Bupa Care Homes (BNH) Limited

Staplehurst Manor Care Home

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

Staplehurst Manor Care Home provides residential accommodation with nursing and personal care for up to 30 older people. At the time of our inspection, there were 28 people accommodated in the service, four of whom living with dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

There was a sufficient number of staff deployed to meet people's needs. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect. People were supported to have choice and their independence was promoted by staff who understood the needs of older people and of those living with dementia. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records help staff deliver care that met people's individual needs. The activities provided were suitable for people living with dementia.

The provider and the management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a system of monitoring checks and audits to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care.

Further information is in the detailed findings below.

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 remains good.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service remains Good.

The service was effective. Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to make decisions by staff who sought their consent appropriately. The registered manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards (DoLS) and had considered the least restrictive options.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service remains Good.

Staff communicated effectively with people and treated them with kindness and respect. Relatives described the way staff and management communicated with people in positive terms. Appropriate information about the service was provided to people and visitors.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. Staff respected people's privacy and dignity.

People were supported by caring staff when they approached the end of their life.

Is the service responsive?

Good

The service remains Good.

The service was responsive to people's individual needs.

People or their legal representatives were invited to be involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them. Activities and outings that were suitable for older people and those who lived with dementia were provided.

The delivery of care was in line with people's care plans and risk assessments.

People and their relatives' views were considered and acted on.

Is the service well-led?

Good

The service remains Good.

The management team placed emphasis on person-centred care and on continuous improvement of the service. The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. They welcomed suggestions for improvement and acted on these.

A robust monitoring system ensured that good standards were maintained in every aspect of the service. When shortfalls were identified, remedial action was taken and monitored until completion.

Staplehurst Manor Care 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 carried out to check whether the provider continued to meet 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 was a comprehensive inspection.

The inspection took place on 24 March 2017 and was unannounced. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

People who lived in Staplehurst Manor were able to converse with us. We spoke with nine people living at the home and three of their relatives.

We spoke with the regional director, the registered manager, two nurses, four members of care staff, the activities coordinator and the chef. We also spoke with maintenance and kitchen staff. We consulted a local authority case manager who oversaw a person's wellbeing in the service, one GP and two specialist nurses who visited the service regularly, to gather their feedback.

We looked at six sets of records relating to people's care and their medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered

consistently with these records. We reviewed documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "I feel safe and there are enough staff" and, "I feel safe and it is very nice here." A relative told us, "This home is well resourced and feels perfectly safe."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Thorough recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff being deployed on shift to meet people's needs in a safe way. One person told us, "There are always staff around and they come quickly if I need them." The provider had increased staffing levels taking into account people's specific needs; they had increased early morning staffing levels in response to people's preferences about breakfast timings. There was a system for monitoring staff response to call bells. We observed that people's requests for help were responded to swiftly.

Medicines were stored, administered and managed safely in the home so people received their medicines timely and as prescribed. People were supported to manage their own medicines if they wished. All staff who administered medicines received appropriate training and were routinely checked for their competency. Staff completed people's medicines administration records (MAR) appropriately. The use of topical creams was guided by individual body maps and recorded by care staff. Management maintained oversight of medicines practice, including safety of controlled drugs, by regular audits.

Individual risk assessments were carried out for people who needed help with moving around and transfer, who were at risk of falls, of skin damage, and of malnutrition. A person who chose to walk independently in the grounds had an individual 'general risk assessment' about risks associated with trips, falls, vehicles, and weather-induced hazards. Risk assessments contained clear instructions for staff to follow and reduce the risks of harm. Staff were aware of these instructions and followed them in practice.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager and deputy manager carried out weekly analysis of any accidents and incidents to identify any common trends or pattern, documented what actions had been taken, and reflected on their efficiency. Measures had been implemented in practice to reduce the risk of falls, such as one to one support; an increase of regular checks; and sensor mats that alerted staff when people got out of bed and may need assistance.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Where shortfalls or failures had been identified they were promptly repaired. Staff confirmed

that they were able to get equipment repaired as and when required. There was a range of environmental risk assessments, including some tailored to individual needs. There were personal evacuation plans in place for every person, to guide staff and emergency services on their individual needs in the event of an evacuation. The service held a comprehensive emergency contingency plan. All staff received regular training and drills in fire safety.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about staff's effectiveness and capability. They told us, "The staff are very efficient and 'quick on the ball" and, "Everyone seems to know what they are doing, they are all good professionals, obviously well trained." A relative told us, "The staff keep me well informed of my mother's progress."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The registered manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example when bed rails were put in place to keep people safe at night. Meetings to reach decision on behalf of people and in their best interests were held, and relevant decisions were appropriately documented.

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence, and the completion of workbooks to evidence their knowledge. Newly recruited staff studied to gain the care certificate. Sixteen care staff had gained or were studying for a diploma in social care; more staff were scheduled to be supported in the studies programme. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. Nursing staff received regular clinical supervision.

