

Bupa Care Homes (BNH) Limited

Puttenham Hill House Care Home

Inspection report

Puttenham
off Hogs Back
Guildford
Surrey
GU3 1AH

Tel: 01483810628

Date of inspection visit:
23 August 2021

Date of publication:
30 September 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Puttenham Hill House Care Home is a residential care home that provide personal and nursing care for up to 30 older people who may be living with dementia and or a physical disability. The home accommodated people across three separate units. At the time of our inspection the service was providing care to 23 people.

People's experience of using this service and what we found

Staff were not deployed effectively at the service which left people at risk. Although staff were aware of the risks associated with people's care this was not always being managed in a safe way. Quality assurance was not always effective. The provider had failed to maintain robust oversight of the service. As a result, the level of care had deteriorated from the last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People had access to health care professionals to support them with their care. People and relatives told us that staff were kind and caring and we saw examples of this.

Safety checks were undertaken at the service and there were plans in place to protect people in the event of a fire. People received their medicines when needed. Staff were aware of the procedures of reporting safeguarding concerns and people told us they felt safe with staff. People were given opportunities to feedback how they wanted their care to be delivered.

Rating at last inspection (and update)

The last rating for this service was Good (published 25 October 2018). At the latest inspection we found breaches of three regulations.

Why we inspected

The inspection was prompted in part due to concerns received about unsafe staff levels which was impacting on the care being provided to people. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Puttenham Hill House Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risks related to staffing levels, safe care being provided to people, people being at risk of social isolation, people being supported with adequate nutrition and hydration, and the lack of robust provider and management quality assurance at this inspection.

For requirement actions of enforcement which we are able to publish at the time of the report being published. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective..

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Puttenham Hill House Care Home

Detailed findings

Background to this inspection

our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Our inspection was completed by two inspectors.

Service and service type

Puttenham Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was in the process of completing a provider information return. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We also observed care and interaction between people and staff. We spoke with seven members of staff including the registered manager, area director, nursing staff and care staff.

We reviewed a range of records including care plans and daily notes for people and multiple medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, audits and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People we spoke with told us there were not enough staff to support them. Comments included, "It's been very chaotic here, particularly first thing in the morning", "They answer the bell but they don't always come back straight away" and "Sometimes I have to wait a long time for staff when I ring the bell."
- There were insufficient staff deployed to safely meet the needs of people. We observed staff were rushed and the care being provided was task focused. The majority of the people on the ground floor required two staff to support them with their personal care. We found people had been left for prolonged periods of time without being supported and as a result had been incontinent. One member of staff told us, "Having more staff means they (people) could be checked more often."
- We identified from one person's records we reviewed, it had been recorded they had sustained urine burns which may have been as a result of being left in a soaked continence pad for too long. A member of staff said of this, "(Person) was in her pad longer than she should have been." Another member of staff said, "People are left in them (continence aids) longer than they should be. When I came in this morning, every single resident was wet." Another member of staff said, "(People) go in pads occasionally but that's only because we just can't physically get there in time, and especially if someone needs two people (staff)."
- It had been recently raised by staff to the registered manager that at night, staff were placing two pads on people to reduce the risk of them being incontinent. We found this had also happened the night before our inspection. A member of staff told us they felt this was due to the lack of staff to check on people at night. They said, "I don't know any other reason why you would double pad."
- Throughout the inspection people's call bells were continuously ringing. There were people needing to be repositioned every two to four hours to reduce the risk of pressure sores. At 10.30 we noted one person's repositioning records indicated they had not been repositioned since 04.14 that morning. One member of staff said, "People are not getting the care they need."
- Staff fed back there were not sufficient staff on shift each day. Comments included, "I feel staff spend more time doing paperwork than doing care", "It's very demanding here. The call bells just don't stop" and "You can't give the care you want to as we just don't have the time."
- After the inspection the provider sent us an action plan with detail around how they were addressing the delayed care for people. This included asking all staff including ancillary to respond to call bells. They told us they had also increased staff levels during the morning to ensure people receive care when needed. We will continue to review this with the provider before the next inspection.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff have a criminal record or were barred from working with vulnerable people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Although staff were familiar with risk associated with people's care this was not always managed in a safe way. We saw from a body map one person had suffered a urine burn on the 30 July 2021. However, their risk assessment around their skin integrity had not been updated to reflect this with actions to take to avoid further occurrence. Their risk assessment stated on the 4 August 2021, "(Persons) skin remains intact."
- One person was cared for in bed and care notes written by care staff on the 20, 21 and 22 August 2021 stated the person's pressure areas were red. However, there was no record of whether this had been referred to the nurse on duty to assess the condition of the person's skin to determine whether any other action needed to be taken. This person was at high risk of developing pressure sores and was recovering from a recently developed pressure sore on their heel and hip.
- There was a risk that people's hydration and nutrition was not monitored appropriately. We saw that people were on food and fluid charts. Although the fluid charts were signed off each day to check the total amounts given; there was no target amounts recorded to determine whether the person had drunk sufficient amounts. People's weight losses and gains were not always recorded accurately. For example, one person's weight dropped by nearly four kilograms (kg) from February 2021 to March 2021. However, the loss was recorded as 1.2 kg. On another occasion the person had lost 3.1 kg in August 2021, but the weight loss recorded was 2.5 kg. Although there was a care plan in place to address the person's weight loss, the lack of accuracy of recording meant there was a risk the person's weight may not always be monitored appropriately.
- We saw during lunch that one person, who the registered manager told us was at risk of choking, had their meal in bed and had not been supported to an upright position. The person was eating their meal whilst in a lying position, we saw them trying to raise their head to see what they had placed on their fork.
- We were sent an action plan after the inspection with information on additional training for staff around the risk concerns we had identified. We will continue to review this with the provider before the next inspection.

