Bupa Care Homes (GL) Limited

St William's Residential Home

Inspection report

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Date of inspection visit: 6 January 2015
Date of publication: 27/03/2015

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

This inspection took place on 6 January 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

St William's Residential Home provides care and accommodation for up to 21 people, including people living with dementia. On the day of our inspection there were 10 people using the service.

The home had a registered manager in place. 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.

St William's Residential Home was last inspected by CQC on 29 November 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations and comprehensive medication audits were carried out regularly by the registered manager.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

All of the care records we looked at contained consent forms, which were signed by the people who used the service or their representatives.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were complimentary about the standard of care at St William's Residential Home. They told us, "It's a good home", "The staff are wonderful" and "He's well looked after".

Staff treated people with dignity and respect and people were encouraged to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

We saw a copy of the provider's complaints policy and procedure and saw that complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Comprehensive medication audits were carried out regularly by the registered manager.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

Consent forms were in place and had been signed by the person who used the service or their representative.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People we saw were clean and appropriately dressed and we saw staff talking to people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Good

Is the service well-led?
The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People who used the service were asked their views on the quality of the service via annual surveys and regular meetings.

Staff told us they felt supported in their role and the manager was approachable.

Good

St William's Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 January 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). 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.

During our inspection we spoke with four people who used the service and two family members. We also spoke with the registered manager and three care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at St William's Residential Home. They told us, "Very safe" and "Absolutely, I have no concerns".

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at the rota. The registered manager told us staffing levels were calculated by hours per resident week. We saw there were three members of staff on an early shift, and two members of staff on a late shift and night shift. There was always one senior care worker on duty. The home also employed a full time housekeeper, a part time activities co-ordinator, a cook and a maintenance member of staff. We observed plenty of staff on duty for the number of people in the home. Staff we spoke with told us there were plenty of staff on duty.

The home is a two storey, detached building set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, with no unpleasant odours, spacious and suitable for the people who used the service. We saw the bedrooms were large and personalised with people's own items of furniture. Only one bedroom was en-suite however there were a suitable number of communal toilet and bathroom facilities available. Although the bathrooms were a little dated, they were adequate, clean and fit for purpose. The registered manager told us that they were included in the refurbishment plan and during our visit we saw contractors on site planning the refurbishment work, which also included re-decorating the corridors. We saw window restrictors, which looked to be in good condition, were fitted in the rooms we looked in and wardrobes were fastened securely to walls.

We saw hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. Thermometers were available in bathrooms for staff to check the water temperature was at a safe level and safe temperature guidance was provided on walls.

We saw a fire emergency plan in the reception area. This included a plan of the building, a resident register, which included the room number of the person and their mobility level, the home fire procedure, the business continuity plan and a record of the emergency plan annual check, which was up to date.

We saw a copy of the provider's safeguarding adults policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. The manager told us that she and the deputy manager had both attended level 2 safeguarding alerter training and the remainder of the staff had attended level 1. We saw staff training records that confirmed this.

We looked in the medication room and saw that medicines were stored in two secure trolleys, one for medicines and one for topical creams. The room also contained a secure refridgerator and we saw that temperature checks were carried out daily and temperatures were within the 2-8 degrees centigrade guidelines recommended by the Medicines and Healthcare Products Regulatory Agency.

We saw that medication administration record (MAR) monthly audits were carried out to make sure there were no gaps in the MAR, the stock balance tallied, medicines were given at the correct time and all handwritten amendments were double signed. We also saw copies of staff medication administration competency records. These included records of supervisions, competency questionnaires and assessments.

Good

Is the service safe?

We looked at care records and saw that medication care plans were in place and included details of the medicines taken, why they had been prescribed, the dosage, whether the person self administered and whether any medicines were given covertly. When medicines were given covertly, we saw a best interest decision form had been completed and a 'covert medication administration review' took place every three months. This was to ensure the principles for the administration of covert medication have been followed.

We saw that one person who used the service had a risk assessment in place for the use of an oxygen concentrator machine and cylinders. This described the risks to the person and staff, existing precautions in place, level of risk, further action required and the date action was taken. This risk assessment was reviewed annually.

Good

Is the service effective?

Our findings

People who lived at St William's Residential Home received effective care and support from well trained and well supported staff. They told us, "The staff are wonderful" and "He's well looked after".

