

Barchester Healthcare Homes Limited

Derham House

Inspection report

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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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 11 December 2018. At the last inspection in August 2017, the service was rated as Requires Improvement. This was because we found that there were some shortfalls in maintaining accurate records of care delivered. Records were not always accurate and up to date. We asked the provider to complete an action plan to show what they would do and by when to improve the service. We did receive a comprehensive action plan within the time allocated to them. During this inspection the service demonstrated to us that improvements had been made.

Derham House 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 is registered to provide accommodation for 64 people who require nursing or personal care. Bridge unit provides nursing care whilst Foxhall unit also known as "Memory Lane" provides dementia care. On the day of our visit there were 57 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service and staff understood their responsibilities to protect people from the risk of abuse. Risks associated with people's care were identified, and there was sufficient guidance for staff about how to keep people safe.

The registered manager and staff understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care. Staff had received training about the Mental Capacity Act 2005.

People were supported with their meals to ensure they received food and drinks they liked to help keep them as healthy as possible. They received their medicines as prescribed and medicines were managed safely. There were systems in place for the monitoring and prevention of infection.

There were assessments undertaken and care plans developed to identify people's health and support needs. People were encouraged to make decisions about their care and support and the service ensured that information was provided to people in ways they could understand.

Staff received training in a variety of areas to ensure they had the skills to meet people's needs. They were supported through supervision and appraisals.

Records confirmed people's preferences, interests, aspirations and diverse needs had been recorded and

care and support had been provided in accordance with people's wishes. Staff had developed good relationships with people who used the service.

The registered manager had regular contact with people using the service and their representatives. They welcomed suggestions on how they could develop the services and make improvements.

Regular audits were carried out to monitor the quality of the service and drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service.

People were protected by safe recruitment procedures. Staffing level was dependent on the care and support needs of people who used the service.

There were systems in place to manage people's medicines so that they received them when they needed.

Staff were aware of their roles and responsibilities for the management of infection.

Is the service effective?

Good ●

The service was effective. Staff received appropriate support to meet the needs of people living at the service.

The provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to guide and inform the staff.

People's dietary needs were taken into account and their nutritional needs were monitored appropriately.

People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good ●

The service was caring. People and relatives were positive about the care and support provided by staff who worked at the service.

Staff knew people well and interacted with them in a professional manner.

People were treated with respect and their independence, privacy and dignity were protected and promoted.

People were able to make choices about their care and their views were taken into account.

Confidentiality of people's personal information was maintained.

Is the service responsive?

The service was responsive. People had care plans that clearly identified their needs which they or their representative had been involved in.

People were encouraged to pursue their hobbies and interests. They were supported to engage in meaningful activities of their choice.

There was a complaints policy and procedure in place. People and relatives could raise any concern and felt confident these would be addressed promptly.

People's last wishes upon death were recorded.

Good ●

Is the service well-led?

The service was well-led. People and relatives told us that the service was run well. There was an open culture within the service, which was focussed on people.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There were audits and systems in place to monitor the quality of care people received and to drive improvements. Regular audits and checks took place and any issue identified was acted on.

Good ●

Derham House

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 11 December 2018 and was unannounced. It was carried out by two inspectors.

Before our inspection we reviewed all the information we had about the service, including notifications sent to us informing us of events that occurred at the service. A notification is information about events that by law the registered persons should tell us about. We looked at the last inspection and spoke with the local authority commissioners.

We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During our inspection we spoke with four people who used the service, five relatives, ten members of care staff, one nurse, the activities coordinator, the maintenance person, the deputy manager and the registered manager. We reviewed five people's personal care records, five staff records, staff duty rotas, medicine administration records and other records relating to the management of the service such as meeting minutes, health and safety records and staff training records.

We also carried out observations of people's interactions with staff and how they were supported. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke to four relatives on the telephone to seek their views about the service.

Is the service safe?

Our findings

People and their relatives told us the service was a safe place and they did not have any concerns. One person said, "Yes I do feel safe here." A relative told us, "[Family member] is in a safe place and I would not consider anywhere else for them."

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The registered manager and staff were clear about their responsibilities to report concerns and were able to describe the different types of abuse. Staff had received safeguarding training and from discussions we had with them it was clear they understood what constituted abuse and knew how they could escalate any concerns that they might have. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and appropriate investigation had been carried out.

The provider had a whistle blowing policy which staff were aware. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing. One member of staff told us, "If I see any colleague doing anything wrong, I will report this to the manager and if they don't do anything about it, I will go outside, inform the council and CQC."

