Bartholamew Lodge Nursing Home Limited

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Inspection report

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West Midlands
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection was unannounced and took place on 23 May 2016. At the time of our inspection 28 people lived at the home.

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.

At our last inspection on 11 May 2015 the provider was not meeting one of the regulations that we assessed which related to the governance and the quality monitoring of the service. This had some negative impact on the overall service provided. During this, our most recent inspection, we found that monitoring and checking processes were more thorough and were undertaken regularly and had improved the service provided. However, we found that attention was still required to ensure that staff received the training they needed and that there was a record of this.

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.

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 people were given their medicines as they had been prescribed.

Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

People, relatives and staff we spoke with confirmed that staff skill mix and staffing levels were adequate to meet people's needs and to keep people safe.

Staff understood the principles 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.

People were offered drinks and food that they enjoyed in sufficient quantities to prevent them from a risk of dehydration and malnutrition.

People's health care needs were met by the care and nursing staff and a wide range of external healthcare professionals.

People were cared for and supported by kind and caring staff.

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

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

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.

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

Systems were in place for people and their relatives to raise their concerns or complaints if they needed to.

People and their relatives told us that the quality of service was good. The management of the service was visible and consistent. There were processes in place to monitor the quality of the service to ensure that people received a service that met their needs and kept them safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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.

Staffing levels and skill mix met people's needs and kept them safe.

Is the service effective?

Requires Improvement

The service was not always effective.

As at our previous inspection evidence was not available to show that staff had received all of the training they needed.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff worked closely with external health and social care professionals to provide effective support.

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?

Good

The service was responsive.

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

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

The provider offered recreational activities that met people's needs.

Is the service well-led?

Good

The service was well-led.

The service was 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 23 May 2016. The inspection team included one 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.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with nine staff members that included catering staff, nurses, care staff, the registered manager, the non-clinical supervisor, and the provider. We met and spoke with 12 of the people who lived there and eight relatives. Not all of the 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. 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.

Good

Is the service safe?

Our findings

A person told us, "I have never experienced or seen staff treat people badly". Another said, "The staff are not unkind. They are caring and gentle". A relative said, "I have not seen or heard anything here to indicate bad treatment". Our observations 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. We saw policies and procedures for safeguarding adults and contact numbers for the local safeguarding authority for staff to make referrals to or obtain advice from. Staff spoken with knew how to recognise signs of abuse and how to report their concerns. A staff member said, "No abuse if it did I would report it straight away". This confirmed that the provider had systems in place in order to protect people who lived there from abuse.

A person said, "I can't be left on my own in the shower so they [the staff] make sure I'm safe". Another person said, "I feel very safe here". Other people we spoke with also told us that they felt safe living at the home. A relative said, "Oh they [person's name] are safe. I'd complain if I had any misgivings at all". 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 saw that staff were mindful when they used wheelchairs. They ensured that footrests were in place to prevent people's feet getting trapped and injured. We saw that risk assessments had been undertaken to explore risks regarding pressure sores to try and prevent them. 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 and injuries.We saw that care plans had been produced to instruct staff how often people should be moved to prevent skin damage. Information received from people and records maintained by staff indicated that the staff followed the agreed plan of care to prevent people being placed at potential risk of sore skin. 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.

Although some people told us that there could do with more staff at times. They could not give us examples of when they had to wait for things or their needs had not been met. They just told us that staff were, "Very busy". Other people and their relatives felt that there were enough staff. A person told us, "There are enough staff around to look after us". Another person said, "There are always staff when we need them". A relative said, "When I visit I always see that staff are available". We saw that nursing and care staff were available at all times and when call bells sounded staff responded quickly.

We found that safe 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 would rather the staff look after and give me my tablets. I would forget". Another person told us, "I have my tablets at the right times. One tablet has to be given early before my breakfast and this is given on time". We looked at six people's Medicine Administration Records [MAR] and found that people's conditions were being treated appropriately by the use of their medicines. We undertook an audit of four people's medicines and found that the correct number of tablets were available for each person. Records showed that people had been given their medicines as they had been prescribed. We observed a nurse giving people their medicines. We noticed that the nurse explained what they were doing. Ensured that people had a drink to take their medicines and stayed with people to make sure that they had taken their medicines. We saw that medicines were locked away safely to prevent them being accessed by unauthorised people to prevent a risk of ill health. We saw that where medicine records were handwritten there were two staff signatures to ensure that what had been written was correct to prevent errors. We noticed that there were medicines that had been prescribed on an 'as needed' basis and protocols were in place to advise staff when the medicine should be given. This would ensure that people were given their medicines when they were needed and not given when they were not. This showed that safe systems were in place to manage people's medicines.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection on 11 May 2015 we found that records of staff training were not all up-to-date and some nurses had not received all of the training that they required. We also found that training needed to be arranged regarding Deprivation of Liberty Safeguards (DoLS). On this inspection although nursing and care staff told us that they had received more training some records were not available to confirm this. The provider told us that staff had received some training but certificates were not available. This would not give the people who lived at the home confidence that staff had received all of the training required. The provider told us that certificates were not always given to staff on completion of training but they would consider using different ways to confirm the training. They told us that they would consider confirming training days on the staff training matrix and in the diary as an audit trail to confirm training. They also told us that they would follow up on the lack of staff training certificates with their training provider.

People we spoke with told us that the service they received was good and effective. A person said, "The staff know me well and what I need". Another person told us, "It is very good here. I am looked after well". A relative said, "The service is very good". Another told us, "They [their relative's name] are looked after properly. I could not fault the place". Staff we spoke with also confirmed that the people who lived at the home received a good effective service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person told us, "Staff ask me before doing anything". 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 for support to be offered. This meant that people were given the opportunity to refuse the care if they wanted to. 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 had applied 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.

