Bupa Care Homes (ANS) Limited

Havelock Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

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

Havelock Court Care Home provides care and support to up to 58 people, many of whom have physical disabilities, HIV (human immunodeficiency virus), mental health needs and are living with dementia. On the day of our visit there were 58 people using the service.

At the last inspection, carried out on 15 and 19 June 2017, the service was rated GOOD.

This inspection was brought forward due to a number of safeguarding concerns raised in relation to medicines management at the service. This unannounced inspection was carried out on 22 January 2019 and we rated the service requires improvement overall. Their previous rating for the key questions, Is the service effective? and Is the service well-led? Has however deteriorated from good to requires improvement at this inspection.

The service had 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.

During the inspection we found that the quality assurance processes in place were not always effective and the concerns we identified were not found during the auditing processes, including issues related to people's medicines, mental capacity assessments and DoLS notifications not being sent to CQC as required by law. We made a recommendation about this.

Staff were aware of potential risks to people and took actions to protect people from risk of abuse and incidents and accident taking place. The service followed appropriate staff recruitment processes to employ suitable staff to take care of people. However, during the inspection we identified some errors related to medicines management practices.

Staff had support to up-date knowledge and skills to ensure they carried out their duties in line with their role requirements. People's nutritional needs were identified and met as necessary. Staff supported people to make everyday choices and they worked in partnership with the local authority to assist people in the decision-making process if they required help. However, the mental capacity assessments carried out by the staff team were not accurate and contradicted the principles of the Mental Capacity Act 2005 (MCA). Records also showed that call bells were not answered within the time frame that the provider considered appropriate.

People and their family members described staff as kind, friendly and caring. People had their religious and cultural needs identified and met by the staff that supported them. Staff knew people's preferences and had time to have conversations with people which ensured that people were listened to. People were encouraged to carry out activities when they wanted to.

Care records included relevant information about people, including their social care needs. People and their relatives were involved in care planning and provided regular feedback about the service delivery. Regular group meetings were facilitated to gather people's views about the changes they wanted to make. Although we saw people being encouraged to engage in conversations and use their preferred ways of communication, people did not always receive appropriate support to make food choices.

People, their relatives and the healthcare professionals told us there was good leadership at the service which ensured that actions were taken to improve where necessary. The service was led by a registered manager who we found transparent and caring about people's wellbeing. The staff team were encouraged to develop and knew what was required of them in their role.

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 remains Good.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. The staff team were not always working within the principles of the Mental Capacity Act 2005 (MCA). People used a call bell to request assistance but the call monitoring system was not always operated appropriately as stated in the organisation's policy.

Staff were supported to up-date their knowledge and skills to ensure they were fit for the role.

People were provided with food according to their preferences and had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-managed. Regular quality assurance checks were carried but improvements required were not always identified as necessary.

The registered manager was available to support staff to develop in their role and listen to people's wishes.

The service worked in partnership with other healthcare agencies and the local community to ensure effective care delivery for people.

Havelock Court Care 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 checked 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.

We inspected the service on 22 January 2019. This inspection was unannounced and carried out by two inspectors, a specialist pharmacist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. This included any safeguarding alerts raised, inspection reports and notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send to us by law.

During our visit we spoke with 13 people living at the home and two relatives. We talked to the regional director, registered manager, unit managers and six staff members working for this service. We reviewed 13 people's care plans, three staff recruitment files and medication record charts. We also looked at records related to staff training, safeguarding, incidents and accidents, complaints and other aspects of the service management.

During the inspection we observed people's care being delivered on the day. We used the Short Observational Framework (SOFI) to make observations. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we contacted four healthcare professionals for their feedback about the care provided for people.

Good

Is the service safe?

Our findings

We looked at medicines for all the people living in the home and found that staff monitored people's intake of medicines which ensured that people were supported to take their medicines when they required it. This included using a chart to record insulin injections. The service had a medicines optimisation policy and we saw that this included the management of medicines when people went out of the home for social reasons. We looked at storage of medicines and saw that they were kept securely.

Many of the people who live at Havelock Court have complex medicines regimes, involving multiple prescriptions administered at many different times of the day. Staff were provided with guidelines on how to administer the medicines to people that were not given regularly such as painkillers. However, we found that two recently admitted people did not have these protocols in place to help staff to identify when they required the medicines and give the appropriate treatment. We also saw two other errors related to administration and recording of people's medicines which were immediately addressed after we discussed these concerns with the registered manager. The management team told us they recently implemented new systems to help staff to ensure safe care for people and that the processes in place would be reviewed with the staff team to ensure good practice.

