Key inspection report

Care homes for older people

Name:	The Springs
Address:	The Springs Spring Lane Malvern Worcestershire WR14 1AL

The quality rating for this care home is:	two star good service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Sally Seel	0	9	0	4	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	The Springs
Address:	The Springs Spring Lane Malvern Worcestershire WR14 1AL
Telephone number:	
Fax number:	
Email address:	
Provider web address:	www.bupa.co.uk

Name of registered provider(s):	BUPA Care Homes (CFC Homes) Ltd
Name of registered manager (if applicable)	
Miss Alison Elizabeth Ough	
Type of registration:	care home
Number of places registered:	65

Conditions of registration:		
Category(ies) :	Number of places (if applicable): Under 65	Over 65
dementia	0	65
Additional conditions:		
The maximum number of service users to be accommodated is 65		
The registered person may provide the following category of service only Care home with nursing CRH N To service users of the following gender Both Whose primary care needs on admission to the home are within the following categories Dementia code DE		

Date of last inspection								

Brief description of the care home

The Springs is a new purpose built nursing home that registered with the Care Quality Commission on the 16th October 2009. It is located in a residential area of Malvern Link with local shops close by, which are within walking distance, and Great Malvern town centre is approximately two miles from the home. It is on a bus route and there is free car parking at the front of the home.

The Springs provides nursing care services for older people who experience dementia

Brief description of the care home

and is looking to provide short breaks for people which is generally known as respite care. The building has three floors and the main part of the home is accessed from the reception area on the ground floor and so is the secure garden. There is a passenger lift to access all floors and there are 65 single rooms all of which offer ensuite facilities including a toilet, hand basin and shower.

The home has hoists and pressure relieving equipment to meet the assessed needs of the people living there. There are assisted toilets and bathrooms available and corridors are wide and spacious and enable residents to move around the home freely with any aids they require. Each floor has a dining room, spacious lounges, an activity room and a beauty salon on the ground floor.

Information regarding the home can be obtained from the Statement of Purpose and the Service Users Guide, which are available in the reception area of the home. More information can be obtained from the intranet www.bupacarehomes.co.uk, and copies of the inspection report.

The Springs is part of the BUPA Care Homes group, which is a large national organisation. The registered manager is Alison Ough who is first level registered nurse with many years experience in care home management.

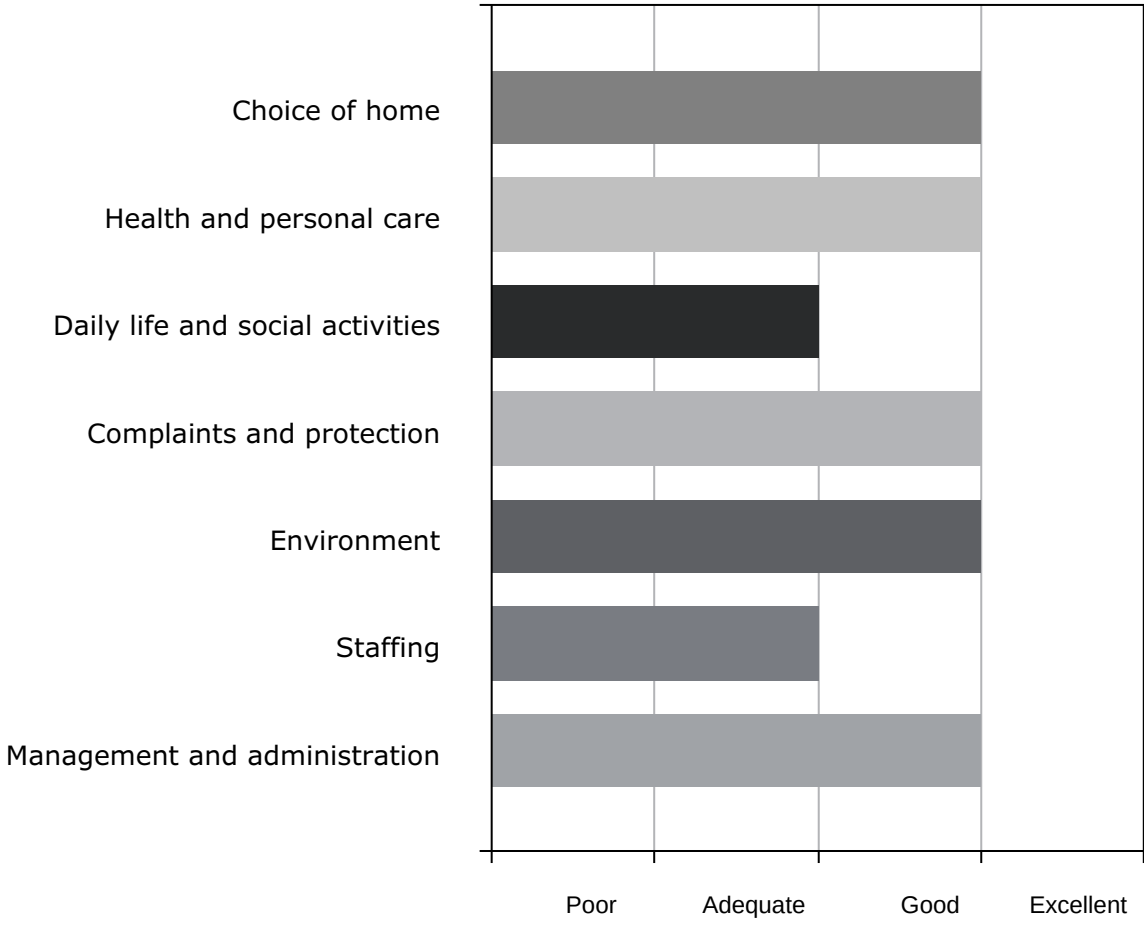
Current fee rates are not included in the statement of purpose but can be obtained from the home. Any additional charges are laid out in the homes terms and conditions.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	two star good service