The failure to not always manage risks associated with people's care in a safe way is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where an accident and incident occurred, action was taken to reduce the risks of incidents reoccurring. Falls, urine infections and people's overall health was analysed using a tracker by the registered manager to look for trends and themes. Where necessary people were referred to the appropriate health care professional.
- Fire risk assessments were undertaken regularly and there were personal evacuation plans for each person. This meant that in the event of an emergency or a fire there was guidance for staff on how best to support the person.
- Staff used hoists and sliding sheets to transfer and reposition people. Each person was assessed to ensure that they had the correct slings and each person had their own slings. There was guidance in the care plans for staff in how to support the person with moving and handling.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with staff. One person said, "I feel safe, it's the way they are with me. They are nice to me."

- Staff understood what constituted abuse and the actions to take if they suspected anything. Staff also received safeguarding training.
- We saw that where any concerns were raised the registered manager would refer this to the Local Authority and undertake a full investigation.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed. One person told us, "I get my medicines in good time." Another told us, "Staff stand with you to make sure you have taken them and don't throw them away."
- People's medicines were recorded in Medicine Administration Records (MAR) with a photo of the person and details of allergies. We observed the medicine round. The nurse gained consent from people beforehand. They ensured that where people needed 'time critical' medicine for example if they had Parkinson's, they medicine was given at the appropriate time.
- Where medicines were 'as required' (PRN) basis there were guidelines in place for their use.
- Medicine competency checks took place to ensure that staff were appropriately administering medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Newly appointed staff completed a full induction when they first joined the service. This included completing mandatory training and then shadowing experienced care staff. However, we did feed back to the registered manager that agency staff were not always provided with information on people's care before they started providing care. We observed an agency member of staff start work without having the opportunity to review people's care records before they started providing care. One member of staff said, "Agency staff don't have a good induction. They are on the floor when they get in. They don't know who the residents are, and they are not getting introduced to them."
- Clinical staff had regular training to refresh their skills. This included training on meeting the needs of people with pressure sores, diabetes, catheters. We confirmed this from the records we reviewed. All other staff were also updated with training specific to their roles. One member of staff said, "We get the standard training. We've had end of life training and we've had mouth care training."
- Care staff had received appropriate support that promoted their professional development and assessed their competencies. The clinical lead undertook one to one and group supervisions with nurses on a regular basis and other staff met with the manager regularly. One member of staff said, "We do supervisions. I find them useful, gives me a chance to ask questions."

We recommend that all staff are provided with an appropriate induction to ensure they understand the care that people require.