Staff were aware of the actions they had to take should they noticed people being at risk to harm and abuse. One person said, "No issues, It's very safe here." Staff's comments included, "We make sure that the residents are safe. If I recognise abuse such as physical, sexual, financial, I report it" and "If I saw residents being abused, I would inform the manager and head office. If they don't react, I would contact the local authority and the Care Quality Commission." There were good systems in place to monitor the safeguarding concerns received. The registered manager used a safeguarding tracking template to record any relevant information about the alleged abuse, including dates, concern details and outcome.

People had risk management plans in place which were regularly reviewed to reflect people's changing care needs. Staff assessed the potential risks to people's well-being in relation to falls, smoking and bedside rails. There were clear guidelines for staff to follow should they recognise any symptoms or triggers related to people's health conditions such as epilepsy. This ensured safe care delivery for people. A healthcare professional told us, "Staff report any incidents that occur and they know how to escalate safety concern."

Staff's files were well organised and held documents relevant to checks carried out to decide on their suitability for the role. Records showed that staff were required to fill- in a job application form, attend an interview, provide two references, identification documents and carry out a criminal records check before they started working with people. Systems were in place to record any relevant information about the staff that required visas, including expiry dates of the provided documentation. The registered manager told us that the staff team was stable and that currently they were fully recruited. Staff said there was enough staff to carry out duties as required and that the staff cover was provided as necessary.

Staff had the necessary knowledge and skills to prevent and control infection. Records showed that staff completed infection control training and from conversations with the staff we found them understanding

their responsibilities to protect people from risk of infection. One staff member said, "I always wash my hands before I start a new task and when attending to different residents." We observed staff using protective equipment to avoid contamination, including disposable gloves and aprons.

Staff had to follow a process for reporting any incidents and accident taking place. Staff completed an incident and accident log which was reviewed by the registered manager and their line manager to ensure that all the necessary actions were taken to protect people and to reduce further reoccurrences. This included making referrals to healthcare professionals to examine people's changing care needs as necessary.

Requires Improvement

Is the service effective?

Our findings

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. Staff had a basic understanding of the MCA principles and told us how they supported people to make everyday decisions. One staff member said, "Residents make decisions for themselves and if they can't, we give them a choice. For example, by showing the meals to choose from. We also use families to tell us what residents like." The registered manager told us they worked in partnership with local authorities to assess people's mental capacity and make best interest decisions if it was identified that a person was not able to make a complex decision independently, for example in relation to their finances and medicines.

However, we found that the mental capacity assessments, carried out by the service, were not completed appropriately. Staff used the mental capacity assessment to determine people's overall capacity to make decisions such as 'choice and decision over [a person's] care' which was contradicting the main principal of the MCA to assess people's capacity only in relation to a specific decision. We also saw that the mental capacity assessments were not fully completed. Staff ticked the boxes to record their decision and no additional information was provided on how the decision was reached. Immediately after the inspection, the regional manager wrote to us to say that staff were booked to complete an additional MCA training to address the issues identified. We will check their progress at our next comprehensive inspection.

People were provided with a call bell to request room assistance when they needed it. However, records showed that some calls were not answered within the time frame that the provider considered appropriate as highlighted in the organisation's policy. There were no concerns raised by people and their relatives in relation to the call bells not being answered quickly when they required assistance. The registered manager told us that staff did not always follow the procedure to switch off the call bells when they attended to people's needs. This issue was already identified prior to the inspection and the management team was looking to resolve it by regularly reminding staff of their role responsibilities. We will check their progress at our next comprehensive inspection.

Staff had support to perform in their role well. Staff were provided with regular training courses, including awareness in mental health, dementia and HIV (human immunodeficiency virus), safeguarding, behaviour that challenges, end of life care, fire safety and management of medicines. The registered manager told us they also booked staff on external training courses such as the training provided by the local authority and hospice to increase staff's awareness and knowledge as necessary.

Staff told us they were well supported by the registered manager. Their comments included, "The [registered] manager has an open-door policy and if any issues she is always there to support us" and "I didn't get such attention in my previous jobs [from the managers] that I get now. This job is one in a million." Records showed that staff had regular supervisions and yearly appraisal meetings to discuss their developmental needs.

