

Simply CareHome Limited

Becket House Nursing Home

Inspection report

Pitcher Lane
Loughton
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Tel: 01908231981

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 19 December 2016 and was unannounced.

Becket House nursing home provides accommodation and support for people who require nursing and personal care and may have a range of social, physical and dementia care needs.

At the time of our inspection the provider confirmed they were providing support to 21 people.

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

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. Staff were comfortable in raising concerns and felt that appropriate actions would always be taken.

People had risk assessments in place to enable to make sure that they were as safe as possible. Staff were confident that the risk assessments enabled them to support people in a positive and safe manner.

Staffing levels were adequate to meet people's current needs. There were a consistent amount of staff on duty and people told us they received the support they needed promptly.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff were provided with the opportunity to gain qualifications and extra skills and knowledge within care.

People told us that their medicines were administered safely and on time. We saw that medication was stored securely and appropriately, and that regular audits took place. Only trained staff took part in the administration of medicines.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The registered manager carried out regular observations of staff to ensure good practice.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People told us that staff spoke with them and gained their consent on a regular basis.

People were able to choose the food and drink they wanted and staff supported people with this. Fresh food

was cooked and served to people either in communal areas or within their rooms.

People were supported to maintain their health. Health professionals visited the service as required, and people were supported to book and attend appointments outside of the service as needed.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff interacted with people in a positive manner, and had a good knowledge of the things people liked.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe storage and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this

Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good ●

Becket House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 December 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with seven people who used the service, three support workers, the chef, and the registered manager. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe living within the service. One person said, "I have always felt safe here, that's never been a problem." Another person said, "Yes I feel in safe hands. I am very comfortable here." All the people we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I would report it to the manager. I would tell the person involved that I would have to report any concerns for their own safety." Another staff member said, "I would contact the Care Quality Commission (CQC)." Other staff we spoke with had the same knowledge around safeguarding and whistleblowing procedures. Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing the training records. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified the CQC of any incidents as required.

People had detailed risk assessments in place to support and manage risk within their lives. One person told us, "I have had a look at the risk assessments with the staff. I think it all makes sense and represents the safe care that I need." A staff member said, "The risk assessments help us to support people safely. If I notice a change in someone's behaviour or condition, I can speak with management and make sure that the risk assessments are updated if required." We saw that the assessments covered areas such as medication, mobility and falls, nutrition, continence and health. We saw that these assessments were regularly checked by management and updated as required.

We saw that an accident and incident recording procedure was in place and being used within the service. We saw that staff had recorded all the relevant details about anyone involved in an accident, any witnesses present, an account of what happened, actions immediately taken and any follow ups that needed place. We saw that the forms had been completed accurately and appropriate actions had been taken by management.

Staff were recruited safely in to the service. All the staff we spoke with told us that they had to have a Disclosure and Barring Service check (DBS) as well as two references and an I.D check before starting work. The registered manager said, "Staff do not begin working here until the checks have taken place." Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. The staff files we observed during inspection confirmed the checks had taken place.

The people we spoke with felt that there were enough staff on duty. One person told us, "Yes there are plenty of staff about. I accidentally pushed my call alarm, and several staff came running immediately. It's very reassuring to know that if I needed someone in an emergency, they would come." Another person told us, "There are staff around and I know I can get help if I need it." The registered manager told us, "We do use agency staff but not very often." We saw the staffing rotas which were consistent with the amount of staff on duty at the time of our inspection. During the inspection, we saw that people received the support that they required as and when they needed it, and staff were able to work at a comfortable pace and ensure that needs were being met.

We saw that medication was administered in a safe manner, by nurses who were trained in medication administration. We observed that the medication was stored securely in a locked trolley, in a locked room which had temperature control checks in place. The files we looked at all contained a front sheet with a person's details on and photograph. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly.

Is the service effective?

Our findings

People told us they thought the staff were trained well and were capable of supporting their needs. One person said, "The staff are all very good and often tell me of the training that they go on." Another person said, "I think they are very good at their job, I have no worries about that." We saw that staff had the skills, knowledge and confidence to support people as they required, and understood the different needs of the people living within the service. One staff member said, "There is a wide variety of needs within this service, some people are very independent, and others are not, so we need to adapt."

