Bartholamew Lodge Nursing Home Limited

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Inspection report

1 Trouse Lane
Wednesbury
West Midlands
WS10 7HR
Tel: 0121 502 1606

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The provider is registered to accommodate and deliver nursing and personal care to 30 people. People who lived there were elderly and had needs associated with old age and dementia.

Our inspection was unannounced and took place on 11 May 2015. At the time of our inspection 27 people lived there.

At our last inspection in of May 2014 the provider was not meeting three of the regulations that we assessed which related to care and welfare, meeting nutritional needs and the quality monitoring of the service. Following our inspection the provider sent us an action plan highlighting what action they would take to improve. During this, our most recent inspection, we found that activity provision had not improved and issues raised collectively did not demonstrate a consistently well led service.

Summary of findings

A manager was registered with us as is required by law. 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, relatives and staff we spoke with had mixed views about staffing levels. Some told us that staffing levels were not always enough.

Staff knew what to do to keep people safe and prevent the risk of abuse or harm to them.

Systems in place promoted safe medicine management to prevent people being placed at risk of possible ill health. We found that where people received support from staff with taking prescribed medicines, this was done in a way that minimised any risk to them.

We found that care staff were trained to support the people who lived there effectively and safely. However, the nursing staff had not received all of the training that they required. Staff told us and records confirmed that they had received induction training and the support they needed to ensure they did their job safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted. However, DoLS training remained outstanding as this had been raised in our previous report.

Staff supported people with their nutrition and health care needs. However, menus and preferences required consultation with people to ensure that food provided met their needs.

We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered. Systems were in place for people and their relatives to raise their concerns or complaints.

There was a lack of recreational activities for people to participate in and enjoy.

Staff supported people to keep in contact with their family as this was important to them.

People were encouraged and supported by staff to be independent and attend to their own personal hygiene needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

Most people told us that the quality of service was good. This was confirmed by the majority of relatives we spoke with. The management of the service was stable; however, processes in place to monitor the quality of the service had not highlighted or resolved all issues we raised at this and our previous inspection.

You can see what action we told the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People and their relatives told us that the service was safe.

Systems in place promoted safe medicine management to prevent people being placed at risk of possible ill health.

Some concern regarding staffing levels was raised by people, their relatives and staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Many nursing staff had not received training to ensure they had up to date skills and knowledge to support people appropriately and in the way that they preferred.

Although people were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health menus and preferences needed further consideration.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.<Findings here>

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider did not offer recreational activities that met people's needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Summary of findings

The service was not always monitored to ensure it was managed well and that people's needs were met.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The management of the service was stable, open and inclusive.

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Detailed findings

Background to this inspection

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

Our inspection was unannounced and took place on 11 May 2015. The inspection team included an inspector 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, caring for older people.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided and they told us that they were not aware of any concerns. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection spoke with nine staff members (including catering, one night nurse, day shift nurses, care staff and two students on work placement there), the registered manager, the non-clinical operation manager and the provider. We met, spoke, or engaged with 13 of the people who lived there and nine relatives. Not all people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We looked at three people's care records, six medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at the home. A person told us, "I think we are all safe". Another said, "I feel safe and well treated". A relative told us, "I am completely assured that they are safe". Staff we spoke with were aware of risks to people. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included general risks to people such as mobility and moving assessments and falls prevention. We found that in general the incidence of falls and injury was low which meant that steps had been taken to prevent people from falling.

A person told us, "I have been in here a long time and I have never heard staff shout or raise their voices to me or other residents [The terminology residents are people who lived there]". Another said, "I have never seen any staff yell or shout at a resident, no they are good staff". A relative said, "I have never heard any staff get cross with the residents, they are mostly calm and speak to them politely". Our observations throughout our inspection showed that people were comfortable in the presence of staff. We saw that they were confident to ask staff if they wanted something. Training records confirmed that staff had received training in safeguarding people and abuse prevention. Staff spoken with knew how to recognise signs of abuse and how to report their concerns. A staff member said, "No staff here would tolerate abuse of any kind. It does not happen. If it did we would report it straight away". We saw policies and procedures for safeguarding adults and contact numbers for the local safeguarding authority to make referrals or to obtain advice from was available to staff.