Our judgement for each outcome:



How we did our inspection:

This home is new and was recently registered with the commission. This was the first inspection since the home was registered. On the day of the inspection 21 people were living in the home on one floor which is called 'Morgan' this meant that the other two floors were unoccupied at the time we visited. The inspection was carried out over one day by two inspectors. The home did not know we were going to visit. The focus of our inspections is upon outcomes for people who live in the home and their views of the service provided. This process considers the care homes capacity to meet regulatory requirements, standards of practice and focuses on aspects of service provision that need further development. Prior to the visit taking place we looked at all the information that we have received, or asked for. This included notifications received from the home. These are reports about things that have happened in the home that they have to let us know about by law, and an Annual Quality Assurance Assessment (AQAA). This is a document that provides information about the home and how they think that it meets the needs of people living there. Two people living in the home were

case tracked. This involves establishing individual's experiences of living in the care home by meeting them, observing the care they receive, discussing their care with staff, looking at care files, and focusing on outcomes. Tracking people's care helps us understand the experiences of people who use the service. Other people's care records were also looked at briefly. Because the people living here are not always able to tell us about their experiences, we have used a formal way to observe people in this inspection to help us understand their experiences. We call this the Short Observational Framework for Inspection (SOFI). This involved one inspector observing four people before and during lunchtime and recording their experiences at regular intervals. The results of this observation are included within the report.

Before the visit we sent random surveys to people who live at the home and staff. We received six completed surveys from people who live at the home some of which had been completed by their relative and seven from staff. These gave us an insight into the views of what people thought the service was good at and what could be improved upon so that each person received the care and support required to live meaningful safe and healthy lives. We have included some of the comments that we received in this report. We looked around some areas of the home and a sample of care, staff and health and safety records were looked at. We spoke to some staff working at the home and some relatives of people who are using the service who were visiting on the day of inspection.

We would like to take this opportunity of thanking everyone for making us feel welcome and participating in this inspection.

What the care home does well:

Everyone who comes to live at the home have their individual needs considered before they move to live at ''The Springs'' so that they can be confident that these will be met.

Care plans are being reviewed to ensure that staff have current information about peoples needs. This means that people will be supported in a consistent way. People have access to a range of Health and Social care professionals and this ensures that health care needs are met. People are supported to maintain their pastoral and religious needs.

People are actively encouraged and supported to maintain family contact, friendships and relationships.

Comments from people who live in the home, their relatives and staff were most complimentary about the food, choices and quality that the home provides. The kitchen has been awarded the highest rating from the Environmental Health visit in relation to hygiene and cleanliness practices.

The home provides a good standard of accommodation for people who live there, and is well equipped to assist individuals with their independence. People who live in the home and their relatives complemented the home's cleanliness. ''No odours the home is always fresh and clean''.

The way staff are recruited is generally safe and helps reduce the risk of someone unsuitable getting a job at the home.

All staff receives regular mandatory heath and safety training that includes first aid, moving and handling and fire drills and practices carried out at the home. This ensures safe working practices and maintains the health and safety of people.

What has improved since the last inspection?

This is not applicable it was the home's first inspection following there registration.

What they could do better:

Information is made available to people before they visit the home but this needs to be made readily available in a choice of formats to aid individual's understanding of whether the home is right for them.

Preadmission assessments and care planning should involve each person and or their representative so that their personal preferences are known to help staff to provide care and support that suit individuals best.

Each person's weight should be recorded from when they come to live at the home so this can be monitored and reviewed to make certain any losses or gains are ''picked up'' in a timely manner.

Social stimulation and the provision of activities need improvement to make certain that these are meeting individual's needs particularly as people who live in this home have varying levels of dementia. This should include more opportunities for people to access the community and 'one to one' stimulation.

Menus should be focused upon to make sure that they hold some meaning to each person, such as, using pictorial aids, and are not confusing I content which will also promote choices.

