of findings

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.

The provider had systems to make sure people were involved in planning and consenting to their own care.

Medicines were appropriately managed although we noted some areas where improvements were necessary. The provider responded to these and put in place the necessary arrangements to ensure safe management of medicines.

There were enough staff employed at the service and the recruitment of these staff included checks on their suitability.

The staff assessed the risks for each person and took action to minimise these.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLs). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider was aware of their responsibilities and had acted in accordance with the legal requirements.

The staff were appropriately supported and trained so that they could meet people's needs safely.

People's nutritional needs were met and they were offered a variety of freshly prepared food. They were able to make choices about the food they ate.

The staff worked with other healthcare professionals to assess, plan for, monitor and meet people's individual healthcare needs.

People had positive relationships with the staff. They felt the staff were kind, caring and attentive. They were supported to make choices and felt well informed.

People's privacy and dignity was respected.

People's individual needs were assessed, planned for and met in a personalised way. The staff were aware of people's individual preferences, likes and dislikes.

People's recreational and social needs were met. There was a programme of planned activities and people were supported to pursue individual hobbies and interests.

There was an appropriate complaints procedure and complaints were investigated and acted upon.

People living at the home and the staff felt there was a positive and open culture. They were able to approach the manager and felt listened to and supported.

The manager was experienced and worked alongside the staff.

There were comprehensive systems for monitoring the quality of the service. Concerns and risks were identified and acted upon.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Medicines were appropriately managed although we noted some areas where improvements were necessary. The provider responded to these and put in place the necessary arrangements to ensure safe management of medicines.

There were enough staff employed at the service and the recruitment of these staff included checks on their suitability.

The staff assessed the risks for each person and took action to minimise these.

Good

Is the service effective?
The service was effective.

The provider had systems to make sure people were involved in planning and consenting to their own care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLs). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The provider was aware of their responsibilities and had acted in accordance with the legal requirements.

The staff were appropriately supported and trained so that they could meet people's needs safely.

People's nutritional needs were met and they were offered a variety of freshly prepared food. They were able to make choices about the food they ate.

The staff worked with other healthcare professionals to assess, plan for, monitor and meet people's individual healthcare needs.

Good

Is the service caring?
The service was caring.

People had positive relationships with the staff. They felt the staff were kind, caring and attentive. They were supported to make choices and felt well informed.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's individual needs were assessed, planned for and met in a personalised way. The staff were aware of people's individual preferences, likes and dislikes.

People's recreational and social needs were met. There was a programme of planned activities and people were supported to pursue individual hobbies and interests.

There was an appropriate complaints procedure and complaints were investigated and acted upon.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

People living at the home and the staff felt there was a positive and open culture. They were able to approach the manager and felt listened to and supported.

The manager was experienced and worked alongside the staff.

There were comprehensive systems for monitoring the quality of the service. Concerns and risks were identified and acted upon.

Clare House Nursing Home (Uxbridge)

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 checked 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.

The inspection took place on 2 and 3 June 2015 and was unannounced.

The inspection team consisted of two inspectors, an expert-by-experience and a pharmacy inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of using and working with health and social care services and caring for someone who used services.

Before the inspection we gathered information about the provider including notifications of significant events. We asked the provider to complete a Provider Information Return (PIR). This is a document where the provider tells us how they are meeting the Regulations and any areas for development.

During the inspection we spoke with 15 people who lived at the home, four visitors and nine members of staff, including the registered manager, deputy manager, nurses and care assistants, catering staff and the activities officer. We spoke with a visiting GP. We also met the regional manager who was visiting the home on the day of the inspection. We observed how people were cared for, including how they were supported at meal times. We looked at six of records about people who lived at the home and four staff recruitment records. We also looked at records of the provider's quality monitoring, including audits, analysis of accidents and incidents and complaints. We also looked at the environment and records of meetings.

Good

Is the service safe?

Our findings

Nine people were prescribed PRN (as required) pain relief medicines. Six people had received no pain relief since 18 May 2015. We asked the staff how they knew whether people were in pain. Some people could tell the staff this but not everyone could. Four people did not have a recorded protocol regarding pain management making it difficult for the staff to assess how these people expressed pain and when they required medicines. The information in the protocols for the other five people was not clear and included contradictory information about whether people could ask for pain relieving medicines or not. The provider immediately reviewed pain protocols and updated these for all nine people to ensure staff knew how to recognise when each person was in pain and how to respond to this.

The records of administration of topical medicated creams were not always clear. For one person we found the amount of medicated cream had not been correctly recorded. For another person the administration record did not state which of the person's two medicated creams had been administered. The provider reviewed the way in which topical creams were administered and introduced additional recording and checks to make sure people received these as prescribed.

