

AUDIT OF THE QUALITY AND SAFETY OF CARE

Name of provider: Naz Manji

Regulated activity: Accommodation for persons who require nursing or personal care (and two other related regulated activities)

Location: Bay House, 2-3 Middlesex Road, Bexhill

Carried out on: 17 November 2010

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The assessments, judgements and conclusions of this report are based on evidence collated at the time of the visit to the service and are those of the author. It is possible, that other bodies and individuals, including Regulators such as the Care Quality Commission, may come to different conclusions of the service.

Introduction

The visit included; meetings with the owner, registered manager, head of care, facilities manager, head of housekeeping, care and nursing staff, chef, housekeeping staff and informal meetings with residents. Care routines were observed, as was the administration system for medication. A tour of the communal areas was carried out. A range of key records and documents were seen.

At the end of the visit, feedback was given to the owner and the senior management team.

Outcome 1: Respecting and involving people who use the service

People who use services:

- .. Understand the care, treatment and support choices available to them.*
- .. Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.*
- .. Have their privacy, dignity and independence respected.*
- .. Have their views and experiences taken into account in the way the service is provided and delivered.*

Evidence

Prompt 1A: Throughout the visit, evidence was found and seen of staff being very mindful of the wishes and needs of residents and aware of the need to maintain and support their privacy, dignity and independence. For example, two staff were observed transferring a resident from chair to wheel chair. They explained what they were doing and why, to assist the person to the table for lunch, and talked with the person whilst transferring them in the hoist. Lunch was observed. There was a great deal of positive interaction between staff and residents. From discussions with staff, they were all very aware of the importance of supporting people to be as independent as possible and to treat people with respect and dignity. This forms a key part of the person centred care, in-house training course for staff. Staff were also aware of the importance of listening to what residents said about how they wanted their care provided.

One issue identified during the audit was that one resident stated that they would like to go out independently in their electric wheel chair, but they had been told that this was not possible unless she went out with her family. This was fed back to the manager and senior staff, who were unaware of this request, but agreed to investigate the possibility. There were some reservations about how safe she would be if she went out unsupervised and a risk assessment would be carried out.

Prompt 1B: As stated elsewhere, residents are listened to and involved in their care planning as much as they are able to be. Relatives are actively encouraged to be

involved in the care planning, where the resident may not have capacity. Two visitors were met during the visit and they concurred that they are involved in their relatives' care planning.

Prompt 1E: Residents are given information to enable them to make choices. For example, residents are told verbally about the choices at mealtimes, given information, including in pictorial format to assist understanding and also offered a choice at the time of the meal, rather than too much in advance. Staff were observed to be offering choices throughout the visit.

Prompt 1F: As indicated in other prompts, residents are involved in their care plans and making choices and decisions about their care.

Prompt 1J: Residents receive regular surveys, to enable them to provide feedback on how well the service is doing and areas for possible improvement. These surveys are analysed and an action plan has been formulated following the most recent resident/relatives survey.

Outcome 2: Consent to care and treatment

People who use services:

- .. Where they are able, give valid consent to the examination, care, treatment and support they receive.*
- .. Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.*
- .. Can be confident that their human rights are respected and taken into account.*

Evidence

Prompt 2A: The care plan format includes a section for the resident or their relative/supporter to sign to give consent to the care and treatment outlined in the care plan. The service actively encourages relatives to be involved and will ask them to sign the care plan if the resident themselves is unable to do so. In one care plan looked at the care plan had been reviewed monthly and the relative of the person had signed it on each occasion, as evidence that they had been involved in the review.

Outcome 4: Care and welfare of people who use services

People who use services:

- .. Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.*

Evidence

Prompt 4A: Two care plans were looked at in some detail. The 'Standex' system is used. Both care plans contained detailed information about the care needs of each resident, including comprehensive risk assessments. For example, assessments had been completed on a range of areas including pain/wound assessments, pressure areas, manual handling, nutrition, mental capacity and falls assessment. There are also specific care plans to guide staff about what actions they need to carry out to meet the person's care needs. Some contained very good detail. For example, one care plan stated that the person needed regular prompting with her food as she always asks "what do I do now". The person was observed at lunch time and that was exactly what she said. Staff were observed to carry out the actions as indicated in the care plan, ie were observed to regularly prompt her to eat her food.

Care plans had evidence of monthly reviews taking place to ensure they are up to date. However, there were some examples of one part of the care plan conflicting with other sections. For example, one care plan stated that "a hoist to be used at all times". However, the evaluation section stated "can still mobilise at times with her zimmer". Some care plans had 'old' information in them which may not be current and could cause some confusion about what the care needs are. It may be better for these aspects to be taken out of the current care plan file, so that it only contains current information. This will ensure that care needs can more easily be found and acted upon. The 'long term plan' section of the care plan documentation is used to record the person's care needs when they first arrive at the care service. This then becomes out of date. However, it could be used to provide a quick guide to staff of the actions they need to take to meet each resident's care needs and used accordingly.