A review of how meal times are managed and coordinated should be considered so that each person has the support they may need to eat their meals. This should also make meal times pleasant experiences for people who live in this home.

All incidents that affect people's health and wellbeing must be recorded in a Regulation 37 notification and sent to the Care Quality Commission (CQC) as required by law.

Further improvements to the homes environment to include some ''homely'' touches and objects so that it holds interest for people who experience dementia to meet their needs.

Some consideration should be given to the garden access arrangements for people so that people can choose to go into the garden to enjoy some fresh air and wildlife to boost their sense of wellbeing.

A review of staffing deployment and the management of specific daily tasks should take into account the specific needs of each person so that these are met in a timely manner to promote individuals health and wellbeing.

The registered manager provided information in their AQAA about how they intend to further develop the home and service provision. It confirmed the manager plans to further develop the services within this home over the next twelve months:

- To build a cohesive team that responds well to constructive feedback and that acts to rectify shortfalls.

- To develop stronger links with the community.

- Continue to develop the activities programme responding to changing resident needs.

- To continue to refine management of complaints and improve communication skills.

- To bring character to the communal spaces by utilising household and everyday objects and to make the areas more interesting and stimulating to residents using things such as handbags, coats and hats etc. We are currently exploring the possibility of getting the art college students to paint a shop front in the corridor.

- To ensure that we have sufficient in house trainers and to introduce a robust training plan.

- To continue to recruit quality staff who are committed to dementia care, building on the experienced team we already have in place.

- To increase Personal Best compliance to 85%plus of all staff.

- Improve our compliance with NVQ requirements through working with a dedicated NVQ provider and supporting staff through this process.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Arrangements are in place to ensure that people have the information they need and can be confident their needs will be met if they decide to live at the home.

Evidence:

There is a range of information about the home which includes a service user guide, so that they will know what they can expect if they decide to live there. We could not find the fees charged for living at this home within the information supplied to us. Therefore people might not have full information to assist them to make decisions about moving into the home. It is recommended that this information is also available in alternative formats, for example, audiocassette and easy read so that people with visual impairments and or other disabilities, such as, dementia, can access the information.

The information about the home is available in the reception area along with various brochures and leaflets about BUPA and their services. We were told that a copy of the

Evidence:

service user's guide was also available in people's bedrooms. BUPA also have a good web site for more information about the organisation and their services.

In the five out of the six surveys we received from some people and their families confirmed that enough information was given to them to help decisions about whether the home was the right place for them. One survey said that they did not know.

In the AQAA the registered manager said that, ''Prospective residents who are unsure are given the option of a trial in the home, to ensure their happiness and wellbeing''. This means that people can visit the home to get a feeling for what it may be like to live there and meet some of the people who are already living in the home. In the care records that we looked at we could not find information that would tell us the reasons why some people decided to move into this home. It would be good practice for this information to be written down so that there is confidence that people and or their representatives are having their choices promoted when choosing the home they feel is right for them.

The certificate of registration and public liability insurance certificates are on display so that people have access to this information should they wish to read it.

Preadmission assessments are completed before someone comes to live at the home. The preadmission assessment we looked at included information about the person's health and personal care needs. This should give confidence that all staff are able to meet each person's needs when they come to live at the home.

An area that should be considered for further improvement is to ensure that people and or their representatives are involved in preadmission assessments as this was not clearly highlighted on the care records we looked at. By developing this good practice, each person's routines, likes and dislikes will be comprehensive enough for staff to follow which will be reassuring to people who experience dementia as new environments and routines can be unsettling.

We were told in the AQAA and by the manager on the day we inspected the home that respite care will be offered in the future. This is where a person can go and spend a short time at the home to ''take a break'' themselves or for their carers to have some time away from their caring roles in the community.

Intermediate care facilities are not provided within this home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.
If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in this home receive the health and social care support noted in their plans. There needs to be further emphasis on promoting person centred planning so that care and support is offered on an individual choice basis. A robust medication system is in operation which means individuals receive their right medications.

Evidence:

BUPA had developed their own QUEST process for the assessment, care planning and evaluation of people's care. QUEST is comprehensive and guides staff when they begin to plan care for people. In the care records we looked at we found a variety of care plans which covered, washing, dressing, physical abilities, sight impairments, medication, mental health, diabetes, continence, eating and drinking and sleeping. We found that in the majority of cases care plans were completed, had been reviewed and did provide true reflections of people's needs.

An area that was not consistently recorded in the care plans we saw were specific details of individual's likes and dislikes which would inform staff of what suits people best when receiving care. There were some good examples of times of when one

Evidence:

person likes to go to bed and get up. Clothes that a person likes to wear in bed were noted and we saw communication details for staff to follow to make sure a person's needs are fully met.

