

Bupa Care Homes (ANS) Limited

# The Sidcup Care Home

## Inspection report

2-8 Hatherley Road  
Sidcup  
Kent  
DA14 4BG

Tel: 02083007711

Date of inspection visit:  
15 January 2020

Date of publication:  
10 February 2020

## 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 ●

# Summary of findings

## Overall summary

### About the service

The Sidcup Care Home is a residential care home providing personal and nursing care to 77 people at the time of the inspection. The service can support up to 100 people.

People received care across three floors, the top floor was for people who did not have nursing needs. The building was purpose built with communal lounge and dining areas and garden spaces.

### People's experience of using this service and what we found

People told us they felt safe. Staff took action to mitigate risks to people and records in this area were up to date. We received mixed feedback about the food and actions were underway to make changes to improve people's experience of mealtimes. Staff had received training to carry out their roles, including training specific to people's needs such as training in dementia care. People with clinical needs received support from nurses who stayed up to date with current practice. The service worked with healthcare professionals to ensure people's health needs were met.

People's medicines were administered as planned and care plans were personalised. Care was planned around people's needs, preferences and diverse characteristics. People received personalised and dignified end of life care and there was a wide variety of activities which people said they enjoyed. People said they were able to choose their activities. People knew how to raise a complaint and any issues raised had been responded to.

People said they were supported by caring staff who cared for them in a way that respected their privacy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported in a way that encouraged them to be independent.

There were robust systems in place to check and audit the quality of care delivery and people were given regular opportunities to provide feedback. Staff felt supported in their roles and there were systems in place to enable communication and seek staff suggestions. The service worked in partnership with organisations and the community in a way that impacted positively upon people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Sidcup Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, two assistant inspectors, a specialist nurse advisor 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.

#### Service and service type

The Sidcup Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service including feedback shared with CQC and information within statutory notifications. Statutory notifications are reports of events or incidents providers are required by law to tell us about.

We sought feedback from commissioners and placing authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

#### During the inspection

We spoke with five people and three relatives. We spoke with the registered manager, the regional director, the lifestyle manager, the chef, two activities staff, two nurses, one senior care staff and four care staff.

We reviewed care plans for eight people including records about risk, medicines and personalised care planning. We reviewed four staff files and looked at records related to staff training, staffing numbers and meeting minutes. We looked at a variety of documents relating to the governance of the service including audits, incident records and complaints.

#### After the inspection

We received email evidence from the provider which we considered when preparing this report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were routinely assessed and managed safely.
- People told us they felt safe when staff supported them. One person said, "I feel very safe all the carers very kind and helpful." Another person said, "It's very safe I think, I can't fall out of the window."
- Risks assessments were regularly reviewed with plans implemented to keep people safe. Plans covered a variety of risks such as malnutrition, pressure care and risks associated with people's behaviour.
- Where one person was assessed as being at high risk of skin breakdown because they were cared for in bed, there was a thorough plan involving equipment, topical creams and repositioning the person regularly. Charts showed staff were implementing these actions as outlined within the person's care plan. This meant people were kept safe by staff who followed the risk assessments.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to protect them from abuse.
- Staff had received training in safeguarding and knew how to identify potential abuse and escalate any concerns they had. Noticeboards around the service displayed information about safeguarding including contact details for statutory bodies. Staff told us they felt confident any issues they raised would be addressed but would whistle blow if they did not feel action had been taken by management.
- Where there had been concerns, these had been shared with the local authority and CQC. The provider's systems to document and analyse incidents checked that any referrals had been made where required.

### Staffing and recruitment

- People received care when they needed it because the service deployed sufficient numbers of staff to meet their needs.
- People's feedback about staffing levels was positive. They said staff responded promptly to requests for support and staff were always around. One person said, "I just press the buzzer someone comes." Another person said, "Staff come round every hour."
- The provider had a system to calculate staffing numbers based on people's needs and staff kept this up to date so the calculation was accurate. For example, where a person's needs had changed and they required more support the dependency tool had been updated to ensure the level of support they required was accurately reflected in the staffing calculations.
- Rotas showed that calculated staffing levels were met, with nurses present in the areas of the home where people required nursing care.

- Recruitment checks were carried out on the background and character of all new staff to ensure they were suitable to work in a social care environment.

#### Using medicines safely

- People received their medicines as expected by trained staff and the one issue we identified was responded to robustly.
- We observed one instance where one staff member's action to respond to a person's medicines choices could expose them to risk. One person's medicines were dispensed to a pot and when they asked to have them later the loose medicines were carried with staff unlabelled, which heightened the risk they could be missed or given to the wrong person. We raised this with management and action was taken immediately to address the practice of the staff member and update the person's care plan.
- Aside from the one observation above, staff followed best practice in administering people's medicines and maintained accurate records. Care plans contained information for staff about medicines people were prescribed and when to administer them.
- Medicines were stored safely with checks carried out to ensure the environment was suitable for storage and stocks were checked. Staff had received training in how to administer medicines safely and this was regularly reassessed. Where there had been recording errors, responsive one to one supervision took place to encourage learning and improvements in practice.

