

Bupa Care Homes (CFChomes) Limited Hatfield Peverel Lodge Nursing Home

Inspection report

Crabbs Hill,
Hatfield Peverel,
Essex
CM3 2NX
Tel: 01245 380750
Website: www.bupa.co.uk

Date of inspection visit: 12 and 13 October 2015
Date of publication: 17/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Hatfield Peverel Lodge Nursing Home provides accommodation, personal care and nursing care for up to 70 older people. Some people have dementia related needs. The service consists of Mallard House for people living with dementia and Kingfisher House for people who require nursing or residential care.

The inspection was completed on 12 and 13 October 2015 and there were 62 people living at the service when we inspected.

A manager was in post but had yet to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

At our last inspection on 19 March 2015 and 17 April 2015 we found that the provider was not meeting the requirements of the law in relation to consent to care and treatment, staffing levels and the arrangements for quality assurance were not effective and improvements were required. An action plan was provided to us by the provider at regular intervals. This told us of the steps to be taken and the dates the provider said they would meet the relevant legal requirements. During this inspection we looked to see if these improvements had been made.

People's medicines were not safely managed as staff did not always follow safe practices. Improvements were required in relation to risk management of pressure ulcers. Although staff said they felt well supported improvements were needed in relation to staff being provided formal supervision and appraisal.

Improvements were required to ensure that there was a clear audit trail of the investigation process and outcomes relating to people's concerns and complaints. The quality assurance system although much improved was not effective because it had not identified the areas of concern that we found at this inspection.

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Staff received effective training and an induction to ensure that staff had the right knowledge and skills to carry out their roles and responsibilities effectively.

People's capacity was assumed and sufficient efforts were made to routinely gain people's consent. The dining experience for people was appropriate to meet people's individual nutritional needs.

People and their relatives were positive about the care and support provided at the service by staff. Staff were friendly, kind and caring towards the people they supported. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

People's care plans were reflective of their care needs and how care was to be provided. A programme of activities was available each day and opportunities were offered to ensure that people who lived at the service received the opportunity to participate.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager, deputy manager and senior management team. Staff told us that they felt valued and supported.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last inspection. This included implementing systems to monitor the quality and safety of the service. However, further improvements were required to ensure that changes and improvements are embedded and sustained over time to ensure people are provided with a consistently safe quality service. The overall rating of the service will not change at this time.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The management of medicines required improvement to ensure that the records were accurately maintained.

There were sufficient numbers of staff available to support people safely.

Staff recruitment processes were thorough to check that staff were suitable to work in the service.

The provider had systems in place to manage safeguarding concerns.

Requires improvement



Is the service effective?

The service was not consistently effective.

Suitable arrangements were not in place to ensure that staff were provided with on-going formal supervision and appraisal.

People's capacity was assumed and sufficient efforts were made to routinely gain people's consent.

The dining experience for people was appropriate to meet people's individual nutritional needs.

Staff received effective training to ensure they had the right knowledge and skills to carry out their roles.

People were supported to access appropriate services for their on-going healthcare needs.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was not consistently responsive.

Improvements were required to ensure that there was a clear audit trail of the investigation process and outcomes relating to people's concerns and complaints

People's care plans were reflective of their care needs and how care was to be provided.

Requires improvement



Summary of findings

A programme of activities was available each day and opportunities were offered to ensure that people who lived at the service received the opportunity to participate.

Is the service well-led?

The service was not consistently well led.

The quality assurance system although much improved was not effective because it had not identified the areas of concern that we found.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager, deputy manager and senior management team.

Staff told us that they felt valued and supported.

Requires improvement



Hatfield Peverel Lodge 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 12 and 13 October 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 14 people who used the service, 12 relatives, 11 members of staff, the manager and the deputy manager.

We reviewed 14 people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection on 19 March 2015 and 17 April 2015 we identified concerns relating to insufficient staff available to support and meet people's needs. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

No areas of concern were observed in relation to staffing levels. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely manner. Staff were noted to have enough time to spend with people to meet their needs and the care and support provided was not routine and task orientated as previously highlighted. However, although the deployment of staff was appropriate to meet people's needs, several relatives expressed concerns about staffing levels and the use of agency staff at the service. This was explored further and relatives told us that staffing levels during the week were generally satisfactory but at weekends staffing levels were much worse, particularly in relation to the high usage of agency staff. Relatives told us that the impact of this meant there was a lack of continuity of regular staff to provide care and support to their member of family and they were not assured that agency staff knew their relative's care and support needs. We discussed this with the manager and deputy manager and they confirmed that they were aware of the high usage of agency staff. A rationale for this was provided and they confirmed that all reasonable steps were being taken to reduce the amount of agency staff used at the service.