Other plans that we saw were mainly detailed around tasks being undertaken rather than specifically about the person. For example, in one plan we could not find recorded when a person likes to go to bed or get up. In another plan there was no indication of whether the person preferred a female or male carer to assist them with their person hygiene tasks.

We acknowledge that some people living in this home would find it difficult to communicate their preferred choices of how care is received but we would expect to see that a person's representative are then consulted. We did not find this to be the case in the plans we looked at. We discussed this with the manager together with the positives of staff receiving some training in person centred care. This would help staff to plan people's care in a way that meets their needs which can be reassuring for people who experience dementia. We did see that the manager has started to complete care plan audits so that any omissions or changes can be rectified to provide staff with current information.

A relative told us, ''She is always washed and clean''. In the surveys returned to us six people said they always receive the care and support they needed.

Out of the seven staff surveys that we received in relation to whether staff felt they received up to date information about the needs of people who live in the home, two staff said ''always'', four staff indicated, ''usually'' one survey response left uncompleted. It is suggested that the registered manager may want to address this so that all staff feel they have sufficient information required and training in person centred care planning may help.

We saw assessments were completed for diabetes and moving and handling. Individual risk assessments were written for specific risks and were detailed. Falls care plans were detailed and addressed all possible causes of falls and gave staff details of these, such as, people wearing adequate footwear and referring people to chiropodist as required. Care plans for assisting people to manage their diabetes had some good medical information for staff to refer to so that staff would be able to identify any treatment people may need with preventative instructions in place.

We could not find the weight recording of one person who had recently come to live at the home this was acknowledged by the manager. It is important that this person's

Evidence:

weight is recorded on admission to the home as they were at times declining to eat some of their meals, had diabetes and sometimes did not want to take their medications. The registered manager did tell us that this person was on a food diary for two weeks. However, it is recommended that people's weight is recorded when they come to live at the home and on a monthly basis thereafter so that any significant weight gain or loss can be investigated to avoid underlying health difficulties going undiagnosed. This is particularly important for people who may be unable to communicate their feelings of being unwell.

All people need specialist care in this home as they are experiencing various levels of dementia. We saw some good staff practices in understanding people's needs and how to manage difficult situations. Particularly when they found some behaviour challenging to deal with. We saw clear plans in place to guide staff. There is also some external support from community mental health teams and steps have been taken to provide staff with training in dementia care and challenging behaviour. This should provide staff with information in order to minimise the potential of this behaviour occurring, therefore keeping the person calm and reducing their distress.

A wound care plan was detailed and gave details of wound dressings to be used and how often. There were photographs of the wound so that staff can monitor any changes, such as, ''change dressing GP request every 3 to 4 days if intact. Monitor and liaise with GP if deteriorates''. This should assure that appropriate care is given to people to promote the healing of any sores.

We found that people have access to a wide variety of healthcare professionals as their needs dictate. There was information of visits from other external healthcare professionals such as, chiropodist, specialist diabetic nurse, physiotherapist, opticians and social workers. On the day we inspected the home one person was referred to an external professional for a review of their mental health needs.

The management of medication was reviewed and all medications are given to people by a qualified nurse. At teatime we observed the nurse give some people their medications and we looked at the Medication Administration Records (MAR) for these people. The MAR indicated that there were no gaps so therefore the samples of medications that we observed are being given to people as prescribed by their doctor.

We saw some good practices by the nurse who was giving people their medications, for example, we saw the nurse giving people their tablets using a ''tot'' (small plastic glass) and placing the tablets onto spoons so that people could easily take their medications. This practice also protects people's from cross infections. The nurse gave

Evidence:

each person a drink with their medications and spoke to people as they were completing this task thereby reassuring them which was done in an unhurried manner. The nurse was becoming distracted by the processes involved with people having their teatime meals. Therefore the nurse made the decision to stop the medication round to assist people with their meals. This practice showed us that the nurse recognised that it would be unsafe to continue with the medication round at this time. This demonstrated that people are being protected by staff who maintain individual's health and safety at all times.

We were told that controlled medication was safely stored and all accounted for.

The pharmacist that supplies medication to people who live in the home has undertaken an audit of medications. We were shown the outcome of this audit and no requirements were made by the pharmacist when they visited to check medications.

Generally we saw that people were treated respectfully and spoken to politely throughout the inspection. Staff were courteous and knocked on doors before they entered. During the (SOFI) observation period no negative exchanges between staff and people using the service were recorded. There were however only two instances of staff positively engaging with people; a key aspect of good dementia care practice.

There are one or two things that staff should be mindful of when talking with people and or helping them. For instance we observed one person who does not talk and or walk groaning loudly for five minutes. At the time two staff were in the room and we would have expected them to offer some reassurance and or whatever else would be required to help that person, but they did not. We heard a staff member make reference to people who required assistance to eat as ''feeders''. We also heard another member of staff remark on a person's behaviour to the priest who was visiting. This happened in front of other people who live in the home as well as the person to whom they were referring to. These observations indicate that staff do not always show respect nor preserve people's dignity.