Health care professionals told us that staff worked well as a team to ensure they provided effective care for people. Their comments included, "My impression was that staff were working effectively as a team, and that they had the appropriate knowledge, skills and motivation" and "Good and effective team work. Discussions and case conference with other professionals are well organised."

People told us they were provided with a choice of food and according to their dietary and nutritional needs. Their comments included, I choose my own food. It's good, bit too generous, but I can leave it", "We have a menu, for lunch we have two or three choices", "We get nice dinner, hot and on time" and "I'm diabetic, [staff] keep a watch on what I eat. I have salad every day." A relative said, "The food is brilliant, I want some myself!"

People had their individual needs identified which were reflected in their support plans to ensure person-centred care. Assessments were carried out to determine the assistance people required to lead their chosen life styles. This included undertaking a pre-admission assessment when people were first referred to the service which was based on the information gathered from the people themselves, their family members and healthcare professionals.

Staff ensured that people were provided with assistance to meet their healthcare needs as necessary. Care plans included information related to the support people required to monitor their health needs. This included staff regularly assessing people's skin and wound care needs. Records showed that people had their health needs monitored and regularly reviewed by the healthcare professionals such as GPs, dietitians, physiotherapists and opticians.

People lived in a home that met their social care needs. People had support to access the lounge area and garden if they wanted to socialise and spend time with their visitors. We observed the premises being easily accessed by wheelchair users. The registered manager told us they planned to redecorate the home in 2019 as currently it required renovation and that the plans included changes to the layout of the communal areas making them bigger and more accessible for people.

Good

Is the service caring?

Our findings

People told us they were treated by staff with kindness and compassion. One person said, "The staff are good listeners, they are sociable, kind and caring." Family members comments included, "We went from home to home! We tried two other places but no good. Here it's like leaving [my relative] at home, when I leave, [my relative] is happy", "[The home] is very calm, [staff] are very supportive" and "1st class here, absolutely! [Name of the staff member]-mum I call her, gives one-to-one care." A healthcare professional said, "Staff are caring and ensure residents needs are met. Staff are easily approachable." We observed staff having time to have conversations with people. They asked people about their daily plans when supporting them with personal care. Staff engaged and interacted with people in a pleasant, patient and helpful manner.

People's preferences were reflected in their care plans which guided staff on the support people required to lead their preferred life styles. Staff were aware of people's individual care needs and told us how they supported people to choose what they wanted to wear and whether they wanted to have their meals in their bedrooms or in the dining area. Staff told us about people's interests, activities they used to take part in, how they liked their tea and relationships that were important to them.

People told us they felt respected. One person said, "I get enough respect, of course [staff] respect us!" A relative noted, "[Staff] appear to respect our choices." A healthcare professional said, "[People] are involved in different activities and they are treated with respect." We observed staff closing the bedroom doors before they started supporting people with personal care. We saw people being assisted by the same gender staff where it was important for them. People were able to lock their bedroom doors if they wanted to have privacy and stay on their own.

Staff helped people to follow their religious and cultural beliefs as necessary. People told us they had a local priest visiting them regularly who supported them with their religious needs. One person said, "I believe in God and go to the services held here." Staff pointed out to us the people who required assistance to meet their cultural needs and told us how they supported those people to eat their preferred meals. One person said, "I don't eat English food, [staff] cook me yam."

People were encouraged to interact and take part in activities of their choice. One person said, "I like word games [facilitated at the home]." Family members comments included, "I'm always made to feel welcome and offered to go on outings. We have been to the seaside, an air show and safari. You should have seen [my relative's] face, it lighted up when he saw the animals" and "[My relative] gets taken down stairs for socialising and making friends." There were activity co-ordinators to help people to plan, attend and take part in their preferred activities such as movie club, beauty treatments, exercise sessions and bingo. People were encouraged to celebrate their birthdays together.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed to ensure they reflected people's changing needs. A relative said, "We work as a team, if [name of the staff member] says so or I suggest a change it's 100% happening." A healthcare professional told us, "Residents and their families are involved in care planning." Care plans included information related to people's social needs such as what was important to them. People's health needs and allergies were recorded to help staff to provide the right care and in the right way.

Staff were provided with guidance on the support people required to communicate. Care records held information relevant to people's individual communication needs which helped staff to engage people in conversations. For example, in one of the care plans it was noted that staff should be patient and provide the person with enough time to understand information. A staff member said, "I can usually tell which dress [the person] wants – she'll smile when I show her the one." The service met the requirements of the Accessible Information Standard.