The majority of staff told us that staffing levels were appropriate. The manager told us that a new 7.00 a.m. to 7.00 p.m. shift had been introduced so as to ensure that there were sufficient staff available to get people up in the mornings. Two staff told us, "The new shift is better as people are up." Our observations during the inspection showed that on both Mallard House and Kingfisher House, people had received personal care in a timely manner and were either sitting in the communal lounge or in their bedroom.

Although people told us that they received their medication as they should, we found that the

arrangements for the management of medicines were not as good as they should be and improvements were required. Although, the temperature of the area where medicines were stored was monitored and recorded each day and within recommended guidelines, we found a number of discrepancies with the records.

We looked at the records for 12 of the 62 people who used the service. We found unexplained gaps on the Medication Administration Record (MAR) for four people giving no indication of whether people had received their medicines or not, and if not, the reason why was not recorded. Where a specific code was to be used on the MAR form to evidence why a person's medication had not been administered, the rationale for its use had not always been recorded. We found that one person's medicated adhesive patch had been administered at 11.00 a.m. but the record was not completed by the nurse until five hours later. We discussed this with the nurse and no rationale could be provided as to why the 'Transdermal Patch Application' form had not been completed at the time the medication was administered. In addition, a nurse had incorrectly signed the MAR form in advance for one person's medication.

Observation of the medication round on Mallard House and Kingfisher House showed this was completed with due regard to people's dignity and personal choice. Staff involved in the administration of medication had received appropriate training and competency checks had been completed.

Some people were assessed as at high risk of developing pressure ulcers. We checked the setting of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating and found that three of these were incorrectly set in relation to people's care records. For example, one person's care records detailed that in order to maintain good skin integrity and to help prevent pressure ulcers developing or deteriorating this should be set on number four. However, the records showed over a five day period and we found, that the electric pump that supported the pressure relieving mattress to inflate showed a setting of three. For another person we found that the reverse of the above was in place. The inaccurate setting of the pump could result in greater pressure being put on the person's body and increase their likelihood of developing pressure area damage.

We asked staff about how they ensured pressure relieving mattresses were on the correct setting. Staff were confused

Is the service safe?

as to whose responsibility it was to ensure these were set correctly. Some staff told us that it was their responsibility and others told us that it was the responsibility of the maintenance person. We discussed this with the manager and deputy manager and they provided clarity and confirmed that it was the responsibility of the care staff team on duty to ensure that the mattresses were set correctly.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that they felt safe and secure. One person told us, "Yes, I feel safe. The staff are very good and everybody is kind." Another person told us, "I never feel worried." One relative told us, "I have total piece of mind that my relative is kept safe at all times."

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. One member of staff told us, "If I have any concerns about any of the people who live here I would tell the nurse on duty or the manager." Staff were confident that the manager or deputy manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since April 2015 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

Is the service effective?

Our findings

At our last inspection of the service on 19 March 2015 and 17 April 2015, we found that documentation relating to consent to care and treatment required improvement. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

Documentation viewed at this inspection showed that the improvements had been made.

At this inspection staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The majority of staff were able to demonstrate that they were fully knowledgeable and had an understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the local authority for DoLS assessments. People were observed being offered choices throughout the day and this included decisions about their day-to-day care needs.

Staff told us that they received good day-to-day support from work colleagues. However, not all staff were able to tell us when they had last received supervision and some staff told us that they had not received regular supervision or an annual appraisal in the last 12 months. Records viewed confirmed this, for example, the records for one person showed that they had received only one formal supervision in 2015 and their appraisal was last completed in 2013. This was not in line with the provider's policy and procedure. This meant that although staff felt supported they might not always have a structured opportunity to discuss their practice and development to ensure that they continued to deliver care effectively to people.

People were cared for by staff who were suitably trained to provide care that met people's needs. The majority of staff told us they had received regular training opportunities in a

range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. The training records showed that the majority of staff had received appropriate training in key topic areas.