Throughout the day, as already mentioned, we observed some good staff practices in relation to treating people with respect and maintaining their dignity. For example, one person needed to have their insulin but were sitting at the table awaiting their teatime meal. Therefore the nurse made the decision to ask this person if they would accompany the nurse to their room. The nurse closed this persons bedroom curtains before proceeding to give them their insulin speaking to them all through the process. This practice resulted in the person having their insulin in a more private manner observing their dignity. We also saw people were being assisted by staff to move

Evidence:

around the home as they chose preserving individual's dignity.

People are given the opportunity to have a key to their bedroom if they wish, after an assessment has been completed, and this promotes their privacy. Each person has a telephone point in their rooms which individual's can choose to be connected so that they can make and receive calls as people chose to.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements must be made to the choice of activities people are supported with particularly in accessing the community so that individual's experience a meaningful lifestyle. There is a choice of meals to meet people's dietary needs or personal preferences but meal times need to be reviewed so that people can be confident of help where it is needed.

Evidence:

In the care records we looked at we saw that a ''map of life'' is used to record people's lives which include, family histories, interests such as, knitting, sewing, cooking and baking, flowers and gardens and watching soaps. This should mean that staff have the information they need to provide stimulating activities that meet people's needs. We also saw a lifestyle care plan which shows individual's likes and dislikes which should be used more to personalise care planning. Some staff told us that activities range from, ''pat the dog'', reminiscing, hand massages, going in the garden and so on. We also saw that these activities were noted in the preadmission information that is supplied to people.

We looked at the displayed activities planner which informed us that on the day of our visit it was ''music day''. We were told, normally music is played and people would

Evidence:

have an opportunity of playing musical instruments. We did not see this activity take place on the day we visited but when we asked staff about this they told us that activities are flexible and can change. We were also informed that sometimes external entertainers periodically visit the home, such as, singers.

There is a dedicated activities coordinator who offer support to people living in the home. People who answered our surveys gave us a mixed response to activity provision in the home. Responses ranged from activities being available, four people said, ''usually'', one person said ''always'' with another person leaving this uncompleted.

Staff responses in surveys received:

''Activities, I feel there is not much going on for the residents. I feel we need more people on to do activities with the residents as at the moment there does not seem that there is much happening''.

''More activities on a daily basis, access to the garden and outside world''. Trips to cafe, local shops, pool etc''.

We observed the activity coordinator assisting one person to polish shoes, trying to help a person who was distressed and communicating in a very positive way with another person who smiled in response. We also saw the activity coordinator with another member of staff accompany some people to the ground floor of the home so that they could access the garden area. It is considered good practice in services for people with dementia for there to be an easily accessible secure garden area. However, we were made aware that the garden area of the home is not always accessible to people as they choose. We were told that this is mainly due to the number of staff needed to undertake this task together with the ground floor unit not being occupied by people at the time of our visit. Therefore people can only go out if they are supervised by their visitors, staff or the activities coordinator. This means that sometimes they may be unable (have to wait) to go out to enjoy some fresh air and wildlife which enhances people's sense of wellbeing and health. The activity coordinator would like to be able to take more people out into the garden.

Opportunities for people to do activities outside of the home and in the local community with staff do not appear to be happening at present. This should now be considered as the information people receive about the home say that these are available. The manager has recognised this shortfall and in their AQAA it is an area that they are looking to improve in the next twelve months. The manager also made

Evidence:

us aware that they are in the process of recruiting another activity coordinator to continue to develop and improve activity opportunities for people.

A hairdresser visits regularly and there is a hair salon within the home so that people can maintain their personal appearance if they wish.

A priest visits the home regularly and was there on the day of our visit, holding Holy Communion, for those people who wish to take it so that people are able to meet their religious needs. The home has an open visiting policy, which means people can see their visitors as they choose and maintain the relationships that are important to them. On the day we visited we observed some visitors having meals and we were told that visitors are able to take their relative out when they wish. Some relatives told us that the food was good and that they were made to feel welcome. Also relatives that were visiting were seen to occupy their relatives with general chat and walking around the home.

We looked to see what people had to do so that they could keep busy, if they were happy or sad and how good staff interactions were. During the SOFI we saw one person was cuddling a fluffy toy, another person was interested for a time in a special DVD of moving images that the activities coordinator put on as an alternative to the television. The television was otherwise on all the time but no one watched it. One person observed prior to lunch repeatedly changed chairs and walked around and one person had no engagement in any activities or with any staff. Two people had limited contact with staff which was generally concerned with tasks, such as, when being offered a drink or a cup was removed. The overall score showed positive staff interactions of 27%, 60% neutral and 13% negative staff interactions. People were mostly in a passive state of being.