#### Preventing and controlling infection

- People were supported by staff who maintained good hygiene practices.
- Staff had received training in infection control and described best practice. Staff had access to hand washing facilities which we observed them using. Staff used personal protective equipment, such as gloves and aprons when providing personal care.
- The home environment was clean and this was regularly checked. The service had systems in place to ensure laundry was done in a way that promoted good hygiene and best practice.

#### Learning lessons when things go wrong

- Systems were in place to monitor and learn from incidents.
- People said where they had been involved in incidents, action was taken to keep them safe. One person said, "I had a fall once and help came quickly. If I shout out someone will come running."
- Records were kept of any incidents and these described actions staff took to ensure people's safety and routinely involved a review of risk and referral to healthcare professionals where required.
- There was a system to monitor incidents and pick up any patterns and trends. Where one person was noted to have had multiple falls, their risk assessments had been reviewed and additional equipment and supervision was introduced to reduce risk.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met but some people were not always satisfied with the quality of the food.
- People's feedback on food was mixed. People told us they liked the food prepared for them but we received feedback that some people found this inconsistent. One person said, "The food is plenty good here, I can't complain about food. They come today to ask about tomorrow. You have choice." However, another person said, "Some of it's good, and some of it's bad."
- The provider was aware of this feedback that particular dishes were not as appetising as others and the provider had identified an issue with one of their suppliers. Work was underway with suppliers to improve the quality of some ingredients.
- Recent surveys showed a high satisfaction rate with the food and we saw evidence of people being asked for feedback and the majority of this was positive.
- After the inspection, management met with people and identified some changes which would improve their experiences. We will check if this has ensured a more positive dining experience at our next inspection.
- Where people had specific dietary needs these were met. One person required a soft diet because they had difficulty swallowing, this was in their care plan and they received food in line with this guidance. A person told us, "They [staff] keep an eye on people who are diabetic and I'm weighed every month."
- The chef showed us their systems and they kept accurate records about people's dietary needs and received prompt updates when people's needs changed. Staff were trained in food hygiene as well as how to meet people's dietary needs, such as understanding levels of food textures for texture-modified diets.
- The chef also told us their approach to supporting people in a personalised way. They said, "I'd say anyone who's weight loss is being monitored will get what they want. If it means me going [supermarket] I'll go get piccalilli, for example, if that's what they've asked for."

Staff support: induction, training, skills and experience

- People were cared for by competent staff who were supported to carry out their roles.
- At our inspection in November 2018, we made a recommendation about staff training because staff did not always have the knowledge and skills to support people living with dementia. In response, the provider had refreshed staff knowledge in this area and staff had received training as well as input from a 'dementia bus' service which provided immersive care experiences and detailed information about how to provide personalised dementia care, in line with best practice.
- People told us staff were knowledgeable and we found staff had a good understanding of people's needs

and any medical conditions.

- Staff gave positive feedback about this and were knowledgeable about how to provide personalised care to people living with dementia. For example, staff told us about a person who became anxious at certain times of day which was linked to their working life. Staff were knowledgeable about this and the action they took to reassure the person at these times.
- Staff completed an induction as well as attended training courses and completing the Care Certificate. The Care Certificate is an agreed set of training standards in adult social care. Staff had regular one to one supervision meetings where they discussed their performance and any training or further courses they wished to complete.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment before moving into the service and their needs and preferences were regularly reviewed.
- Assessments were thorough and captured a wide range of information about people's histories and the support they needed. Where assessments identified needs, detailed care plans were written which provided detail for staff about how to meet needs.
- The provider's assessments were standardised and followed nationally recognised formats, such as assessing risks of skin breakdown and malnutrition. Staff were trained in how to use these and records showed assessments were accurate and staff took action when assessments identified changes in needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met and staff worked closely with external agencies and professionals involved in people's care.
- People said they were supported to see the GP when their health changed. One person said, "I can see a doctor anytime. The doctor comes around every Tuesday afternoon here."
- People's care records contained input from healthcare professionals. One person had a condition that affected their skin and used a catheter. There was a care plan in place which covered these needs and letters and advice from a specialist were within their care file.
- People had regular check-ups and appointments with dentists, opticians and podiatrists where required. Staff also assessed and planned care around people's oral health.