Staff were up to date with essential training that focused on health and safety, falls and wound prevention, infection control, manual handling, dementia care and cognitive impairment. Staff had been provided with additional training to effectively meet people's individual needs such as, Parkinson's, epilepsy, multiple sclerosis, diabetes and motor neurone disease. The service had joined a federated scheme organised by the local hospice and had enlisted several staff to attend specialised training on aspects of end of life care that included advance care planning. Staff told us, "The training is very good, we get a lot of support and always get reminded when we need to attend a refresher course."

People were supported to eat, drink and maintain a balanced diet. People commented positively on the quality of the meals describing them as, "tasty" and, "marvellous." The chef was actively consulting people about the quality of the meals and welcomed their requests. The kitchen operated for twelve hours a day and a 'night bite menu' meant people could be provided drinks and snacks at any time of night. Staff sat with people who needed feeding or encouragement to eat, in the dining room and in their bedrooms. People were allowed to eat at their own pace and were gently encouraged when appropriate.

A seasonal menu offered choices at each main meal, in addition to which there was a wide range of further alternatives kept in stock, which were effectively provided on demand. Hot and cold beverages, with home-made cakes, snacks and healthy alternatives were offered to people throughout the day. Nursing staff liaised closely with the catering staff, who knew of people's specific dietary requirements and preferences, and current concerns such as weight loss. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served.

People were supported to maintain good health and were weighed monthly or weekly depending on their needs. When there were concerns about their health or appetite, their food and fluid intake was recorded and monitored. People were referred appropriately to healthcare professionals such as, specialised clinics, GPs, speech and language therapists, occupational therapists, dieticians, a community psychiatric nurse, and tissue viability nurses. A person had been referred a physiotherapist who had provided specialist equipment and another person to their GP for accessing an orthopaedic team when they experienced pain in their limbs.

The premises were spacious, welcoming, and fit for purpose as they had been adapted to meet people's needs. Several areas had been refurbished and equipped with new carpets and furniture. Bedroom doors had been designed to look like 'front doors', which emphasised privacy and individuality. There was a programme of improvements, which currently entailed replacing of a number of windows and creating a dedicated hairdressing salon. The grounds were well maintained and accessible. Appropriate signage throughout the service helped people orientate themselves.

Good

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "very accommodating", "helpful", "amazing" and, "very caring and looking after my dignity." A GP who visited the service regularly told us, "The staff are very helpful."

Positive caring relationships were developed between people and staff. A person told us, "I like them [staff] very much and they have got used to me and I've got used to them." We observed staff addressing people respectfully and with kindness throughout our inspection. They used appropriate banter to engage people while being respectful. A member of care staff told us, "We respect people as unique individuals; they have lived longer than us and we can learn a lot from them." People were encouraged, praised and appropriately conversed with during mealtimes and activities. Staff spent time with people. They ensured people were comfortable and offered explanations ahead of any interventions, such as when using equipment to help them move around.

Staff promoted people's independence and ensured walking aids and call bells were within their reach. Two people enjoyed walking independently in the grounds; one person joined their family at weekends; another person went out regularly with friends. People's wishes were respected, such as having a late breakfast, not shaving, remaining in bed, going to bed at different times and having specific food.

Staff promoted people's privacy and respected their dignity. They ensured people's continence needs were met quickly and in a discreet manner. People could have a bath or shower as often as they wished; staff knocked on people's bedroom door and announced themselves before entering. A person told us, "If any staff are seeing to me and there is a knock on the door, they will always cover me up before saying they can come in." A privacy screen had been ordered to preserve people's dignity in communal areas. Staff were discreet and respectful while discussing people's care and staff shift handovers were held confidentially. People's records were kept securely to maintain confidentiality.

People were involved in decision making about their care and treatment as they, or their legal representatives when appropriate, participated in initial assessments of needs, care planning and reviews of these when changes occurred. A person had requested bed rails at night and their care plan had been updated to reflect this request. Another person's care plan included, 'X likes to be involved in her care and likes her family to be kept up to date and will always refer matters to them for discussions; we need to present information clearly and give X time to ask questions and make considerations.' People were provided with a wealth of information about the service, the staff and its facilities.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. The service and its nursing staff were well supported by GPs and a local hospice palliative care specialist team who offered guidance when needed and ensured pain management was effectively delivered. Staff attended specialist training in aspects of end of life care. Staff remained with people when they approached the end of their life when families were not available.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. They told us, ""I go to bed when I like", "I can choose to have a male or female care giver", "They [staff] know what I like and what I don't like." A GP and a specialist nurse who visited the service regularly told us, "The staff respond well to any emergencies; they refer appropriately, seek guidance and act on it" and, "The staff seem to be genuinely sensitive to the residents' needs." A local authority case manager who oversaw a person's wellbeing in the service told us, "This is a nice home; they listen to the residents."