The information about one person's prescribed food thickener was not clear and the staff said this needed to be updated.

The staff conducted daily audits of medicine supplies and records. They also conducted a more thorough monthly audit.

All medicines were stored securely at the correct temperatures. Room and medicines refrigerator temperatures were checked every day. Daily maximum and minimum temperature of the medicines refrigerator were also checked.

There were appropriate arrangements for the safe disposal of medicines and sharps.

Controlled drugs were stored securely, stocks were checked weekly and recorded in the register. We checked the controlled drugs and records relating to these. They were accurate.

One person had their medicines crushed. The staff had obtained authorisation to crush medicines. An individual tablet crusher was being used, to minimise the risk of cross contamination.

The GP was at the home on the day of the inspection and visited when needed. People living at the home had reviews of their medicines by the GP every six months and these had been recorded. There was evidence that people's medicines had been changed promptly when needed.

One person administered their own medicines. The staff had assessed the person's ability to do this. The person was able to store their medicines safely. There was an appropriate risk assessment in place and this was regularly reviewed.

There was information for staff regarding medicine alerts. The staff had signed to confirm they had read these.

We looked at the medicine administration records for 33 people. Records were up to date, clear, completed appropriately and showed that people had received the correct medicines at the correct times.

The provider had procedures for safeguarding adults and for whistle blowing. The staff were aware of these and were able to tell us what they would do if they suspected someone was being abused. They were able to identify different types of abuse. The deputy manager told us about an incident which had occurred at the service when someone made an allegation. They had taken appropriate action to protect the person, notify their next of kin and the local authority safeguarding team and to investigate their concerns. The manager told us she worked closely with the local authority to make sure they were aware of any concerns at the service. The staff had all received training in safeguarding adults and this was regularly updated.

There were appropriate procedures for the recruitment of staff. These included checks on their suitability and eligibility to work. References from previous employers and a criminal records check were obtained before staff started working at the service. There was a formal interview, checks on their identity and a written test.

The provider employed enough staff to meet people's needs in a safe way. Some people felt the staff did not always give them prompt attention and they could

Good

Is the service safe?

sometimes be waiting for support. We looked at the logs of call bells and saw that these were generally answered promptly. We observed staff attending to people's needs throughout our visit and responding when called.

The staff had assessed the risks to people's wellbeing, including the use of equipment, moving around the home, and risks associated with their individual personal and health needs. These assessments were regularly updated and there was a plan to minimise harm and reduce risks.

Good

Is the service effective?

Our findings

We found that people's consent to their care and treatment had not always been recorded. The provider had procedures for assessing people's capacity. The provider had introduced new records for this and on the day of the inspection we found that some people's recorded assessments had not been completed. We discussed this with the provider. They took action to make sure they completed assessments for everyone living at the home and showed us the evidence they had done this. The provider also obtained written consent from people who were able to give this. In some cases people requested the staff or their next of kin signed on their behalf because they were physically unable to sign themselves. This was recorded.

We viewed Do Not Attempt Resuscitation (DNAR) documents for five people. These documents indicate an agreement not to attempt to sustain or prolong life should the person stop breathing. In one case the document had not been signed by the person or their next of kin, their care plan stated they had capacity to make decisions about their care. In another case the form had been signed by a relative when the care plan for the person stated they had capacity to make decisions themselves. Following our visit the provider met with the people concerned and their next of kin to obtain written consent to these documents.

We observed the staff offering people choices throughout our visit and obtaining consent before they supported them, for example when administering medicines or supporting someone to move.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLs). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The deputy manager told us the provider was aware of their responsibilities and had met with the local authority to discuss people's needs and whether they considered they were imposing any restrictions on people who lived at the home. At the time of the inspection the provider had not made any DoLS applications, but they were starting to make a DoLS application for one person whose needs had changed and they had started to indicate they did not want to be cared for at the service. The person had been assessed as lacking the capacity to make this decision and it had been agreed by the person's next of kin, the provider and other relevant persons that it was in their best interests to remain at the home.

The staff had all received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Some staff were able to tell us about this, however others did not understand their own or the provider's responsibilities.

The staff told us they felt supported and well trained. The provider had a programme of induction training for all new staff which covered different aspects of their roles and safety. New staff shadowed experienced staff and had their capabilities were assessed by senior staff before they worked independently. There was a programme of regular training updates to make sure staff knowledge was up to date. The manager monitored staff training to make sure this was regularly renewed.