We looked in staff files to see whether regular supervisions and appraisals had taken place. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw an appraisal and supervision checklist which stated that each member of staff should have six supervisions per year. We checked the records and saw supervisions had been carried out regularly, with each member of staff receiving six supervisions during 2014. We also saw appraisals had taken place for each member of staff in January 2014. This meant that staff were properly supported to provide care to people who used the service.

We looked at training records in the staff files and saw certificates, which showed that training was up to date. Training included safeguarding, moving and handling, infection control, health and safety, nutrition and hydration, fire awareness and food hygiene. We saw a copy of the mandatory training refresher plan for 2015 on the staff notice board. The registered manager showed us a copy of the colour coded training matrix and told us the provider had a 'homes based trainer', who advised the registered manager when training was overdue and came out to the home to carry out training to the staff. Staff took part in e-learning and practical training and the registered manager also carried out training as part of the supervision process, for example, moving and handling. External trainers were also used for specific training such as the use of hoists.

We observed a mealtime at the home and saw staff supporting people if they required it. We also saw people eating in their own rooms if they wished. We saw the menu on the wall outside the dining room and saw there was a choice of food available at breakfast, lunch and tea. An out of hours menu was also available from 6pm to 6am, including snacks and sandwiches. People who used the service told us the food was good at St William's Residential Home. They told us, "I get a choice", "The food is good" and "I normally get what I want".

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us she had met with the local authority safeguarding team to discuss DoLS requirements. Seven DoLS applications had been made and authorised by the local authority. One further application had been submitted but not yet approved. We also saw that notifications of the applications had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We saw that pre-admission assessments included a section about mental capacity and whether mental capacity assessments had been carried out, whether the person had an Independent Mental Capacity Advocate (IMCA), whether a DoLS was required and whether a do not attempt cardiopulmonary resuscitation (DNACPR) or living will was in place. We also saw copies of mental capacity assessments and best interest decision forms in the care records.

We saw a copy of the provider's consent policy, which provided staff with guidance in understanding their obligations to obtain consent before providing care interventions or exchanging information. We looked at three care records and saw 'consent to access care documentation' forms. These were all signed, two by the person who used the service and one by the nephew of the person. For the record where the nephew had signed, we also saw a copy of a letter sent to the nephew explaining consent and the reason for it. We also saw a separate consent for photography section. All of these had also been signed. People and their family members we spoke with told us they had been asked to provide consent to care and treatment.

One of the care records we looked at included a DNACPR form. This was up to date and showed the person who used the service had been involved in the decision making process.

Each person had a 'daily life and review' booklet in their care records, which included records of contact with healthcare professionals. For example, in one person's care record we saw details of a GP visit following a fall by a

Good

Is the service effective?

person who used the service. Full details of the GP consultation were recorded, including a recommendation to attend the orthopaedic clinic to get their hand checked and a record of the person's consent to attend the clinic.

We also saw 'medical visit' record sheets in the care records, which documented visits by GPs and other healthcare professionals, as well as copies of referral letters.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at St William's Residential Home. They told us, "It's a good home".

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people's needs.

We saw evidence in the care records that people's privacy, dignity and independence had been considered. For example, one person's care plans stated, "[Name] is a very private man who can manage to shower/wash independently. However, due to his heart failure condition, will require minimal assistance". Another person's care plan stated, "[Name] is a very private lady and chooses to spend time in her room" and "Advise [name] of what is planned every day so she can make her own choices of what she would like to participate in".

We saw a dignity, respect and involvement audit had been carried out by the registered manager in December 2014. This checked care records for evidence of involvement and inclusion, whether information had been given to people of how to obtain independent advice, whether people were addressed by their preferred name, whether staff speak in a respectful manner and whether bedrooms were personalised.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, "I get treated like a gentleman" and "They respect me".

We looked at the care records of three people who used the service. We saw that care plans were in place and included communication, skin integrity, mobility, breathing, eating and drinking, personal hygiene and dressing, sleeping, medication and end of life care. The care plans included prompts and actions to be carried out by care staff, risk assessments and evaluations.

One person had a care plan in place for communication, which described the person's choices and preferences. For example, "[Name] dislikes interventions for personal hygiene and dressing needs. She prefers to sit in the same area each day (lounge) and likes the same routine for meals." This meant people were involved in writing their care plan and their wishes were taken into consideration.