The provider also had a disciplinary policy and procedures in place. We noted disciplinary actions had been taken recently by the registered manager with staff who had not been performing in accordance to their roles.

We saw care was planned and delivered to keep people as safe as possible and risk assessments were in place, which were based on the needs of the person. Where risks had been identified, there was an action plan which set out guidance for staff about how these would be managed for example when people were at risk of falls. Staff were aware of the risks to people and understood the information available to them in the care plans.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Records of accidents and incidents we reviewed included an analysis of what had happened and improvements that could be made to prevent or minimise the risk of them reoccurring. For example, we saw that the number of staff having their breaks together was changed as it was noted that more incidents happened when three staff were away compared to two. We saw incidents were discussed during the daily meeting that the senior staff had together, and the information was cascaded to other staff. This showed that all staff were made aware of how to manage incidents.

There were arrangements in place to deal with foreseeable emergencies. People had a Personal Emergency Evacuation Plan (PEEP) in place to ensure they were evacuated safely according to their individual needs. However, we noted the PEEP could be further developed to make them more comprehensive. This was discussed with the registered manager who agreed to review the PEEP.

The provider ensured the premises and equipment were safe for the health and safety of people, staff and visitors to the service. A number of checks were carried which included the electrical hard wiring, fire alarms, portable appliances test and gas boilers.

There were effective recruitment and selection processes in place. The provider carried out appropriate checks before staff began work. Checks that had been undertaken included written references, proof of identity, confirmation of qualifications and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on staff who intend to work in the health and social care field. This helped to ensure people were not exposed to staff who had been barred from working with vulnerable people. The registered manager informed us that people who used the service were part of the interview panel when staff were recruited.

The provider had a system to ensure there were enough staff on duty depending on each person's care needs. The registered manager told us the service was always adequately staffed. However, some staff felt that they could do with more of them on shifts. One member of staff said, "Sometimes we don't have enough staff on duty." We looked at the last three weeks staff duty rotas and found staffing levels indicated on the record matched what the registered manager told us. However, we noted that during the night shifts that the service had two nurses and four care staff only. We recommend that the provider review the staffing level at night to ensure people continue to receive care and support safely in an emergency.

There were appropriate arrangements in place in relation to the recording and management of medicines. The medicine room was locked, clean and tidy. We saw the medicine administration records (MARs) included: photos of person using the service, their date of births, their GP contact details and any allergies that people may have. We looked at the records for monitoring the medicines given to people and these had been signed to indicate that people had received their medicines on time. There were daily audits of the medicines to make sure the systems were working effectively. This meant that people received their medicines safely and when they needed them. There was a list of staff's signatures inside the MARs folder and this helped to identify who had administered medicines to people.

On the day of our visit, we went around both units and found them to be cleaned and free of malodour. Staff were provided with personal protective equipment such as aprons and gloves, this helped to minimise the risk of infection. People and their relatives commented the service was always cleaned.

Is the service effective?

Our findings

At our last inspection in August 2017, we found that although capacity assessments were completed for specific decisions, some of them were over a year old and needed to be reviewed. For example, a bed rail risk assessment for someone who lacked capacity had not been completed properly to indicate if a best interest's decision had been made specifically for the bedrails. Two covert medicine authorisations did not specify how each medicine was to be given. Similarly, a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form had not been completed fully. We recommend best practice guidelines are followed in line with the Mental Capacity Act 2005 (MCA).

During this visit, we noted that the service was working within the principles of the MCA and found that they were compliant. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We noted the registered manager and staff were familiar with the processes and principles of the MCA and DoLS. They told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. This was in line with MCA.

We found that the management team carried out an assessment of people's needs before they started to use the service. The assessments gathered information that provided a good detail about people's needs and preferences. They included information such as personal details, religion, power of attorney, any past medical conditions, communication, mobility, nutrition and pain management.

The preadmission assessment also highlighted to staff that risk assessments would need to be completed within 24 hours of admission to the service. For example, falls risk assessments, body maps and moving and handling risk assessments. Some were more specific and personalised such as oxygen use and smoking risk assessments. We saw that where these were required they were completed. The assessments were personalised and gave a good description of people and their needs. In this way the service knew whether they could meet people's needs before they were admitted to the service.

During our inspection we found that people were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. The provider ensured that all staff received relevant training that was focussed on delivering improved outcomes for people using the service. They had a training programme in place for all staff to complete whilst they were employed at the service. One relative commented, "I am happy with the care that [relative] receives."