The staff told us there was good informal support from managers and colleagues. They had regular handovers so information about people's needs was shared. They told us they worked well together. Some staff were able to tell us about regular individual meetings with their manager, although records of these indicated they were not held as frequently as the provider had agreed to. The manager had started to give staff appraisals of their work, although not many staff had received these at the time of our inspection.

The environment was generally well maintained and suitably designed. There was no communal areas on the first floor and people said this meant there was not a ''community feel'' or a ''friendly atmosphere'' there. Some equipment, such as hoists, a chair for weighing people and an unused commode were not stored appropriately and people told us they did not like to see these in the corridors.

People's healthcare needs were assessed, record, monitored and met. The home employed nursing staff who attended to people's needs. They told us they worked closely with other healthcare professionals and we saw evidence of this in people's care plans. People had regular appointments with other professionals and the doctors visited the home when needed. The staff told us the GP surgeries were very responsive. Some care plans did not contain information from visiting professionals such as a

Good

Is the service effective?

dietitian. This information was stored elsewhere and it was not always clear how people had received the support they needed, although when we discussed this with the staff they could demonstrate how people had been supported.

People had different views about the food. Some of the things they said were, "They do their best about food. I try to be reasonably balanced with my diet but you can't have choice here, they don't serve dark green leafed vegetables.'', ''its all lovely food – I really like the cakes'', ''they cannot afford to buy the best (quality food)'', ''You ask for something and you get something different. The main courses are alright. Every few months they have a meeting about the food'', ''The food is very up and down'', ''you get a cup of tea after lunch if you are lucky'',

We joined some people for the midday meal. People were given a choice of what they wanted to eat and people were offered condiments and drinks, including wine to those who wanted this. The food was hot when served and kitchen staff were available during the meal to ask people about their enjoyment. There was a relaxed atmosphere but no music and some people tended to sit alone.

Menus were on display and people told us they were given copies of these in advance. There was a choice of different hot meals and alternatives, such as jacket potatoes and salads, at each meal.

People's nutritional needs had been assessed and were monitored. Some of the information around this and the monitoring of food and fluid intake was missing. For example, the food and fluid one person had consumed was recorded but not the amount of this. The nutritional assessments were not always accurately completed and people's weight had been recorded in different records, making it difficult to assess changes in their weight. However, when we spoke with the staff they demonstrated a good understating of people's individual nutritional needs and how they were meeting these.

Good

Is the service caring?

Our findings

Some people said that the some of the staff did not have good English language skills and this meant it was hard to communicate with them. Other people told us they did not know which staff members were on duty and who would be helping them. They told us they would like to know this before they were offered care and wanted the staff to remember to introduce themselves. One person felt the atmosphere at the home was regimented and did not have an ''intimate friendly feel.''

Most people told us the staff were kind and caring. They had positive relationships with them. Some of the things they said were, ''The majority of carers are kind'', 'I am pretty pleased…the care is good and I have seen a lot of spontaneous affection and kindness from carers'', ''they are nice but I would like to have more time to chat to them'' and ''on the whole they are very kind.''

The staff spoke fondly of the people they were caring for telling us they felt the home had a friendly and family like atmosphere.

We saw the staff treating people with kindness and respect. They spoke to people by their preferred names, respected their privacy and approached people in a positive and friendly way. When people showed distress the staff attended to their needs and supported them in a caring way, comforting them and making sure they were content before they left them. The staff knew people's individual preferences, likes and dislikes. They offered people choices about what they did and where they went. People were not restricted within the home and could access all communal areas and the grounds without restriction. There were no keypads apart from for security on the front door. The environment was designed to offer different areas for people to socialise and relax, including a library and games room and a coffee bar. People were able to help themselves to books, magazines, jigsaws and games.

There was a pleasant atmosphere throughout the day and at mealtimes. People told us they had friends at the home and cared about each other and the staff. One person told us how they had knitted clothes for a pregnant member of staff's baby and blankets for a volunteer's dog who visited weekly.

People's privacy was respected. The staff knocked on bedroom doors before entering and waited for answers. When people were supported with potentially distressing or intrusive interventions, such as using a hoist, the staff comforted them and made sure their dignity was respected.

People were dressed smartly and appropriately, in clothes of their choosing. The staff made sure people were offered nail care and jewellery to wear if they wanted. People were able to have a bath or shower as often as they wanted. There was a hairdressing salon and a hairdresser visited weekly. People told us they could request other hairdressing services if they wanted and their family members were able to use the home's facilities if they wished to wash, cut or style their relative's hair.