Adapting service, design, decoration to meet people's needs

- The home environment was suited to the needs of the people who lived there.
- Communal areas were spacious with hand rails in place to enable people to move around their home with mobility aids and wheelchairs. People's rooms were suited to their needs with space for any equipment they used and accessible facilities to use the toilet and shower.
- For people living with dementia, there was signage around the service to enable them to orientate themselves. There were pictures, posters and items for people to look at and engage with.
- The decoration of the service had been maintained and there was a plan to refurbish the home after the inspection, we will check the impact of this change when we next visit.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had consented to their care and where they were not able to, the correct legal process had been followed.
- Care plans contained confirmation that people wished to receive the support outlined within them and we observed staff asking for consent from people before supporting them.
- When people could not consent, the MCA had been followed. Care files contained decision specific mental capacity assessments and where people were assessed as lacking the mental capacity to make a decision, there was a best interest decision documented. When people faced restrictions in their best interests, applications had been made to the local authority DoLS team.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff.
- People's feedback about staff was consistently positive. One person said, "[Staff member] is making a cuppa tea for me, she's lovely person."
- We observed pleasant interactions between people and staff which showed kindness and compassion. In the morning, a person living with dementia asked staff about their relatives visiting and staff spent time discussing their previous home and family background. Later, a member of staff brought their dog in and staff made sure a certain person got a visit from them as they had a love of animals which all staff were aware of.
- People were supported by staff who knew them well. People's life histories and backgrounds were documented and staff were knowledgeable about these when we asked them. People had opportunities to request experiences based on their backgrounds; such as foods and music from the pasts and we saw these were regularly implemented by staff.
- There were systems in place to gather information about people's culture, faith, sexuality and gender identity. We saw examples of these needs being met in a personalised way.
- There were posters around the service which provided information on support for people to practice their faith as well as displays to raise awareness of the rights of people who were lesbian, gay, bisexual or transgender. This created an environment in which people would feel comfortable to disclose information about themselves to staff.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care.
- Care records showed people were regularly asked about their preferences and routines and where they asked to change something, this was fulfilled by staff. Regular reviews, surveys and meetings gave people opportunities to make requests about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care in a way that was respectful of people's privacy and dignity.
- We observed staff responding to requests for support with personal care discreetly and this took place behind closed doors. Staff knocked and waited for permission before entering people's rooms.
- Care was planned in a way that focused on people's abilities and encouraged them to be independent.

Care plans informed staff about tasks they could do themselves. For example, one person was living with dementia and required prompts to carry out some of their personal care independently. This was detailed within their care plan and daily notes showed they were supported in this way each day and regularly completed tasks themselves.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we identified a lack of planning around people's protected characteristics such as their culture and faith. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People received personalised care which was planned around their needs and backgrounds.
- After our last inspection, the provider reviewed their care planning and improved the level of detail, including information about people's faiths and cultures.
- One person practiced a faith which meant they followed a certain diet and sometimes prayed. They had a care plan in place and staff were knowledgeable about this person's needs. The kitchen provided food for the person which was suitable for their faith.
- There were posters within the service to prompt people about visits from faith representatives and religious services that took place at the home. People had attended these and gave positive feedback on them.
- Care plans showed a high level of detail about people's needs. One person was living with dementia and had difficulty with their mobility. They had a care plan which provided detailed guidance for staff on how to support them and meet these needs. Staff had a good understanding of how to support this person when we spoke with them.
- Care plans documented what was important to people, such as when they liked to get up or go to bed and the types of clothing and toiletries they used.
- Care was reviewed regularly and where things changed, actions were taken to ensure the care people received remained personalised. For example, one person was living with dementia and staff noted they required more support with some tasks. Their care was reviewed with additional information added about support the person required in order to ensure their needs were fully met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities and were supported to maintain relationships which were

important to them.

- People told us they had access to a variety of activities. One person said, "They had keep fit and sing along the other day. They have a few activities." Another person said, "Elvis came back, he's brilliant."
- The service employed staff who took the lead on activities and there was a weekly activity timetable which showed a variety of activities. Activities included exercise, quizzes, social events, entertainers and visits from toddler groups who people participated in activities with. At the time of inspection, a bird watching activity was about to start, in line with a national RSPB campaign. Where people were cared for in their rooms, staff visited them on a one to one basis and spent time with them. Records showed these sessions took place regularly.
- Technology was used to increase opportunities of activities for people. The service had an electronic sensory table and virtual reality headset, which were used to deliver interactive and personalised activities. The system had software designed for people living with dementia and mental health conditions and was used in a personalised way. For example, it had recently been used to enable a person to play virtual darts where they used to play regularly before moving into the service.
- People were asked regularly about activities at meetings and through surveys. Survey responses gave positive feedback on the variety of activities people had and the service had received compliments in this area. A relative of a person who had recently passed away gave a compliment saying, 'There's never nothing to do in this nursing home'.
- Relatives told us they felt welcomed when they visited loved ones and they were kept informed of any changes. Care plans provided detail on people's family backgrounds and we observed staff engaging with relatives and offering them tea and coffee when they visited.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care was planned in a way which was considerate of people's communication needs.
- Staff were knowledgeable about people's communication needs and told us how they met them. One staff member described how they supported a person who did not communicate verbally, by using written notes and some signing. They said, "If I communicate with [person] I write it boldly for them to see, if [person] wants a cup of tea I'll make the sign for tea."
- People's care plans recorded any sensory impairments and the support required to communicate. One person was hard of hearing and had a care plan which said staff were to speak clearly, where they could see them. We observed staff supporting this person to make choices in line with this guidance.
- Information, such as guidance on how to complain or raise issues, was available in accessible formats and large print.