All the staff working at the service had to complete an induction when they started employment. A staff member said, "I was shown around the building and had time to read up on all the policies and care plans. I then followed more experienced staff around to get to know people and their routines. The manager regularly observes my practice to make sure I am doing things right." All the staff we spoke with confirmed that they took part in an induction and felt that the training they had received enabled them to give effective care to people. We looked at a training matrix which confirmed staff had attended both mandatory and optional training, and were booked in for various updates and refreshers to keep their knowledge up to date.

Staff were given supervision time which allowed them to speak with the registered manager and discuss their work. The registered manager told us, "Recently we have been doing more observations as supervisions, as we find that is a better way to support staff." One staff member said, "I have had regular supervisions and I value the process. The registered manager is able to give me support whenever I need it." We saw that supervisions were recorded within the staff files, and were happening on a regular basis.

Staff sought consent from people before carrying out any care. One person said, "The staff are very respectful of me and my decisions. They will always ask me first before doing anything and they understand when I do not want anything or do not want to join in." We saw that staff were prompted within care plans to make sure they communicate and gain consent from people at each stage of any care being given. During our inspection we saw that staff communicated clearly with people and asked them for permission before carrying out any care. People had consent forms within their files that they had signed.

The mental capacity act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff had all received training in MCA. The registered manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for several residents. She had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely, without exposing them to unnecessary risks.

People could make choices about the food they ate and were supported to maintain a healthy and balanced diet. One person told us, "The food is very good, it's always hot and I get a choice." Another person said, "I asked for more variety in the vegetables I was served, and they went out and got me more as I asked. It's very good." We saw that a variety of fresh food was being used by a chef who was preparing several options for people's lunch. During our inspection, we saw that one person called a staff member over and asked for a glass of milk. The staff member was able to get the person the milk promptly. We saw a large menu board which allowed people to see what choices were on offer for the day. We saw that people's care plans clearly documented what people's likes and dislikes were. We saw that people's dietary needs were monitored where appropriate, and specialist diets were catered for as people's health needs dictated.

People were given the support they required to access health services. One person said, "The nurses here are great and they are always around. We can see a doctor when they visit, or have support to go out to any appointments." We saw that there were always nurses on shift at the service, and that all staff members had a good knowledge of people's health requirements. Staff told us they were well supported by the registered manager who was also a nurse and could fill in duties which required a nurse when required. We saw that people had detailed medical information within their files that outlined all of their needs.

Is the service caring?

Our findings

The people we spoke with made positive comments about the care they were receiving. One person said, "The staff are very caring. The other day, my friend here spilled her drink and became very upset. The staff were able to help out straight away and calm her down." Another person told us, "Absolutely lovely, all the staff are very kind." During our inspection we saw that staff were interacting with people in a warm and friendly manner.

People were involved and understood their care plans. One person said, "I am happy with the care planning. I understand it and I think it shows what I need. The staff talk to me and respect my input. Nothing happens without me agreeing to it." The staff we spoke with told us that they had a keyworker system, and part of that was involving each person in their care plan. A staff member said, "As a keyworker, we must make sure we know our residents very well, and work with them on any changes in care they require." We saw that people's involvement had been documented, or their families had been involved on their behalf if they were not able. The content of each person's care plans included information that was specific and centred around them. This meant that staff could understand each person's preferences and develop caring relationships with them.

Staff respected people's privacy and dignity at all times. One person told us, "The staff are very respectful. I have never had any problems with my privacy not being respected." All the people we spoke with made similar positive comments. We saw that the service had implemented a dignity audit. This involved looking at the ways in which privacy and dignity was respected within the service including use of privacy signs, using people's preferred names, general approach of staff and politeness, gaining consent, respecting wishes and acknowledging achievements. We saw that these areas were regularly looked at and rated by management to ensure that the quality remained high at all times.

People were encouraged to be as independent as they could be. A staff member told us, "We all try and make sure that people can do things for themselves as much as they can. [Person's name] can be quite difficult to motivate, but she has progressed a lot since moving here. She does now socialise with others at times, and is interested in being taken out somewhere, so hopefully we can continue to work towards that." We saw that care plans informed staff of the skills that people had and the importance of retaining those skills where possible.

People were able to express their thoughts in residents meetings within the service. We saw minutes from meetings that had taken place that covered various topics including activities, equipment, food and general discussion. People's opinions were recorded and actions were collated as a result of things that people had said within the meetings.