Staff had been trained in areas such as food hygiene, health and safety, Mental Capacity Act, challenging

behaviour, autism, infection control and safeguarding. They confirmed they had undertaken regular training and this helped them in their roles. One member of staff said, "The training is good." There was a system in place to monitor staff training, which training staff had attended and when they were due for refresher training.

New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. The induction included new staff attending training courses, familiarised with the policies and procedures of the service and getting to know the people living there.

Staff received regular one to one meeting with their line managers to discuss their role and development needs. We sampled a number supervision records and noted that a range of issues were discussed, including staff training needs. This indicated that the management team regularly assessed and monitored the staff's ability to meet people's needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. We saw people's weights were maintained and staff monitored people's dietary needs regularly. Daily records were kept which detailed what each person had eaten and drank. Staff ensured people had sufficient fluids to stay hydrated. This showed people had their nutritional needs were monitored and were supported to stay healthy.

The provider had taken steps to provide care in an environment that was adequately maintained. We found that communal areas within the service were clean and appropriately furnished. People were able to personalise their bedrooms in accordance to their wishes and preferences. There were appropriate aids available such as hoists and assisted bath for people with mobility difficulties.

The management team worked closely with health and social care professionals to monitor the health of people. People had access to relevant healthcare professionals when required. One person told us, "We have a GP once a week on a Thursday and they are pretty good."

Where people's health had deteriorated we saw that appropriate action had been taken. Records of visits from health professionals and referrals to them were logged, along with any recommendations for treatments. Relatives confirmed that if their family members were not well, the GP would be contacted. This meant that people received appropriate access to health professionals to maintain their health and well-being.

Is the service caring?

Our findings

During our visit we saw staff interacting with the people who used the service in a kind and courteous way. When people needed assistance, staff responded to them promptly. One person told us, "The staff are very good. Yes, they work hard." Relatives also said that staff were kind and caring. A relative told us, "The staff are marvellous." There was a relaxed atmosphere in the service. People could spend their days as they preferred, either in their own rooms or in the communal areas.

Staff had a good understanding of the needs and preferences of people who lived at the service. When we asked staff to tell us about the people in their care, they were able to give a clear account of the person's likes and dislikes, and health needs. For example, one member of staff told us, "[Person] likes porridge for breakfast."

We saw that information about people was treated confidentially. Staff were aware information provided in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first. Records were kept locked away when not in use. People and their relatives did not raise any concerns with us in this area.

People were encouraged to express themselves and make as many decisions as they could. They were given choices, for example what they wished to wear and how they wished to spend their time. One person told us, "I can go in the garden."

Relatives told us they were kept informed of changes in the well-being of family members. They said they could discuss any issues they might have with either the registered manager or staff. One relative told us, "I visit regularly and yes they [staff] always let me know what was happening regarding [family member]."

People had their privacy and personal space respected by staff. One person told us, "The staff make sure they close the door when they are helping me." We saw staff knocked on people's bedroom doors and waited for permission before they entered. Staff spoke with people in a kind and caring way. They addressed people by their preferred names. We saw people were comfortable in approaching staff at any time and staff were respectful and caring in their response.

Where people had culturally diverse needs identified, those needs were planned for in the care plans. People's human rights and diversity were respected. People were not discriminated against their gender, disability, sexual orientation, religion, belief, race and age. People told us they were encouraged to practice their faith and were able to attend their places of worship.

Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. This helped to ensure they maintained their abilities in some areas of their care which they used to manage independently. For example, staff encouraged people as far as they were willing and capable of doing so to wash themselves. When we asked people if staff supported them to remain independent, one person said, "Yes they do." A relative told us, "[Family member] can do a lot for themselves and staff

encourage them instead of doing things for them."

Is the service responsive?

Our findings

At our last inspection, we found that when people had been assessed as needing regular turns, this was not always specified on the care records and this left them at risk of not receiving pressure area care in a timely manner. Similarly, there were no individual fluid targets for people on fluid charts based on their weight. This meant there was no effective way of monitoring if people were receiving their required intake. We also noted that care was not always designed in a way that achieved people's preferences and did not always ensure their needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found improvements had been made with regards to the standard of care planning process. Care plans were detailed and person centred. We saw care plans were consistent in the way they were set out, which meant that staff would know where to look when trying to find out specific information. They also contained pre-admission assessments that fed into the way the service monitored needs people had as well as the different aspects in their lives that contributed to their wellbeing.

The different aspects covered in the care plans included physical and mental health needs, medicines, moving and mobility, dietary needs and cultural and spiritual needs among other things. These aspects were reviewed monthly or as required when people's needs changed. Care plans contained photos of people so that staff knew who they were reading about. They also held elements that were specific and personal to people. For example, we saw one person's care plan and documentation monitoring their medical condition risks with clear instructions for staff to follow in this regard. This meant that people's ongoing needs were documented and monitored so that staff could best meet them.