Some improvements should be considered in relation to having a wide range of objects readily available for people to pick up in the lounge area and the corridors, such as, newspapers, magazines, rummage boxes, ornaments, hat and coat stands, costume jewellery, tactile pictures and so on. This will give people something to pick up and choose to do by themselves if they wanted. We also saw that the ladies did not have handbags with them so they could keep things that they like and are important near to them.

Menus are developed around a system that BUPA utilises called, ''Menu Master'' and the AQAA confirms that this helps to, ''ensure every menu within the home is customer led and nutritionally balanced''. We saw that the menus for breakfast, lunch and an alternative meal are all on display in the dining area which could be confusing

Evidence:

for people who live in the home. There is also a night bite menu, which staff can do when the kitchen is closed. We saw that the food served looked appetising and was served appropriately.

08.30 to 10.00 Breakfasts are cereals and toast or a cooked breakfast if people wish 10.30 to 11.30 am Refreshments 12.30 to 13.30 Lunch, which is two courses 15.00 to 16.00 Afternoon tea with homemade cake 17.00 to 18.00 Evening Meal. The home provides a variety of food including soup, sandwiches, with a pudding after 19.30 onwards Late evening drinks.

We found some information about peoples dietary likes and dislikes so staff should know about people's dietary preferences.

Without exception staff were seen to really try to meet the competing demands and needs of each person at the same time at meal times. Although we observed that staff at times struggled to provide people with one to one support. For example, we saw some staff trying to help people by using prompts as a way of encouragement and staff talking with a person whilst assisting them to eat at their own pace. A member of staff was at this person's eye level and described what was on the spoon. Another staff member also helped someone to eat but frequently had to interrupt to help someone else. We also observed that a number of people ate very little, for example, one person at two mouthfuls and left the dining room and did not return. Another person who sat outside the dining room only ate a few chips.

One of the people observed in the SOFI did not choose to eat in the dining room. At 1.20 this person was asleep in the lounge with their main meal, now cold and untouched. Care staff alerted the nurse that this person was very pale. The nurse woke the person to ask if they were in any pain. The nurse suggested that the person tries their pudding and the full plate of food was taken away and a piece of chocolate cake was given to the person who took three mouthfuls then poured orange squash on it. The dish was removed by care staff but the daily record failed to state that this person had not eaten. The registered manager was made aware of this at the time of our visit.

As mentioned earlier in this report the medication round was stopped during the tea time meal as some people required one to one attention due to their mental health needs. We saw some people distracting others, not wanting to sit down, staff not always having the time to encourage people with meals, and one person became bored so was throwing their food on the floor. We discussed some of our concerns with the nurse together with the impact early evening can have on some people

Evidence:

becoming unsettled (which is generally known as ''sun downing''). Meal times should now be reviewed so that people's health and wellbeing is not impaired by people not eating as much as they should due to lack of help such as encouragement.

One person told us:

''The food is excellent''.

Staff told us:

''Good variation of meals''.

''The home provides brilliant food for the residents''.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People can be confident that their views are listened to and acted on. Arrangements should ensure people are safeguarded from harm.

Evidence:

A copy of the complaints procedure is displayed in the reception area of the home and is readily available in the ''welcome pack''. The actual written procedure is good and includes clear instructions. Also complaints and suggestions forms are available at reception.

In the AQAA it has been indicated that no formal complaints have been received by the registered manager and this was also confirmed to us on the day of inspection. CQC have received two letters of complaints which were looked at with the registered manager and the deputy manager on the day of inspection. One complaint was about poor management of the home particularly referring to staff shortages. We have examined the staffing rotas for a four week period and on the whole these match the number of staff on duty to what we found together with what we were told. The other complaint was about ensuring all staff have appropriate training in how to support people with their behaviour after an unfortunate incident had occurred at the home. We looked at the training matrix and some individual training diaries and they told us that staff have received training in both dementia care and challenging behaviour. This should provide staff with the knowledge and skills required to support people with their mental and emotional needs ensuring risks are minimised at all times.

Evidence:

In the surveys people returned to us they told us that they knew who to speak to if they were unhappy. Some visitors to the home were aware that if they have a complaint and or concern who they should raise it with. This means that people know what to do if they have any concerns.

The registered manager has an open door policy so that people can see them at anytime to discuss any concerns they may have. The home has a copy of the adult protection policy. This should ensure that staff have guidelines to follow in the event of any allegations of abuse. Staff had received training in safeguarding so that they have up to date knowledge about what they should do to keep people safe. Staff spoken to were able to give good responses to questions about how to keep people safe.

Whilst looking through one persons care records we noticed that an accident form had been completed in relation to a safeguarding incident on the 1st February 2010. We were told that the incident had been reported to the local authority's safeguarding team and the registered manager was now awaiting contact from them. We discussed this incident with the registered manager as CQC have not received a formal notification of this as is required by law. The registered manager told us that they had not sent one to us but acknowledged that this was an oversight. It was suggested to the registered manager as they have not heard from the local authority's safeguarding team the manager should contact them to gain an update.