#### Improving care quality in response to complaints or concerns

- People were informed about how to complain and where any issues had been raised, they were investigated and responded to.
- People said they knew how to complain and felt confident any issues they raised would be addressed.
- Complaint records showed any issues people raised were dealt with in line with the provider's policy with remedial actions taken. For example, when one relative made a complaint about the manner of staff this prompted reflective supervision and a meeting with staff to ensure practice improved.

#### End of life care and support

- People received dignified and personalised end of life care.

- People's care plans had gathered information about what was important to them; such as who they wanted to be with when they passed away and where they wished to receive care.
- Staff had received training in end of life care and the service regularly worked with hospices and local community nursing teams to ensure people received personalised and holistic support at this stage of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The were systems in place to monitor and assure the quality of the care people received.
- At our last inspection, we found some inconsistencies in governance so we rated the service requires improvement in well-led. Since our last inspection, there had been improvements to audits to ensure they were robust and identified improvements.
- Where we had found inconsistencies with call bell auditing at our last visit, this now took place regularly. Records showed call bells were usually answered within the timescales set out in the provider's policy and any inconsistencies were promptly followed up.
- People's records were accurate and up to date. Care plans had been reviewed and updated regularly and daily notes, charts and medicines records were completed accurately. Regular checks of documentation took place to ensure these records were consistently accurate.
- There were a variety of audits covering areas such as infection control, medicines and the environment. Records showed these took place as planned and action plans were produced and signed off when completed.
- The provider also employed a quality lead who visited the service each month to carry out their own audit and check actions from audits at the service were implemented promptly. For example, a recent audit found some information missing from a person's care plan and this had been actioned by the registered manager.
- Staff described feeling supported by the registered manager. One staff member said, "I really do feel supported. [Registered manager] is also a nurse, when we have care planning she will join in, listen and help."
- Staff met regularly to ensure important messages were passed on and they had opportunities to give ideas or suggestions. Daily handover meetings were used to update staff on changes in people's needs, there were also regular staff meetings and clinical meetings where staff discussed any issues, training or changes. Staff said they felt encouraged to make suggestions to improve the quality of care delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had access to the leadership team and were involved in the running of the service.
- People said there were senior staff and managers on each floor for different things. One person said, "Oh,

[registered manager]'s very nice." Another person wasn't sure who the registered manager was but said they knew who to raise things with on their floor.

- On each unit, there were senior staff as well as a lifestyle manager and clinical lead who regularly worked alongside staff responding to any issues or requests people made. The service produced 'you said, we did' posters which outlined requests people had made and their response. Recent examples included additional singalong sessions after people asked for more karaoke, more activities with toddler groups and a pie and mash night people had asked for.
- People had regular meetings where they were informed about what was happening at their home and given opportunities to contribute suggestions and feedback. For example, at a recent meeting people had discussed activities ideas.
- The provider sought people's feedback to identify any areas for improvement. Regular surveys took place and these gathered people's feedback on their experiences of the service they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Where incidents or issues occurred, the service responded in an open manner.
- Any incidents, such as falls, were reported to relatives, relevant professionals and the safeguarding team where required. The provider's system to log and monitor responses to incidents contained prompts to ensure this took place consistently.
- Providers are required by law to notify CQC of important events such as allegations or abuse or serious injuries. Records showed that where required, the provider had notified CQC of these types of events.

Working in partnership with others

- The service worked in partnership with other organisations in a way that benefitted people.
- The registered manager was part of local groups to share best practice, for example at the time of inspection there was a project in the local area to drive improvement for people from the LGBT community in care settings. These links had also led to work opportunities for a staff member who lived at another care service in the area.
- As well as sharing best practice, the service had used community links to implement activities such as toddler groups and volunteers coming to the service. The service routinely worked with healthcare professionals and agencies in relation to people's individual care needs and developing staff training.