People received personalised care that reflected their likes, dislikes and preferences about food, activities, routine and communication. A person liked to have a bath or shower daily and this was implemented. Another person had expressed the wish for staff to spend time communicating with them as they had hearing difficulties. Staff spent time with them ensured their hearing aids were functioning correctly. People's files included vital information that helped staff understand individual perspectives, such as, 'My day; my life; my portrait' and an 'at a glance' summary. Care plans were comprehensive, person-centred and detailed. Staff were aware of these plans and implemented these in practice. A person's care plan had been updated to include instructions to staff when they had developed a pressure wound. As a result, staff followed a specific wound care management plan and ensured the person was repositioned every three hours.

People were occupied with a comprehensive programme of daily activities that was suitable for older people and those living with dementia. Two activities coordinators led the programme, in consultation with people and their relatives. They visited each person daily to discuss whether they wished to deviate from the scheduled activities, and took into account people's wishes and interests. People enjoyed singing, gentle exercise, games, art and crafts and Tai Chi. Entertainers visited the service, such as 'Amazing animals', musicians and performers. A country and western performer had been commissioned at people's requests; one person who was a Soprano singer was invited to take the lead in the service's choir. Staff engaged in one to one activities sessions with people who remained in their bedroom. A wide range of outings and themed activities was provided to reduce social isolation. On the day of our inspection, seven people were escorted by staff to witness lambing at a local farm.

People were invited to participate in monthly 'resident meetings' and relatives in quarterly 'resident and relative meetings, where they could make suggestions about any aspect of the service. At a meeting, a person had requested a free standing basketball net to be provided; a person had suggested an indoor plant monitoring on a rota basis; another person had requested to do some painting and painting accessories had been purchased; these requests had been responded to and acted on. People were kept informed when changes were implemented in response to their feedback. They were provided with a seasonal newsletter and 'You said- We did' lists, with information such as a dedicated space having been organised for poetry reading; a natural pond with newts having been created. As a result of a staff satisfaction survey, the provider had reinstated hot meals for staff.

People and their relatives knew about the service's complaint policy and procedures which was displayed in

the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. A person told us, "If I have anything to grumble about, they would see to it straight away for sure." No complaints had been received by the service over the last 12 months.

The service coordinated with other services such as GPs, physiotherapists, specialist nurses and psychiatric services, when people's needs increased. Reviews of people's care were held in partnership with the local authority or the Clinical Commissioning Group (CCG) and the service liaised with rehabilitation centres, hospitals and hospices and to ensure a successful transition. Updated information about people's needs was effectively provided to other services to ensure continuity of care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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, their relatives and staff told us they appreciated the registered manager's style of management, describing it as, "firm and fair" and, "efficient". People described the registered manager as, "lovely" and, "easy to talk to." The registered manager and deputy manager did a daily 'walk-about', talked with each person living in the service, operated an open door policy and welcomed people and staff' comments and suggestions. Staff told us, "The manager is ever so approachable and understanding; it helps that the deputy manager is also a nurse, she appreciates the demands of the work."

A positive person-centred culture was promoted. People's individual needs, moods and wishes were effectively discussed at handovers to ensure continuity of personalised care. A member of staff told us, "This home is all about resident-focused care, it is not task-oriented; residents and what they want are the priority here." A relative told us how her loved one had been made to feel "so welcome when she first came to the home."

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted on, such as how to arrange new furniture in the lounge, ideas for new activities, outings and specifically requested meals. An annual satisfaction survey results showed that people were 100% 'happy and content; listened to by staff; safe and secure; treated with dignity and respect'; and 92% felt they were 'treated as individuals'.

The service actively promoted links with the community. School and pre-school children, a history group, the Women Institute, and scouts were regular visitors to Staplehurst Manor. The service organised themed picnics, fireworks displays, pond fishing, annual fetes and open days. They raised funds for local charities of people's choice. People from the community, local residential homes and nearby villages were invited at these events via the website, social media, the local newspapers, posters placed by staff in the village and handed-out leaflets. A relative told us, "This is truly a lovely home; good management, good staff, not isolated at all, such a good place to be."

The service ensured that quality of care was maintained through an effective monitoring system. A comprehensive programme of monthly or quarterly audits was followed by the management team, such as audits of medicines, infection control, care plans, wound care, accidents and incidents, referrals to services, nutrition and weight loss, resident involvement and feedback, and health and safety aspects of the equipment and environment. Additionally, the regional director inspected the service on a monthly basis checking compliance with regulations in every aspect of the service. A 'Quality Team' complemented the monitoring system with monthly visits and compiled a home review report. Action plans were written to address any shortfalls that had been identified during these checks and audits. These plans were monitored

until remedial action had been satisfactorily completed. As a result of these plans, some documentation that had needed to be updated had been completed such as of care plans, fire drill logs, falls evaluations; the security in the nurses' office had been improved; staff had been reminded of wearing protective personal equipment during laundry tasks. The local CCG had carried out a comprehensive quality assurance visit in April 2016 and had produced a very positive report. Minor recommendations had been followed, such as a review of storage arrangements in the bathrooms.