It is unclear as to how many staff have received training in the Deprivation Of Liberties Safeguarding. This act governs decision making on behalf of adults to ensure that people are safe whilst not depriving them of their liberty and applies when people lose mental capacity at some point in their lives or when they have had an incapacitating condition since birth. It is suggested that the registered manager makes sure that all specific training is placed upon the staff matrix or planner so that this can be seen at a glance to ensure staff have the knowledge required to keep people safe together with meeting their needs.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with a clean and comfortable environment in which to live that meets their individual needs. The garden area is not always accessible and this may prevent people from using this as they choose.

Evidence:

This home has three floors and has been purpose built to a high standard. There are 65 single bedrooms, all of which have en suite facilities with showers. All bedrooms have flat screen televisions and nearly all have profiling beds which provide assistance with preventing skin pressure damage. People are able to bring personal items and effects with them to make their room more homely and comfortable to reflect their taste and interest. On each floor there are a choice of lounge and dining areas so that people can choose to spend time with others, or in the privacy of their own bedroom. These rooms are well decorated and furnished to a high standard. All areas of the home were clean and well maintained. Communal rooms where a water supply exists were supplied with cassette soap dispensers and alcohol hand rub to ensure prevention of cross infection. The environmental health officer has visited the home and awarded five stars which is the highest grade for kitchen hygiene practices and cleanliness. There are a number of toilets and bathrooms with special baths or wet rooms so that people can choose whether they want a bath or shower. Equipment is available so that anyone requiring assistance can receive this safely. Corridors are wide and provide space for people to walk about if they wish. There are varied and

Evidence:

colourful pictures, including many of the local area to interest and stimulate people whilst also creating a homely environment. However, as the registered manager has acknowledged in their AQAA further improvements should be made in providing items to stimulate people's interest. One improvement that is being considered for the corridor area is, ''getting art college students to paint a shop front''. We saw that people's bedroom doors had names and memory boxes are on display which provides visual clues to aid people who experience dementia to easily find their rooms. There is a passenger lift to the two upper floors but some consideration should be given to the numbering of the floors within the lift operation. This can be confusing for visitors to the home as some relatives found themselves on the second floor when they wanted to be on the first floor.

On the day we visited it was very warm on the first floor of the home and one person was trying to remove some of their clothes which staff were assisting them with. Staff told us that there are some ''teething'' problems with the under floor heating which will be rectified. The rear garden is accessible to people and is a secure area for people to use. However, as reported earlier people on the first floor can only access the garden space to spend time in the fresh air when they wish when accompanied with their visitors and or staff when available. This may change over time when the ground floor of the home is occupied and we will look at this when we next inspect the home.

A survey from one person who lives in the home told us, ''There is a relaxed feeling and plenty of space for residents to ''wander about''.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Some fine tuning of the management and coordination of staff at crucial times of the day should be reviewed so that people can be confident of the help and support to meet fully meet their needs at all time. Staff receive training so should have the knowledge and skills to meet people's needs. The recruitment procedures ensure that people are safeguarded from harm.

Evidence:

In addition to care and nursing staff the home employs an administrator, housekeeping and laundry, maintenance engineer, chef and catering staff to support people in the home. Current staffing levels are one nurse and five care staff covering the early shift up until 2.00pm and then there is one nurse and four care staff until the night staff come on duty. There is a nurse and one care staff who cover the overnight period. The manager told us that recruitment of additional staff is ongoing and staffing levels will increase as more people come to live at the home.

Some staff told us that they had moved with some of the people who live in the home from another BUPA home. This means that some staff are familiar to people and this helps with delivering consistent care and support to people. Also we were told in the AQAA that agency staff are not employed to cover any shifts and we also saw this was the case from looking at the staffing rotas.

Evidence:

On the day of inspection there was a nurse; five care staff and activities coordinator working in the morning. In one staff survey it told us, ''I do not think we need more staff e.g. 5 carers and a nurse in the morning and 4 carers and a nurse in the afternoon, so the needs of the residents are met''. In another survey, ''More time for individual care, more choice by residents if able''.

During the SOFI we observed poor levels of engagement between staff and people who live at the home during our visit. Overall 25% of staff engagement with people was noted with 51% relating to no staff engagement with people. People were observed to be in a passive mood state. Some explanations for poor levels of engagement of staff with people was due to few staff in the lounge area during the period of observations, sometimes there were no staff. Also the rooms on this floor were not all occupied. Due to the poor levels of engagement it is suggested that the level of staffing in the home needs to be considered carefully before any further people come to live at the home. Also staff tended to be task orientated. It is suggested that the manager may want to look at how staff could be more involved with people which may improve when taking a more person centred approach to the delivery of care and support.

In answer to the question, ''Are staff available when you need them'', four people said, ''Always'' and ''Usually'' by two people in their surveys. Also one person said their survey, ''The staff are very helpful'' with another saying, ''Staff always smiling and very helpful''.