A relative told us, "They [Their family member] slipped out of bed and the staff were excellent in contacting the paramedics who gave them the all clear". Care staff and records confirmed that they had received first aid training. Staff we asked gave us an account of what they would do in a certain emergency. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

People and their relatives had different thoughts about staffing levels. One person said, "I think there are enough staff to look after us". Another said, "I have to wait sometimes but not for very long". A relative said, "There are always staff around when I visit". However, other people and their relatives told us that in their view there were not enough staff. One person said, "It's ok here but there are not enough staff to look after us. I'm lucky because I can go to the loo by myself but others have to wait". Another said, "It's not bad here but there are not enough staff to look after us. Sometimes I have to wait five to ten minutes to go to the toilet because staff are looking after other residents". A relative said, "It is not as good as it used to be (but I still feel my relative is safe and well cared for) more staff please." Another said, "More staff would be good as my relative has to keep on waiting to go to the toilet which is not pleasant". Staff we spoke with told us that there were not enough staff. They explained that a higher number of people required a hoist to move them which needed two staff to perform this safely. They told us that of late the dependency levels and needs of the people who lived there had increased. During our inspection we saw that staff did use the hoist for a number of people. We observed times in the small lounge when there was only student's available but no permanent staff. The impact of staffing levels highlighted that people had to wait longer than they would like to be assisted. A relative also told us that the activities offered were limited due to staffing levels. The provider told us that they had used a dependency rating tool to determine the number of staff that were needed. They told us that they would review the staffing levels to determine if additional staff were needed.

We found that recruitment systems were in place. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also checked and found that the nurses were registered with the Nursing and Midwifery Council (NMC) which confirmed that they were eligible and safe to practice. These systems minimised the risk of unsuitable staff being employed and people being placed at risk of harm.

All people we asked told us that staff managed their medicines and that was what they wanted.

A person said, "I'm glad the nurses do my tablets". Another said, "I have my medication at the same time every day so

Requires Improvement

Is the service safe?

that's good". We looked at six medicine administration records and found that people's conditions were being treated appropriately by the use of their medicines. We looked at the disposal records for medicines which showed that medicines that were no longer needed had been disposed of. We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the Controlled Drugs were being stored securely and regularly audited to ensure that they could be accounted for. A person told us, "Staff give me my medication regularly and if I'm in pain the staff will give me something for it". We found that the information available to the staff for the administration of when required medicines was robust enough to ensure that the medicines were given in a timely and consistent way by the nurses.

Requires Improvement

Is the service effective?

Our findings

The majority of people we spoke with told us that they felt that the service they received was effective. A person said, "The staff know what my care needs are and I'm grateful to them". A relative said, "The care is good". Another said, "My relative is happy and content living here. It's warm and has a nice atmosphere".

The majority of people and relatives we spoke with told us that they were satisfied with the care provided. However, one person told us that they would like a shower more frequently. We raised this with the registered manager and provider who told us that they would address this.

A person said, "I feel the staff are competent when they do my personal care". Another told us, "When staff shower me I feel safe because I know the staff know what they are doing". A third person said, "I feel the staff are competent when they do my personal care. They go at my pace and I feel safe with them". A relative told us, "I have no complaints about the staff they are good at their jobs". Some new staff had been employed and they told us and records we looked at confirmed that they had received induction training. Staff we spoke with told us that they received supervision and support to enable them to do their jobs.

Care staff told us and the training matrix we looked at confirmed that they had either received all the training they required or it had been highlighted that the training needed to be arranged (with the exception of Deprivation of Liberty Safeguards (DoLS) training). However, nursing staff we spoke with and the training matrix we looked at confirmed that their training in a number of areas was not current or up to date. The provider could not explain why this was. The nursing staff may not be able to determine if practice, which could include direct care to people, is or is not best practice if their training is not up to date.