Some people within the service did not have any close family members, so required an advocate. We saw that the service promoted the use of advocacy services and we saw evidence of visits from an advocate to a person living at the service.

People were able to have visitors and were supported to maintain the relationships that were important to them. One person said, "My family come and see me now and again. I have not had any problems or restrictions with them visiting me, it's very open and easy." All the people we spoke with confirmed that visiting was flexible.

Is the service responsive?

Our findings

People went through a pre-assessment process before moving in to the service. The registered manager told us that she would meet with the person and their family members when possible, and carry out an assessment of their needs. If the service was suitable for the person and they wanted to move in, the service would try and make sure that the person's room was personalised before they moved. Each person's needs and progress would then be monitored to make sure the placement was right for them. We saw that people had evidence of this pre-assessment process within their files.

People received care that was personalised and met their needs. The care plans that we looked at were personalised and clearly explained people's needs, interests, likes and dislikes. People had a section called 'My life story' which contained information on a person's childhood, working life, significant relationships and places. Care plans also contained information on things such as favourite television shows, things important to the person, appearance and preference on clothing, favourite music and general likes and dislikes. Personalised information was present in all areas of people's care planning which gave staff a clear guide on the tasks that were required for a person's care, as well as how to carry them out in a personalised way.

All of the staff we spoke with understood the needs of the people using the service and had excellent knowledge on their likes and dislikes. One person told us about their passion for wildlife and the garden. We saw that staff had arranged for a table to be placed directly outside the person's bedroom window where plants and feeders could be placed to encourage wildlife. The person told us that the staff understood her interests and encouraged them in a positive and caring way. During our inspection, staff were able to tell us about individual people, the things that they were doing, and the things that they liked. We saw staff respond to people promptly and in an organised way that met the needs of each person.

People had their needs regularly reviewed to ensure that their care was current and relevant to them. We saw that monthly reviews of each part of care plans took place and updates were added as required. We also saw that more formal reviews were held yearly where social work and health professionals were involved as required. All the staff we spoke with told us that they were able to update people's care plans as required by sharing information with the registered manager and the rest of the team.

The service had a complaints procedure in place and people knew how to use it. People we spoke with were aware of the formal complaints procedure in the home. One person said "Yes I am aware that I can make a complaint. I have never had to but I'm sure it would be dealt with if I did." We saw that the service complaints procedure enabled the recording of the nature of the complaint, how it was dealt with, and the actions and evaluation of the management.

Is the service well-led?

Our findings

People told us they knew who the registered manager was and were confident they could see and speak to her as required. One person told us, "I see the manager regularly, she is very friendly." All the staff we spoke with also told us that the registered manager was very easy to contact, and was helpful and supportive. One staff member said, "She is like a mother to all of us! Very caring and helpful and wants to have a good team." We saw that the registered manager was actively involved in people's care and people and staff were relaxed and comfortable with her.

The service was organised well and we saw that staff were able to respond to people's needs in a proactive and planned way. The staff were aware of the visions and values of the service and felt positive about working within the service. We observed staff working well as a team, providing care in an organised, and calm manner. We saw that the service had a staff structure that included nurses, senior carers and carers, an activity lead, chef, and the registered manager. and that people were well aware of the responsibilities of their roles and others. None of the staff we spoke with had any issues with the running of the service or the support they received.

Staff received feedback from managers in a constructive and motivating way. The staff we spoke with told us that they were regularly observed by the manager and given feedback. One staff member said, "I think being observed regularly is a very worthwhile process to go through, we listen to feedback and are also able to raise any issues as well." Another member of staff said, "We are all listened to. I noticed that an agency staff member was not spending enough time with residents and not speaking to them in the right way. I informed the manager and she took action."

Staff meetings were held for staff to share information and discuss the service. We saw minutes from these meetings that confirmed they were taking place and that a range of topics were being discussed such as medication, activities, equipment, residents issues, staffing levels, environmental issues and general service updates.

Quality questionnaires had been sent out to people and their relatives yearly, and the results had been collated by the manager, with actions created from the information. One person told us "I was sent a questionnaire recently. I think it's good that they are always checking for feedback". The service carried out detailed quality audits in many areas including medication, care planning, risk assessment and health and safety. We found that there were actions plans in place to address any areas for improvement.