We saw cultural, religious and spiritual needs were considered in the care plans. If a person had any cultural, religious or spiritual needs or wishes, a member of the relevant faith was contacted. We also saw end of life care plans were in place in all the care records we looked at. These included details of any advanced decisions or living wills and details of people the person who used the service wanted involved in planning their end of life care, for example, relatives, funeral directors.

We saw there were many visitors to the home during our visit. Several visitors used a quiet lounge at the front of the premises where visitors and family members could meet with their relatives in private.

Good

Is the service responsive?

Our findings

The service was responsive. We looked at the care records for three people who used the service and saw that care records were reviewed and evaluated monthly.

Each person's care record included 'biographical details' of the person, which included details of the person's preferred name, address and next of kin contact details. We also saw that pre-admission assessments had been carried out, including medical history and the expectations of the person with regard to their care. For example one record said, "To remain in a safe environment and be as happy as realistically possible." This meant it had been written in consultation with the person who used the service and their family members.

We saw the service was responsive to the changing needs of people who used the service. For example, one person was independently mobile however due to frailty and a medical condition, he became short of breath and unsteady on his feet. We saw supporting actions had been put in place for staff, such as checking the lighting and flooring, making sure the person wore appropriate footwear and supervising and escorting him to and from his room. We saw this care plan had been reviewed monthly and any changes recorded.

We saw that risk assessments were in place where required. For example, one person had a risk assessment in place for the use of a wheelchair. Another person was identified of being at risk of skin damage and was re-assessed on a monthly basis so that staff would become aware of any changes.

We saw the activities plan on the notice board. This was a daily plan for activities within the home and included movies, craft sessions, listening to music, wildlife, dominoes and armchair exercises.

One person told us they had gone to the theatre the day before our visit. She told us, "It was wonderful." We saw lifestyle care plans included activities the person liked to do and monthly evaluations of the lifestyle care plans described what activities had been carried out, for example, reading, gardening, listening to music, using the iPad or going out with family members.

We saw the provider's complaints procedure on display in the reception area. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for other people, such as CQC and local government ombudsman, if the complainant was unhappy. People, and their family members, we spoke with were aware of the complaints policy. We also saw a suggestions and compliments form was available in reception.

We saw the complaints file and saw there had been four recorded complaints in the previous 12 months. We saw records of witness statements, correspondence with complainants, letters sent informing of the outcome of the complaint and details of any action taken. The file also included a concerns and complaints log, which included the date the complaint was received, the name of the person who used the service, the name of the person raising the concern, details of the concern/complaint, action taken, staff name and whether the complaint had been closed or escalated. We saw three of the complaints had been appropriately closed and one had been escalated. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw a copy of the 'quality matrics report', which was the registered manager's monthly report and covered four key areas; quality of care, quality of life, quality of leadership and management and quality of the environment. Each section included a review and comments by the registered manager and actions to be carried out. For example, "If any form is not signed, relatives to be asked to sign" and "If relatives do not/cannot visit, letters are sent with a SAE for consent". We also saw copies of the provider's monthly reviews of the service and associated action plans.

We saw copies of personal care plan audits. The most recent record was from December 2014. This included an audit of storage, index, pre-admission assessment, biographical details, daily life and review.

We saw the registered manager also completed a weekly walkaround checklist. This included the outside of the home, foyer/reception area, general space, sluice room, kitchen/dining experience, staff, residents, bedrooms and bathrooms. We also saw a copy of the quarterly health and safety audit, which was up to date.

We saw a copy of the minutes from the most recent residents' meeting, which had taken place in November 2014. Topics discussed at the meeting included laundry, meals, environment, care, activities and refurbishment plans.

We saw that staff meetings took place monthly and we saw the minutes from the most recent meeting in December 2014. This included discussions regarding flexible working, staffing and care documentation. Staff told us they felt supported in their role and the manager was approachable.

We saw results from the 'resident customer satisfaction survey' from 2013 as the results from the 2014 survey had not yet been collated. The survey asked people for their views on a number of topics including staff, food, activities, bedrooms, communal rooms, building and surroundings and whether they felt content. We saw an action plan had been prepared from the findings. The results were positive, with 90% being the lowest score in any section. The only issue of note was regarding maintenance and décor, which the provider was addressing.

We saw the maintenance file, which included a copy of the weekly maintenance plan. We saw that Portable Appliance Testing (PAT), gas servicing, fire alarm, fire safety equipment and lifting equipment servicing records were all up to date.

This meant that the provider gathered information about the quality of their service from a variety of sources.