Although the home used pictures in a lot of areas to support people's communication, we observed that the menu plan was written and therefore some people would not be able to understand it's content. Furthermore, during the mealtime, we observed staff communicating the menu choices to people such as if they wanted chicken or soup but they did not tell people what soup was on offer. We discussed this with the registered manager who told us they would act to address this as necessary. We will check their progress at our next comprehensive inspection.

The service had suitable arrangements in place to respond to people's concerns and complaints. One person said, "Now I am able to complain. It depends what I complain about, I choose one of the three managers who have different areas of expertise." Records showed that any complaints received were appropriately recorded, investigated and acted on with the outcome satisfactory to the complainant. For example, the registered manager involved a healthcare professional to inform the family on what was the best way to support their relative because of their health needs.

People were encouraged to provide their feedback about the service delivery. 'Resident meetings' and 'resident forums', led by people, were facilitated to address people's concerns and share experiences with the aim to agree on actions to improve where necessary, for example in relation to the activities provided by the home. Suggestion boxes, displayed in the hallway, were used to obtain people's and their relatives comments, questions and requests as necessary.

At the time of inspection, the service had not supported people at the end of their lives. The registered manager told us they had policies and procedures in place for staff to follow when people needed such support and that the staff team worked in partnership with healthcare professionals making sure they appropriately assisted people to stay comfortable for as long as possible. As required, care plans included Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms which were regularly reviewed and guided staff to support people in respect of their wishes.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was aware of their role responsibilities which helped them to aim to provide effective care for people. We saw the registered manager being involved in the day-to-day running of the service and taking responsibility to deal with staff related issues, complaints and incidents and accidents occurring. We observed the registered manager being transparent and dedicated to their job. In the last year, there was a number of safeguarding concerns raised. We found that the registered manager took appropriate action to report and safeguard people when these allegations were made. The registered manager ensured they effectively shared information with the Care Quality Commission (CQC) which showed good partnership working and their concern in supporting people's well-being. We saw the previous CQC inspection's ratings being displayed on the premises as required by law.

Healthcare professionals' comments we received in relation to the home management included, "[The service was] very well led" and "Very good management. [The staff team] coordinates care involving residents, their relatives and other professionals. They maintain good communication."

Although the registered manager was aware of the different forms of statutory notifications they had to submit to CQC, we found that Deprivation of Liberty Safeguards (DoLS) notifications were not sent to us as required by law. Records showed that the management team monitored DoLS authorisation requests submitted to the local authorities and applied to renew the DoLS applications before the expiry date to ensure their approval in time. The management team knew the conditions applied to the authorised applications and took actions to meet these.

The requirement to submit the DoLS notifications to CQC was discussed with the registered manager who told us that this action was not included in their automatically generated prompt and therefore was missed. Immediately after the inspection, the registered manager sent us all the necessary notifications. We will continue monitoring and check the provider's on-going compliance with the CQC requirement at our next comprehensive inspection.

Records showed that audits were carried out to monitor the quality of the services provided for people. Regular checks were undertaken by the regional director, registered manager, unit managers and staff members to review the health and safety at the service, care plans, people's experiences, such as observing people dining, and staff performance. We saw that appropriate action was taken to address any improvement required, for example lack of storage.

However, evidence suggested that the quality assurance processes in place were not always effective as the service had not always sufficiently identified issues related to care delivery. As already mentioned in the report, concerns regarding people's medicines, mental capacity assessments and DoLS notifications were not found for taking actions to improve so that people experienced safe care.

We recommend the provider reviews the quality assurance systems in use at the service to ensure they are used effectively and result in improvements.

Staff had support to develop in their role and were given leadership responsibilities which increased their motivation to perform in their role well. Staff told us they were encouraged to go for an internal promotion to become senior clinicians and that the provider trained them for this. A staff member said, "I think things work quite well. We are a committed team and we have a committed leader." The registered manager told us "When I am not here, my team should be able to access all information if needed. I ensure I equip the team as they need to be confident to do their job." This meant that staff had guidance required for their role and that they were able to access information easily.

The management team used external agencies to gather information about the changes taking place in social care sector. The registered manager told us they regularly attended provider's forums where the care home managers and healthcare professionals had discussions about good practice and the challenges they were facing.