The Leisure Coordinator was met. There is a list of activities for each day in the entrance area. Activities are a mixture of group activities and time spent with individual residents. The latter is seen as important due to the level of confusion and dementia some residents have. During the morning of the visit, the leisure coordinator spent time with a number of residents, individually. Groups of residents are taken out most weeks. There are also regular external entertainers, with on average one each month. In addition, each key worker has about one hour each week to spend with those residents who they are key worker for. This provides another opportunity for residents to have some specific time for them. Records are kept of what each resident has done in their leisure time.

Prompt 4E: As indicated in other outcome areas and prompts, residents are involved in their care and treatment and can make a range of choices.

Areas for improvement

- Care plans need to be reviewed to ensure all aspects and sections are up to date. Consideration could be given to removing any old information from the current care plan, but kept elsewhere for reference, should it be needed.

Outcome 5: Meeting nutritional needs

People who use services:

.. Are supported to have adequate nutrition and hydration.

Evidence

Prompt 5A: Very good systems are in place in relation to dietary needs. There is a three week menu. There are two white boards in the kitchen. One has a list of all the residents and this indicates their individual likes, dislikes, allergies etc. It includes what breakfast each resident prefers. The second board lists the special dietary needs. All new residents have a dietary needs form completed when they arrive and this information is passed to the chef, who updates these white boards. Records are maintained of those residents who have been identified as having poor nutrition or hydration. Drinks and snacks are available throughout the day. The chef is actively involved in the serving of food and has a very good knowledge of the needs of the residents. Care staff are aware of which residents need assistance with their meals. Staff were observed to be very encouraging with a number of residents who were not eating much and needed regular verbal prompts. Staff were also observed asking some residents if they would like their food cut up for them. Lunch was not rushed and a few residents ate very slowly. They were not interrupted or told to hurry up. Lunch was taken at a pace set by the residents.

A monthly audit is carried out in relation to the kitchen and food preparation. This had identified a few issues and an action plan has been devised to ensure each issue is addressed. A systematic approach is taken in relation to all temperature checks, including food and freezers and fridges.

Prompt 5B: All residents have a nutritional screening and this was evident in the two care plans looked at in detail. One had recently been updated as the person now needs more verbal prompts to encourage her to eat.

Prompt 5C: The menu for the current day and the following day were on display in the dining area on the day of the visit. This is changed daily. The menu is also in a pictorial format, to help residents understand the menu and make choices. There is a cooked breakfast every day, for those that prefer this. There are two choices for each meal. Residents are asked which meal they would like on the day, just prior to the meal time. If a resident states that they do not want either of the main meals, an alternative can be offered. This occurred on the day of the visit as someone said they wanted scrambled eggs and this was provided. A selection of vegetables are available on separate dishes, so that residents can choose how much they have. Residents were offered a choice of drink with their meal. Some chose wine and one had Guinness.

Prompt 5H: As indicated above in other prompts, residents have a very good choice of food each day, with this being at the time of the meal and not some time before the meal is due. It is therefore an effective choice. Alternatives can be provided daily.

Residents have a choice as to where they have their meals. For example, some residents ate in the dining area, others in their chairs and others in their bedrooms.

Outcome 6: Cooperating with other professionals

People who use services:

.. Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

Evidence

Prompt 6B: The service has developed a transfer form and this includes all aspects of this prompt except any advance decision. This will be added to it.

Outcome 7: Safeguarding people who use services from abuse

People who use services:

.. Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

Evidence

Prompt 7A: Staff spoken with were aware of what action to take should they become aware of any safeguarding matters. They all confirmed that they had received training in this area. The staff training matrix, and individual training records, evidenced that the vast majority of staff have completed training in all key areas, including safeguarding of vulnerable adults.

Prompt 7E: As indicated in the prompt above, staff are aware of the reporting process related to safeguarding.

Outcome 8: Cleanliness and infection control

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Evidence

The ten criteria as set out in the Code of Practice were not looked at systematically at this audit. However, some general points can be made about the care services' infection control system. All staff spoken with were very clear about the actions they take when they provide personal care to a resident. For example, they were all

aware of the need to wear gloves and protective aprons and to discard them after supporting each resident, to prevent infections spreading. All staff spoken with had received training in infection control and this was confirmed by the training matrix and individual staff training records.