In general for people who were sitting in the bigger two lounges we saw that staff asked people's permission before carrying out tasks. We heard staff explaining to people what they were going to do before moving them in wheelchairs or using the hoist and asked people if they were happy with that. However, a number of times in the small lounge we observed times when staff did not explain to people what they were going to do or ask them if it was alright for them to undertake the task. This meant that people were not given the opportunity to refuse the care.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find. Staff and relatives confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. The registered manager knew that they were required to apply to the local authority regarding DoLS issues where they deemed it was needed. This confirmed that the provider was aware of what they should do to prevent people having their right to freedom and movement unlawfully restricted. During our previous inspection we identified that not all staff had received DOLs training. The provider gave us assurance that this would be addressed. However, during this inspection, we found that staff had not received the training. Again the provider told us that they would address this.

A person told us, "The food is very nice and there are two choices for the main meal and other choices as well for other meal times". Another person said, "I have never been dehydrated as there is food and drinks around all day" A third person said, "I can have a hot drink or something to eat whenever I want". A relative said, "She [Their family member] has maintained their weight which I'm pleased about. My relative says that the food is good with lots to choose from". Staff gave us a good account of people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We found that where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. We saw that staff offered people drinks very regularly throughout the day and encouraged them to drink. During meal times

Requires Improvement

Is the service effective?

we saw that staff were available to give assistance to people who needed this. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines.

Although no person raised this as an issue we found that some days the menus were limited in choice. On one day the menu offered consisted of fish in batter or roe. We sampled a pudding and found that the custard was bland this was because it did not contain any sugar. We asked the provider about these issues who was not aware of them. They tasted the custard and agreed it tasted bland.

A person who lived there told us, "I see the optician and doctor. I had my flu injection". Another said, "If I am not well staff will arrange for my doctor to see me. A relative said, "They access chiropodists and people like that". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide assessment and treatment to people. This included specialist health care teams and speech and language therapists. This ensured that the people who lived there received the health care support that they required to prevent ill health or ill being.

Good

Is the service caring?

Our findings

A person said, “The staff are wonderful, patient caring and they know all my little habits”. Another said, “I think they’re very kind.” A third person said, “I like the way the staff take care of me, they are sweet and gentle with me when they give me a bed bath”. A relative said, “The staff are caring and compassionate and nothing is too much trouble for them”. Another relative told us, The care is good. Dignified and respectful”. We saw that staff chatted with people and asked how they were. We observed care interactions that were kind, patient and sensitive. Records confirmed people’s preferred name and we heard staff using that name. We did note however, that interaction and engagement was better in the large lounges than we saw in the small lounge. We observed that staff did not speak with people, to reassure them, when carrying out tasks.

A person told us, “When the staff talk to me I understand what they are saying I feel that they communicate very well”. We observed staff communicating with people who were hard of hearing. They were aware of which ear they should speak into and knew that they should face people when speaking. This showed that staff were aware of the importance of effective communications.

One person said, “The staff are kind and treat me with dignity and privacy they keep the curtains closed when I have a wash down”. Another said, “In the mornings staff come and get me up and they make sure the curtains and the door is closed to protect my privacy”. A third person said, “They take me to the toilet but wait outside”. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice. We observed a member of staff take a person to the close the door and was waited outside the door for the person to promote their privacy and dignity.

People confirmed to us that they selected their own clothes. One person told us, “I like to select my own clothes to wear and I do”. Other people told us that staff supported them to choose the clothes they wanted to wear each day. Staff confirmed that they encouraged people to select what they wanted to wear. We saw that people wore clothing that was appropriate for their age, gender and the weather. This meant that staff knew people’s individual wishes and choices concerning their appearance and had supported them to achieve this. It was clear that staff knew people well.

People told us that staff promoted their independence and they were pleased about that. One person said, “They look after us well but let us do what we can for ourselves”. Another said, “They make sure that I keep my independence by supporting me in doing only the things that I can’t do”. During mealtimes we heard staff encouraging people to eat independently and we saw that they did. We also saw that staff encouraged and supported people to walk rather than use wheelchairs. This highlighted that staff knew it was important that people’s independence was maintained.

The provider had recently changed the visiting times due to the increased dependency of people and the need for additional hoisting, and getting people ready prior to meals. People and relatives we spoke with did not object to this. One person said, “The staff told us before it happened”. A relative said, “There are restrictions on visiting times now but it’s going okay”. All people we spoke with told us that they could still have visitors at any time in their bedroom but visiting in communal areas had been reduced before meals. All relatives we spoke with told us that they were made to feel welcome by staff when they visited.