Supporting people to eat and drink enough to maintain a balanced diet

- The lunchtime experience was rushed, and staff did not have time to spend with people to encourage them to eat their meals. On one occasion a person had their lunch and hot dessert placed in front of them and the person fell asleep. Staff told us this often happened but did not consider taking the meal away to keep warm. As a result, the person woke nearly an hour later by which time the meal and pudding was cold. The person ate their meal and fed back to us that it tasted nice but that it was cold.
- Other people had their meals left in their rooms and it was some time before staff were able to prompt and encourage them to eat. A member of staff said, "Not enough staff to encourage people to eat. People are not eating warm food." We spoke with the registered manager about this who assured us they would take action to address this.
- People fed back they enjoyed the food and we saw that people were provided with drinks throughout the inspection and snacks were given in between meals.
- Kitchen staff were provided the information about people's dietary needs including whether meals

needed to be modified for example pureed and those that had allergies. Where people required specialist equipment to eat this was provided.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection we saw staff asked people for consent before they delivered any care. Staff were aware of the principles of MCA. One member of staff told us, "It's not being able to make decisions and having someone in place to make decisions for them (in their best interest)."
- Capacity assessments had been completed where people were unable to make decisions for themselves. These assessments were specific to particular decisions that needed to be made, for example, in relation to bed rails. Records showed that staff ensured family members were involved when the 'best interest' decision was made on the person's behalf about their care and support. We did identify that capacity assessments were not in place however for one person that was on covert medication. However, this had already been identified through a recent audit and actions were being taken to address this.
- We noted that DoLS applications had been completed and submitted in line with current legislation to the local authority for people living at the service. For example, in relation to the locked front door. People who were not subjected to a DoLS were not restricted in any way.

Adapting service, design, decoration to meet people's needs

- The premises suited the needs of people living at the service. A lift had been installed to ensure that people could move from floor to floor. We saw people in wheelchairs accessing various areas of the service.
- People's rooms were personalised and individual. Special beds and pressure relieving mattresses were in place for those who needed them. Where required bed rails and falls mats were in place for people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff shared information effectively about people's needs. One health care professional had provided additional guidance in relation to the care of a person and staff were aware of this up to date guidance. Staff attended detailed handovers to discuss any important changes in people's care.
- People had appropriate access to health care services in their ongoing care. There was evidence in care plans that a wide range of healthcare professionals were involved including the Tissue Viability Nurse, GP, speech and language therapist, physiotherapist, optician and dentist.
- Staff were aware of what they needed to do to monitor a person's health. For example, one member of staff told us they checked a person's catheter to ensure that it was flowing appropriately. We saw this person was also escorted to the local hospital to have their catheter changed every three months.

- Information about people's needs had been assessed before they moved in. This was to ensure that they knew the service could meet their needs. Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff told us they did not always feel listened to or valued in their role. They told us they had consistently raised concerns about staff deployment but felt this was not being addressed. One member of staff said, "I get quite upset with how people are left and it gets brought up quite a lot. Maybe management could listen a bit more." Another told us, "Morale is lower than I've ever known it."
- The registered manager told us that staff had previously raised staff levels with them and saw this recorded in the staff meeting minutes. However sufficient action had not been taken to address this and we observed the impact of this on people and staff on the day of the inspection. One member of staff said, "I don't think the residents get the full experience they deserve."
- Records were not always being maintained or updated with accurate information around the needs of people. For example, in one care plan it stated the person required to be re-positioned every two hours but in another part of the care plan it stated every four hours. In another person's care plan it stated the person had a catheter however later on in the care plan it stated the person had the catheter removed. This meant there was a risk that staff may not provide the most appropriate care.
- The provider and registered manager did not have sufficient oversight of the service and had not picked up on all of the shortfalls we had identified. This was particularly evident around the delayed care that people were receiving and the lunchtime experience.

As there was a lack of robust oversight and systems and processes were not established and operated effectively this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from people was used to make improvements. 'Residents' meetings were held each month. People were asked for their comments about the care they received including the food, activities and housekeeping; the feedback recorded was positive around these areas.
- The provider and the management team did undertake regular audits of clinical care, medicines and health and safety. Where shortfalls had been identified there were action plans in place with deadlines to meet the actions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Working in partnership with others;

- There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC.
- Staff at the service were working in partnership with key organisations to support care provisions and joined up care. This included the Local Hospices and Community Care teams.
- The service had a duty of candour policy in place and we saw that relatives were contacted where incidents had arisen.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treated was always provided in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure robust oversight of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that there were sufficient numbers of staff deployed at the service.