The training matrix provided by the manager showed that newly employed staff had received an induction and staff confirmed this. The induction was completed over a five day period and included mandatory training, 'orientation' of the premises and 'shadow' shifts whereby the newly employed member of staff shadowed a more experienced member of staff.

Comments about the quality of the meals were variable. Some people were positive by telling us that they liked the meals provided. People told us, "The food is lovely – it is good" and, "They [staff] ask you the day before and if you don't like the choices available you can choose something else. I chose prawns and got them. The cakes are out of this world." Where negative comments were made this related to the meat on occasions being "tough" and the vegetables "too hard" to chew. We shared these comments with the manager who advised that they would look at the concerns raised and discuss these further with the service's chef.

Our observations of the breakfast, lunchtime and teatime meals showed that the dining experience for people within the service was positive, flexible, sociable and much improved since our last inspection. People told us that they were allowed to eat where they wanted to, such as, in the dining room, in the communal lounge or in their bedroom. Where people required support from staff to eat their meal, this was provided with respect, dignity and sensitivity. People were not rushed to eat their meal, they were asked if they wanted more food and they were asked if they had finished their meal before their plate was removed.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to suitable healthcare professional services, for example, where a person had been identified as being at risk of swallowing difficulties, a referral to the local Speech and Language Therapy Team had been made so as to ensure the person's health and wellbeing. One person told

Is the service effective?

us, “If you don’t eat much they [staff] say what can I get you? I lost a kilo last month and the staff here knows this and they all try and get me to eat more. Look, I have a cup of complan to build me up.”

People told us that their healthcare needs were well managed. People’s care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have

access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. In general relatives confirmed that they were kept informed of their member of family’s healthcare needs and the outcome of healthcare appointments. People told us that if their member of family was unable to attend their healthcare appointment with them, a member of staff always accompanied them.

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, “Staff on the whole are really good. They are kind and I treat them as friends.” Another person told us, “The staff are very nice, I cannot grumble about anything. They are all very good.” In general relatives told us that the care and support provided to their member of family was good. One relative told us, “I think it is fantastic [Hatfield Peverel Lodge] and I cannot fault it. They [staff] really do look after our relative.”

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided.

Staff understood people’s care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. One relative told us, “The care here is very good and the staff know the needs of [person’s name] well.” People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal. People had specialist aids available, such as, plate guards and dedicated cutlery. Staff asked people for their preferences

throughout the day and ensured that these were met. For example, one member of staff was noted to spend considerable time with one person so as to try and establish their drink preferences. The member of staff demonstrated time and a genuine interest in the person they were talking to by making good eye contact and by placing their hand on the person’s arm to provide comfort and reassurance. The member of staff was observed to not rush the person and to give them plenty of time to respond to their questions. This offered the person ‘time to talk’ and to have a chat. The outcome was that the person received a drink of their choosing.

Our observations showed that staff respected people’s privacy and dignity. We saw that staff knocked on people’s doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked that suited their individual needs and staff were seen to respect this, for example, one person’s clothes were noted to be laid on their bed. The person confirmed to us that they had chosen what clothes they wished to wear that day.

People were supported to maintain relationships with others. People’s relatives and those acting on their behalf visited at any time. One relative told us that they were able to visit their relative whenever they wanted and they were always made to feel welcome by staff.

Is the service responsive?

Our findings

At our last inspection of the service on 19 March 2015 and 17 April 2015, we found that people's care records were not fully reflective or accurate of people's care needs. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

Documentation viewed at this inspection showed that the improvements had been made.

At this inspection staff told us that they were made aware of changes in people's needs through daily handover meetings and from discussions with senior members of staff. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Information about a person's life history had been captured and recorded. This included a personal record of important events, experiences, people and places in their life. This meant that this provided staff with the opportunity for greater interaction with people who used the service, to explore the person's long-term memory and to raise the person's self-esteem and improve their wellbeing.

Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns.

Relatives confirmed that with the exception of issues relating to the service's passenger lift on Kingfisher House needing to be replaced; their concerns and comments had been addressed. Although a record had been maintained by the acting interim manager of each complaint received since our last inspection to the service in April 2015, there was no evidence of the meetings undertaken with the complainant or confirmation that they were happy with the outcome.

People's comments about activities provided were positive and complimentary. One person told us, "I go to the dining room and I like the company. I always join in and I have always loved the singing." Another person told us, "There are regular things to do here. If I want to join in I do, and if I don't, I don't."