At our previous inspection on 11 May 2015 we found that some days the menus were limited in choice. Since then the provider had improved menu choices. Menus that we looked at and the meals that we saw demonstrated that choices of fish and meat were now available instead of the previous two fish meals offered at one mealtimes on some days. A person told us, "The food is good and we are given choices". Another person said, "I am offered ample food and drinks throughout the day" 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 we saw that staff were available to give assistance to people who needed this. We saw that mealtimes were flexible to meet people's preferred daily routines.

A person who lived there told us, "The staff get the doctor when I need one". A relative told us, "They [person's name] were unwell. The staff got the doctor and they are getting better now". Other people and their relatives told us that that people were offered access to routine checks of their eyes, teeth and feet. The 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 promote good health.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were, "Patient", "Kind" and "Caring". A person told us, "I like the people [the staff] that work here very much." Another said, "The staff are caring and gentle. A relative said, "The staff are very caring". We observed on two occasions that although staff were careful and gentle when assisting people they could have communicated with them more when undertaking the task to give reassurance. However, at all other times we observed that staff gave people ample reassurance. We saw that staff spoke with people and asked how they were. We noticed that staff interactions with people were kind, patient and sensitive. A person said, "It is a happy place here and all of the people are my friends". A relative told us, "It is friendly and welcoming here. The staff always offer visitors drinks and make them feel at ease". We found that the provider promoted a positive, homely atmosphere. The home felt warm and welcoming.

People and their relatives told us that staff promoted people's dignity. One female person told us that their personal care was sometimes delivered by male care staff. They said, "I am asked if I mind who provides my care. I do not mind. It's a job they're trained to do". We noticed that there were male and female care staff and nurses on duty. Rotas that we looked at and staff we spoke with confirmed that the provider tried to ensure that there were male and female staff at all times so that people had a choice of who provided their personal care. Records confirmed people's preferred name and we heard staff using that name. A person said, "The staff shut the curtains when they wash me". Another said, "The staff make sure the door is closed so it is private when I use the toilet". Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice.

The provider ensured that staff promoted people's self-esteem. A person said, "I like to have my hair done it makes me feel good". Other people also told us that they were glad that the hairdresser visited once a week to cut or style their hair. People confirmed to us that they selected their own clothes. One person told us, "I like to pick my own clothes to wear and I do". 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, "Oh the staff know that I do not need much help. I like doing things myself". Another person said, "The staff support me but only do the things that I can't do. I like to keep my independence". 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.

A person said, "I understand what staff say to me". 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. We heard staff speaking in people's first language. Records highlighted and staff confirmed that the provider tried to ensure that there was a staff member on each shift who could speak effectively with people whose first language was not English. This showed that the provider was aware of the

importance of effective communications.

Relatives we spoke with told us that visiting times were flexible. One relative said, "We visit when we want to and are always made to feel welcome. People we spoke with told us that they could have visitors any day".

We saw that information was available giving contact details for independent advocate services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The registered manager and staff told us that people would be assisted to access an advocate if they required it to help them make decisions about their care and support.

Good

Is the service responsive?

Our findings

At our last inspection we found that activity provision was not meeting people's needs. Since that time the provider had improved the situation. We found that an activities co-ordinator had been employed and offered a range of one to one and group activities that people enjoyed. These included competitive darts, exercise and people going into the community. A person said, "It is a lot better. I really enjoy doing the activities". We found that the community library visited to offer people books to read. Some people enjoyed their own recreational activities and staff ensured that they were supported to do this. A number of people enjoyed reading a daily newspaper and these were ordered and delivered. This showed that the provider had made improvements to ensure that people's recreational needs were met.

The registered manager told us and records that we looked at confirmed that prior to people moving into the home an assessment of need was carried out with the person and/or their relative. This was to identify their individual needs, personal preferences and any risks to make sure that needs could be met and people could be kept safe. A person told us, "The staff discuss my care with me. They listen and do what I want". A relative said, "I am always involved in care planning and am more than satisfied". 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.

We found that the provider was aware of people's democratic right to vote and to continue following their preferred religion. A person said, "I voted in the election by post". Another person told us, "I join in the church service we have once a month and enjoy it". 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 tell the staff if I was not happy". A relative said, "I know how to complain but have not got a need to do so". 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 place for people and their relatives to access if they were not satisfied with any part of the service they received.

Good

Is the service well-led?

Our findings

During our previous inspection of 11 May 2015 we found that the provider was not meeting the regulation relating to the quality monitoring of the service. Following that inspection the provider told us how they would improve. We looked at the quality monitoring of the service again and found that improvements had been made. We found issues concerning menus, staffing levels and activity provision had been addressed and that regular checks on service delivery were undertaken. People told us that they felt that the service had improved as did the staff. One staff member said, "There have been changes for the better and people are happy". People and their relatives told us that this was a well-run service. A person said, "It is very good here". Another said, "The place [the home] is well-run. The staff are good". A relative said, "I would not change anything. Not a thing".

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 and provider were and felt they could approach them with any problems they had. We observed that 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 people's and their relatives names and interacted and spoke with them. People and relatives responded positively to this.

We saw that processes were used by the provider to gain the views of people and their relatives. These included feedback forms, meetings and speaking with people and relatives as part of their quality monitoring visits. We saw that the feedback was positive.

All conditions of registration were met and the provider informed us of all events and incidents that they are required to notify us of. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned their PIR within the timescale we gave. Providers are also required to display their current inspection rating. We saw that the provider's rating was available on their web site and also on display in the home. This demonstrated that the provider had met these legal responsibilities.

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 if they learnt of or witnessed bad practice.