The service provided activities for people to do and normally had two activity coordinators to support people do what they wanted. At the time of our inspection, there was only one activity coordinator but another had been employed. Whilst we were at the service we saw a school choir had come to sing carols for them. We also witnessed a quiz being held for people to participate in. People also told us of outings to the local garden centre. We noted that people could attend a weekly meeting where they could decide the following weeks activities with the activity coordinator. The staff recorded what activities people had undertaken to monitor their wellbeing. Other activities included chiropody, manicures and hairdressing. There were also sensory activities and one to one activities were offered for people with mobility issues.

People knew how to complain and told us they would feel comfortable doing so. One person said, "I would tell the manager if I was unhappy." Relatives told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. One relative said, "If I am not happy about something I will talk to the manager." We saw that the registered manager kept complaints records and where complaints had been made, these were responded to appropriately in line with the provider's complaints policy.

People were supported at the end of their lives. We saw most people had end of life or advanced care plans. These advanced care plans provided information about people's preferences around whether there were

times they would not want to receive medical treatment. The plans also provided information around people's faith wishes, how they wished to be remembered with regards to faith service and who they would like to be informed of their death. They were signed by people or their relatives indicating their involvement in them.

We also saw that people had Do Not Attempt Resuscitation (DNAR) forms in their care plans. A DNAR is a document issued and signed by a doctor, which informs staff and medical team not to attempt cardiopulmonary resuscitation (CPR). The form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat people. Staff had received training on how to support people at the end of their lives.

Is the service well-led?

Our findings

At our last inspection in August 2017, we found that the systems in place to monitor the quality of records of care delivered had failed to identify and resolve shortfalls in capacity assessments, food charts, turn charts and fluid balance charts. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this visit, we found the registered manager carried out regular audits to ensure the service was operating to expected standards. Care plans and risk assessments were checked regularly to make sure they were up to date. Daily reports, MAR sheets, staff training, and staff personnel files were also audited. This helped to ensure records were in date. The provider monitored the quality of the care they provided to make sure that it was safe, appropriate and met people's individual needs.

There were also various regular health and safety checks carried out to make sure the building, equipment and all areas were maintained to a safe standard for those people using the service, staff and visitors. Where areas for improvement had been highlighted we saw action plans had been put in place to address them.

People and relatives told us that they felt the service was run well. They said they could speak to the registered manager if they had any concerns and were confident they would be listened to. One person said, "The manager is good." Another person commented, "The manager brought a lot of warmth back into the room – they were a bit strict with the staff - there might be tension with staff." A visiting relative told us, "[Manager] is very good, very approachable, make themselves available when needed."

Staff were also able to raise any issues with the management team. One member of staff told us, "The manager is fair, very open and approachable." However, some of staff told us they did not feel supported. We saw there were monthly staff meetings held. Topics discussed included pay, use of mobile phones, staff rotas, training and appraisals. Staff were also encouraged to discuss any issues they might have during those meetings. The registered manager confirmed that they discussed important topics with staff and records confirmed this.

The provider continually sought feedback from people, relatives, staff and other professionals. This was gained by satisfaction surveys. Comments from the recent completed satisfaction surveys were positive about the service in general. The registered manager told us that they also received feedback through walking around and talking to people and their relatives as well as staff on a regular basis.

There were weekly meetings for people who used the service. We saw minutes of these and were also told about them by people using the service. The registered manager told us that the meetings were attended by a head of service and the activity coordinator. Minutes we saw confirmed this. During the meetings a number of areas were discussed such as communication, decoration, food, and activities.

The provider had values that staff agreed with. The registered manager told us they had completed a supervision specifically on these values, which were Respect, Integrity, Empowerment, Responsibility and

Passion. Staff knew what their responsibilities were and who they accountable to.

The provider had a number of policies and procedures which gave guidance to staff in a number of key areas. They also had a service user's guide which included the aims and objectives of the service with a focus on the quality of the care provided, hospitality and choice offered to people.

The registered manager demonstrated they were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. All notifications were submitted to us in a timely manner. They always kept us up to date with what was happening at the service, for example outcome of any investigations or complaints. Where we had any query about something, they had provided us with a detailed explanation on how they had dealt with the situation.

The service had links with their neighbours, local school, the local hospice, the local garden centre and the local pub. They also had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met. The registered manager and their deputy also attended conferences held by the local authority.