The member of staff responsible for leading on activities at the service told us, they managed a small team and were currently undertaking an induction with the newest member of the team so as to ensure that they had an understanding and awareness of what was expected of them and what the activities role entailed. People told us that they had the choice whether or not to participate in a planned programme of meaningful activities. Activities for the month were displayed throughout the service within communal areas and people's bedrooms and these showed that activities were planned on weekdays and at weekends. Our observations during both days of the inspection showed that people were able to participate in a range of social activities that met their needs, for example, reading newspapers, going for a walk and staff sitting and spending time talking with people. People also told us and records confirmed that people enjoyed games of scrabble, flower arranging, quizzes and external entertainers.

Is the service well-led?

Our findings

At our last inspection of the service on 19 March 2015 and 17 April 2015, we found that the provider did not have an effective system in place to assess and monitor the quality and safety of the service that people received. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan that they had in place and has since provided us with regular updates on their progress to meet regulatory requirements.

At this inspection we found that the majority of improvements the provider had told us they would make had been made. The provider confirmed that following our last inspection concerns raised by us had been taken seriously and additional support had been provided by a relief home manager and the provider's quality management team. We found that the culture within the service was person-centred and staff's understanding and awareness of how to deliver compassionate care that was both respectful and ensured people's dignity was much improved.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The provider used questionnaires for people who used the service and those acting on their behalf to seek their views about the quality of the service. The management team also monitored the quality of the service through the completion of a number of audits. This also included internal reviews by the organisation's internal quality assurance team at regular intervals. Although these systems were in place, they had not highlighted the areas of concern we had identified at this inspection. Checks were not in place to monitor pressure mattresses. Records were not properly maintained, for example, in relation to staff supervision and appraisal or complaints management. We discussed this with the manager and the deputy manager and were assured that suitable arrangements would be put in place for corrective action.

The manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the manager and deputy manager and from our observations that they were clear about their roles, responsibilities and despite being a relatively new

management team at Hatfield Peverel Lodge were aware of the areas that required improvement. In addition, the manager recognised different strengths and abilities within the senior management team and the value they provided. For example, the manager advised that the 'Heads of Care' were responsible for the booking-in and return of medication, for undertaking staff supervisions and for completion of the staff rosters. The manager told us that it was their intention in time to create other key roles for staff to take a lead on, such as, the development of dignity, infection control and dementia 'champions'.

Comments about the management and leadership of the service were positive and complimentary. Staff told us that although the manager and deputy manager had not been in post long, staff felt for the first time in a long while that their views mattered and their comments considered. In addition, staff told us that the manager and deputy manager were approachable and provided positive assurances that previous issues highlighted by external agencies would be addressed. One member of staff told us, "[Name of manager and deputy manager] are much more approachable and if they have something to discuss with you they treat you like a human being." Another staff member told us, "The new manager goes round and speaks to all the residents and staff morale is good now." One relative told us, "From what I have seen so far, I feel assured with what they [manager and deputy manager] have promised to address." It was apparent that there was scepticism surrounding the new manager and deputy manager by the majority of relatives spoken with; however this was due to the high number of managers employed at the service over the last three to four years. Despite this four relatives told us that they would recommend the service to others. One relative told us, "I would recommend it and have no regrets in choosing this place at all. All the staff are friendly."

There were systems in place to seek people's views about the service. The last recorded meeting for people using the service and those acting on their behalf was dated August 2015, so as to facilitate good effective communication and to understand what was happening within the service. In addition, the manager had facilitated meetings with day staff and a further one was to be planned with night staff.

The manager told us that in the future they would look to participate in the 'My Home Life' Essex Leadership Development Programme. This is a 12 month programme

Is the service well-led?

that supports care home managers to promote change and develop good practice in their services. It focuses attention on the experiences of people living at the service and supports staff and the management team. They also told us that they were part of another initiative run by Essex County Council, FaNs (Community Friends and Neighbours). This is a three year programme that supports groups of people and organisations who are willing to take an active interest in the wellbeing of people living in care

homes in their local area. This showed that the provider worked together with other external organisations to promote best practice and to keep themselves up-to-date with new initiatives.

Encouragement to increase staff performance was provided through a number of special incentives, such as, the 'Everyday Hero' Award. Information relating to these was displayed in a prominent area for people to access. In addition, there were a small number of financial incentives for staff and an annual 'care award' scheme where staff could be nominated and their efforts recognised.