We saw a number of visitors throughout our inspection. People told us their visitors were welcome whenever they wanted. They were able to share a meal with the person and could be involved with their care if this is what they wanted. People were supported to celebrate their faith and culture. There were visiting church services and people were able to meet religious leaders in private to celebrate their faith.

Good

Is the service responsive?

Our findings

Most people felt their individual needs were met. Some people told us about specific concerns which affected them. We discussed these with the manager so they could be addressed. Some of the things people said were, “Oh yes definitely, it’s good here. No doubt about it. The service is very good”, “You can’t fault the entertainment. Two ladies get everything organised; we have something every day” and (from a visitor) ‘’they are looking after him well.’’

The staff had a system called ‘’resident of the day’’, where they selected a different person each day. During the day the staff made sure the person had additional care and attention, their room, and toiletry supplies were checked for any needs, the staff reviewed their care plan and made sure all the information about their needs was up to date. The activity officer also made sure the person chose activities which met their individual needs and reflected any specific interests they had.

People who lived at the home had their needs assessed and care was planned based on these individual needs. We looked at a sample of care records, including records for people who had complex needs. These were appropriately detailed and incorporated a range of different health care, nursing, personal and social needs. The care plans had been reviewed and updated monthly and when people’s needs changed. The staff completed daily records of the care they provided and these indicated that care plans were followed. There were systems for the staff to exchange information about people’s needs. The staff made daily logs to record how they had cared for each person. Some of the care records were disorganised and information was not always easy to access. Some records made it hard to identify whether people had received all the support they needed. However, when we spoke with the different staff about this they had a good knowledge of each person and how their needs were being met. They were able to locate other records which demonstrated care and treatment had been given.

The home employed two activities officers who coordinated and organised social activities. People spoke positively about these. There were a range of organised group activities. These were well advertised in communal areas and each person was given a copy of the activities schedule.

In addition to the organised group activities there was evidence the staff met people’s individual social and recreational needs. Each person’s birthday was celebrated with special treatment, by decorating their room, organising a cake and a party of their choice. We saw articles from the local press showing how people had celebrated significant birthdays. The staff were organising a rock and roll themed day to help one person celebrate their birthday because they were an Elvis Presley fan. They had organised for an Elvis impersonator to visit and the staff were dressing in costume. On the day of our visit the activities officer had organised for one person to enjoy a DVD of a concert of their favourite band. The staff supported people to learn how to use the computer and had used google maps to help people virtually visit their old street and places they were interested in, such as the poppy display at the Tower of London.

The provider had a complaints procedure and people were aware of this. They knew how to make a complaint and felt their concerns would be listened to and acted upon. There was a record of all formal complaints and we saw these had been investigated, the provider had fed back to the complainant and actions had been taken and were monitored. The manager told us the staff learnt from complaints even if they had not been fully substantiated.

Good

Is the service well-led?

Our findings

The registered manager had worked at the home and was registered with the Care Quality Commission in 2014. Before working at the home she was an experienced nurse who had worked for the National Health Service in hospitals and community services. The manager and deputy manager were both qualified nurses and worked alongside the nursing staff meeting people's needs when required.

The staff told us they felt supported by the management team. They said that they were available when they needed them and offered them guidance and advice. The staff felt there was an open and positive culture where they could share their ideas and they felt valued and listened to.

People living at the home also felt the management team was approachable. They knew who to speak to if they had concerns and felt these were acted upon. There were quarterly meetings for the people living at the home and their relatives. At these the manager gave feedback on how previous concerns had been addressed. The activities officer, housekeeper and chef attended these meetings so people could speak to them directly about different aspects of the service.

The catering staff and activities officer told us they spoke with people on a daily basis to get feedback about the service and whether any improvements were needed. We saw all the staff actively listening to people and following up on questions they raised.

The provider had comprehensive systems for quality monitoring which included monthly evaluations of health care, records, care provided, accidents and incidents, complaints and other aspects of the service. The manager shared the findings of the audits with the provider and we saw action plans had been created where areas of need were identified. The manager made daily checks on people's wellbeing and any changes for people and the service. These were recorded and we saw she shared information with the staff and senior managers in order to discuss ways the service could be improved.

Complaints, accidents and incidents were analysed and action had been taken where common concerns arose.

The manager told us they worked closely with the local authority and other professionals to monitor the service and to develop best practice. They involved the local community and students from nursing college and local schools had volunteered at the service providing social activities and working with groups and individual people. The staff had made links with local services, such as a garden centre, who had agreed to supply plants for their new sensory garden. The garden had been designed by staff and people living at the service and included plants and other features to stimulate different senses. People living at the home were involved in planning developments for the environment and choosing décor and furnishings.