Requires Improvement

Is the service responsive?

Our findings

A person told us, "The staff talk to me about my care". A relative said, "I'm involved in all the care planning and I feel listened to and respected". Another relative said, "I'm involved in the review of the care plans and any change in medication". Records we looked at and staff we spoke with confirmed that where required people's needs were reviewed by the local authority and other health or social care professionals.

Some of the people we spoke with told us that they were content occupying themselves. One person said, "I love to listen to my music and I do". Some people told us that they did not want to do anything they preferred to sit and watch the television. However, a number of people we spoke with were less positive about the activities that were provided. A relative said, "There could be more things to do for the residents there are only odd things going on". During our inspection we saw staff encouraging people to engage in a skittle activity. A person said, "We should have some proper entertainment as there is little to do to stop me from being bored". Another said, "There are no real activities that can help me with my boredom". A relative told us, "There is very little interaction or stimulation with the residents [Residents relates to the people who lived there] I think it's because the staffing levels are too low". Another said, "There could be more things to do for the residents there are only odd things going on". We looked at records relating to activity provision. We saw that the same activities were offered every week. We found that people's individual activity needs were not addressed. One person's records stated how much they liked to sit in the garden. They told us that they had not been in the garden. Another person's record we looked at highlighted that they could not participate in activities because they had dementia. The lack of activity provision was also raised in our inspection report of 12 May 2014. This showed that the provider had not made improvements to ensure that people's activity needs were met.

We found that the provider was aware of people's democratic right to vote and to continue following their preferred religion. A person said, "Last week I voted in the election by post". Another told us, "Last week I voted in the general election which was nice". Another person told us, "I'm a religious person so the church service we have once a month is very nice". Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs.

A person who lived there said, "I would definitely tell the staff if I was not happy". A relative said, "I know how to complain and would if I had the need". Staff told us what they would do if someone complained to them. This included trying to deal with the complaint and reporting it. We saw that a complaints procedure was available on display for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. We looked at the complaints log and saw that there was a record of complaints that had been received, how the complaints had been dealt with and if the complainant was happy with the outcome, which we saw in most cases they were. This showed that the provider had a system in for people and their relatives to access if they were not satisfied with any part of the service they received.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that this was a well run service. A person said, “It is good here”. Another said, “I think the home is well run and I’m content here”. A relative said, “We as a family are happy with the service”.

During our previous inspection of May 2014 we found that the provider did not have effective quality monitoring processes in place. During this, our most recent inspection, we found that quality monitoring processes had not been sufficiently improved. We found issues concerning menus, staffing levels, staff training and activity provision that should have been identified and addressed through management and provider quality monitoring, observation and speaking to people but had not been. The impact of the short falls included people having to wait for assistance to go to the toilet and being bored due to a lack of appropriate activities.

This is a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that surveys were used by the provider on an annual basis. We saw that the feedback from the last completed surveys were mostly positive. Records showed and staff told us that they were asked by the provider to complete surveys on an annual basis. The provider told us and minutes we saw confirmed that meetings were held for the people who lived there so that they could make suggestions and raise issues.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by nursing staff and a senior manager who oversaw this and other services owned by the provider. Relatives we spoke with and some of the people who lived at the home knew who the registered manager was and felt they could approach them with any problems they had. The registered manager and provider made themselves available and were visible within the home.

The provider took an active role in the running of the service. Our conversations with the provider confirmed that they knew the people who lived there well. During our inspection we saw that the provider interacted politely with people who lived there and people responded well to them. The provider knew peoples and their relatives names and interacted and spoke with them at length.

All conditions of registration were met and the provider has always kept us informed of all events and incidents that they are required to notify us of.

Staff we spoke with told us that they felt supported in their job role. One staff member said, “I do feel supported here”. A student on placement told us that they had an assigned staff member to support them. Staff told us and records we looked at confirmed that staff meetings were held.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with knew of the whistle blowing policy and gave us assurance that they would use it they learnt of or witnessed bad practice.

The provider had invested money over the last few years to improve the premises. Refurbishment work had been completed which made the place a nicer environment for people to live in.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems in place were not being operated effectively to assess, monitor and improve the quality of services provided.