Good and effective systems are in place in relation to cleaning all areas of the care home. For example, the chef explained the cleaning schedules that are completed in the kitchen area. Records are kept. The monthly audit of the kitchen will include any issues related to cleanliness. Cleaning schedules are in place for the communal areas and bedrooms. A diary is used to record any specific areas that need extra attention or were missed one day. The latter could be due to the needs of a resident. For example, a resident may not have been well and stayed in bed and said they would prefer their room not to be cleaned. These extra duties are signed off once completed. There is no record of evidence kept that the daily cleaning schedules have been completed.

Areas for improvement

- A system needs to be introduced to evidence that the daily cleaning schedules have been completed.

Outcome 9: Management of medicines

People who use services:

- *Will have their medicines at the times they need them, and in a safe way.*
- *Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.*

Evidence

Prompt 9A: The administration of the lunch time medication was briefly observed. The nurse in charge explained the process. All medication is kept in a trolley in the medication room and locked to the wall. A controlled drugs cabinet is also in this room. The medication trolley is taken to the residents and then the prescribed medication is offered to the person. The Medication Administration Record (MAR) chart is only signed once the resident has taken their medication.

Prompt 9B: There are no individual protocols for the administration of 'prn' medication. This should be developed to guide staff as to how these medicines are prescribed and factors to take into account, particularly where the person may lack capacity to make the decision whether to take the medication. This is to ensure there is consistency of practice.

Areas for improvement

- A protocol needs to be devised for 'prn' medication, as outlined above.

Outcome 10: Safety and suitability of premises

People who use services and people who work in or visit the premises:

.. Are in safe, accessible surroundings that promote their wellbeing.

Evidence

Prompt 10A: A Facilities Manager has responsibility for ensuring the building is safe and suitable for its purpose. Level access is available to all areas and there is a shaft lift. From a walkthrough of the building, no issues were identified in relation to the building. Risk assessments are in place for all aspects of the building. For example, there is a fire risk assessments and this is reviewed regularly. Testing of the fire system is carried out weekly. There is a current programme of work to update the fire doors with metal strips, with the aim of all doors being completed with the metal strips by six months time. Service agreements are in place for a whole range of systems and equipment. For example, the lift is serviced every six months.

Ceiling tracking hosts are being introduced to bathrooms and bedrooms and this is having a positive and major impact on the lives of many residents.

Prompt 10B: Systems are in place for the handling and disposal of clinical waste, through the yellow bag system.

Prompt 10C: Good systems are in place to ensure the premises are kept secure. For example, the front door is kept locked and visitors sign in and out.

Prompt 10D: Good and effective systems are in place in relation to the maintenance of the building. All staff can access a maintenance report book, to record any issues they identify. A monthly walk through of the building is carried out to identify any maintenance issues. The recent audit of the kitchen identified a number of repairs required. The premises have recently undergone extensive changes and improvements and these have now been completed.

Prompt 10M: The rear garden is accessible to residents and is a safe area. It is used regularly, particularly during the summer months.

Outcome 11: Safety, availability and suitability of equipment

People who use services and people who work in or visit the premises:

.. Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).

.. Benefit from equipment that is comfortable and meets their needs.

Evidence

Prompt 11A: The service has a range of specialist equipment, but particularly hoists, ceiling tracking hoists and specialist baths. Service agreements are in place for all equipment in order that they are serviced regularly and so maintained appropriately. For example, a quarterly check is carried out on air mattresses and beds and monthly checks on all wheelchairs.

Outcome 12: Requirements related to workers

People who use services:

.. Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

Evidence

Prompt 12A: Three staff files were looked at to check recruitment processes. A checklist is in place to identify all aspects of the recruitment and to ensure all processes are completed. Staff files evidenced that all appropriate recruitment processes are completed such as application forms, two references, CRB and ISA First and a health questionnaire. However, it was noted that the application form asks for only the last three years employment history, whereas the regulations state the service should obtain a full employment history. With one staff file, there was no recent photograph. Whilst there were interview notes for two files, there were no records of interview for one staff file. Whilst this is not a regulation, it is part of the guidance, and so is good practice.

Areas for improvement

- Ensure that all staff files include a recent photograph and amend the application form to request a full employment history.
- Consider keeping interview notes consistently.

Outcome 13: Staffing

People who use services:

.. Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

Evidence

Prompt 13A: From discussions with staff and observations of routines, there are sufficient staff to meet the current needs of residents. At the time of the visit, staffing levels were; one registered nurse and six carers each morning and one registered nurse and four carers in the afternoon. At night there are one registered nurse and two carers. In addition there are a range of other staff on duty each day including; a

registered manager, head of care (both of whom are also registered nurses), a clinical assistant, who works alongside the nurse, facilities manager, chef, leisure coordinator and head of housekeeping. The manager and the owner explained that they regularly assess the care needs of residents in order to assess whether staffing levels need to change.