The AQAA tells us that seven staff have completed a National Vocational Qualification (NVQ) Level 2 in care. The registered manager has acknowledged that this is an area that requires improving in the next twelve months. It is recommended that at least 50% of staff have this qualification so that a knowledgeable and skilled workforce can meet people's needs individually and collectively. We looked at three staff files and these contained all the required information to ensure that people were safe from harm. A Staff member told us they had completed an induction into the home. In response to the question raised in the surveys completed by staff, ''Did your induction cover everything you needed to know to do the job when you started'', six staff said, ''Very well'' with one stating, ''Mostly''. This should mean that staff are knowledgeable about their role.

Examination of the training planner indicated that staff have received mandatory training in topics such as fire safety, manual handling, infection control, health and safety, food hygiene and first aid. As mentioned previously the planner could be improved upon to show all training attended by staff so that this can be seen at a

Evidence:

glance for the purpose of ensuring all staff have the skills to meet people's specific needs with training planned in a timely way.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The manager is focused on positive outcomes for people living at the home and continued development of person centred planning and staff deployment should ensure the diverse needs and preferences of people living in this home are met. Peoples need for health and safety is protected by the procedures in place.

Evidence:

Alison Ough is the registered manager for the home. The manager is a first level registered nurse who has previously managed care homes. Miss Ough has also completed the registered manager's award. The registered manager is supported in their role by a deputy manager, Rebecca Crane who is also a nurse. The deputy manager has a certificate in Dementia Studies and will shortly be resuming working towards a diploma in the same subject area.

The manager is beginning to develop the systems for finding out the views of people who live in the home and their relatives. They showed us the responses they had received back from relatives in relation to holding a relatives support group.

Evidence:

Satisfaction questionnaires have not been sent out to people as yet but these will be as per BUPA's procedures. These processes will ensure the views of people using the service and their relatives will be sought. This will make sure that people using the service can be confident that their views are listened to and this helps to improve the service. Four surveys from people who live at the home told us that staff, ''Always'' listen and act on what they say with two people stating, ''Usually''. Progress with this will be reviewed at our next visit to the home.

The registered manager has implemented an auditing process as part of their quality monitoring process and we saw the results of this in one of the care records we sampled. An external manager from BUPA carries out monthly visits to the home and then writes a report about the quality of the service. We looked at these reports which show that the external manager looks around the home, speaks to a number of staff and people who live there.

Staff do receive adequate supervision to ensure that people using the service benefit from a well skilled and supported staff team. The supervision records are detailed and show the process of review. Also staff meetings are held so that staff have the opportunity of

There are arrangement in place for the safekeeping and administration of people's money. The balance of money was found to be correct and this should ensure that people's money is held safely.

The home has kept records to show that the equipment in it is well maintained and safe to use. Accidents were being recorded and appropriate action taken to minimise them. The necessary checks and servicing of equipment is undertaken. Regular testing of the fire alarms and emergency lighting was being undertaken and recorded. Regular fire drills are carried out and recorded so that people know the procedures if there is a fire.

Are there any outstanding requirements from the last inspection?				
	Yes	☐	No	☑

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	33	37	Notifications to the Commission must be made in accordance with current guidance. This is to comply with the law so that health, safety and welfare are protected.	21/05/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	Consideration should be given to providing information to people, including the statement of purpose, service user guide in accessible formats so that the information it is easier to understand to include fee rates so that people know how much they will have to pay if they want to live at the home.
2	7	The home should ensure that all people living in the home and/or their representatives are consulted and involved in relation to care planning processes so that people are able to make choices in relation to how their needs are met.
3	8	People's weight should be taken when they arrive at the home and on a regular basis which should eliminate the risk of any underlying medical conditions not being 'picked

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		up'.
4	10	There should be some consideration made in relation to ensuring the respect and dignity of all people is fully reflected in all staff behaviours.
5	12	Consideration should be given to enabling people to access a wider range of tactile items and objects so that they have things to explore and do.
6	12	It would be good practice for the service to review their approach to monitoring the social aspects of life in the home, so that the needs of all the different people who use the service can be met.
7	13	People should have opportunities to access the local community with staff on a regular basis so that they are supported to lead interesting and meaningful lives.
8	15	The arrangements and coordination of mealtimes should be reviewed so that there is enough staff available to help people with their meal in a way that promotes their dignity and independence and enhances the social aspects of mealtimes.
9	20	A review should be completed so that there is unrestricted safe access to the garden area and that the garden environment is safe to use without continual staff supervision.
10	22	The environment continues to be developed with 'homely' features and communal areas,such as, the corridors are interesting and stimulating to meet the needs of people with dementia.
11	28	Staff should receive National Vocational Qualification training in care to ensure they have the knowledge and skills to care for people.
12	30	The training matrix should be updated to assist with planning and easy retrieval of information.

Helpline:

Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.