Outcome 14: Supporting workers

People who use services:

.. Are safe and their health and welfare needs are met by competent staff.

Evidence

Prompt 14A: Staff spoken with confirmed that they received an induction when they first started at the care home. One person described this as very good and comprehensive. Staff files confirmed that staff receive an induction. A number of senior staff are involved in new staff's induction. For example, the Facilities Manager provides the induction into the fire procedures.

The staff training matrix was seen and this confirmed that there is an extensive programme of training for all staff, with the vast majority having received training in the key areas in the last year. From talking with staff, they confirmed that they had received a wide range of training in recent months. For example, one member of staff said that their training had included manual handling, infection control, person-centred care and safeguarding of vulnerable adults. Key training includes; fire, health and safety, food hygiene, safeguarding vulnerable adults, infection control and manual handling. All staff have an individual learning and development plan, which is linked with the training matrix, but also links with issues identified through the supervision process. A training programme is being put together for 2011. The service has developed its own training course called Five Star Care/person-centred care. This was introduced for some staff and is now to be extended for all staff. It focuses on such issues as enabling resident to maintain as much independence and control over their lives as well as choice, respect and dignity.

The conclusion is that the service has an excellent learning and development programme and system to ensure staff are fully trained in all key areas including those related to person-centred care.

Prompt 14C: Staff spoken with confirmed that they receive regular supervision. Staff files looked at evidenced regular supervision. Staff meetings are also held regularly, some for all staff but more often in individual departments, such as housekeeping and catering.

Prompt 14E: As stated in a previous prompt, staff receive a comprehensive induction.

Outcome 16: Assessing and monitoring the quality of service provision

People who use services:

.. Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

Evidence

Prompt 16A: There is an extensive system of internal audits, as part of the service's quality assurance process. For example, and as mentioned elsewhere, a monthly health and safety audit is completed and an action plan devised as a result of any issues identified. The chef reported that a monthly audit of the kitchen is carried and, similarly, an action plan has been developed.

The Leisure Coordinator uses a feedback questionnaire with residents to seek their views on the quality of the service provided and any areas for improvement. Care plans are reviewed monthly. There are also regular, and separate, surveys of staff, residents and relatives. The results are analysed and an action plan formed where issues are identified.

Prompt 16B: As indicated in previous prompts, care plans are reviewed at least monthly and they are amended according to the needs of the resident. The audits described above identify any issues, near misses etc and an action plan put into place.

Prompts 16C: As indicated in previous prompts, the results of feedback from residents and relatives is used to identify where improvements can be made.

Prompt 16E: Although the service has a comprehensive system of auditing the quality of the service provided, and has developed individual action plans, these have not currently been pulled together into an overall action/improvement plan. Therefore they are not in an easily accessible format that could be sent to CQC.

Areas for improvement

- Consideration is given to pulling all the individual audits, and other information received about the quality of the service, into one format in order that an overall action/improvement plan can be developed. The Provider Compliance Assessment tools (PCAs), provided by CQC, could be used for this purpose and run alongside the action/improvement plan.

Outcome 17: Complaints

People who use services or others acting on their behalf:

.. Are sure that their comments and complaints are listened to and acted on effectively.
.. Know that they will not be discriminated against for making a complaint.

Evidence

This outcome area was not looked at in any depth and so general points will be made, as opposed to using individual prompts. Although formal complaints are a rarity, a record is kept of “low level concerns”, as the service recognises the importance of listening to residents and relatives whenever they raise any issues about the quality of the service. One formal complaint was made in May 2009 and there was evidence that this was fully investigated and a written response given to the complainant.

Outcome 21: Records

People who use services can be confident that:

.. Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

.. Other records required to be kept to protect their safety and wellbeing are maintained and held securely where required.

Evidence

Prompt 21A: As stated in previous prompts, resident records are reviewed and updated regularly. Records are stored securely either by the nurse’s station or in the manager’s office.

Conclusions

Most of the areas for improvement are exactly that; areas where there are good, or excellent, systems in place that can be enhanced by further work and actions. From information given and gained on the day of the visit, the conclusion is that the service is compliant in all outcome areas. However, there are a couple of areas which could be seen as borderline. These are outcomes 9, in relation to prn protocols and outcome 12, related to the need for a recent photograph in all staff files and a full employment history.

As indicated above, there are some excellent areas and systems in place, especially in relation the nutrition, choice and staff support. Therefore any areas for improvement are to make the service and its systems more robust and effective, to ensure even better outcomes are achieved for the residents.