

Bupa Care Homes (AKW) Limited

# Heathland Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Heathland Court Care Home is a residential 'care home' providing personal and/or nursing care to up to 58 older people. At the time of our inspection 55 people were living at the care home. They accommodate people across 4 separate floors, each of which has their own adapted facilities. The units located on the top and bottom floors support people with nursing needs and the first floor specialises in supporting people living with dementia.

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

The care home was able to demonstrate they had improved in the last 9 months since their last inspection and were no longer in breach of regulations, although further improvements are still required.

At our last inspection we found the provider had failed to ensure staff did not work excessive hours without sufficient time off between shifts; risks people might face were not always safely managed; and their governance systems were not effectively operated.

At this inspection we found enough improvements had been made to address these outstanding breaches. People now received personal care and support from staff who had been given sufficient time off between shifts to recuperate and therefore did not work excessive hours. Staff knew how to prevent and manage risks people might face and had access to newly reviewed, detailed, risk management plans. The providers established oversight and scrutiny systems were now operated effectively.

We received negative comments from a few community health and social care professionals about the standard of care provided at the service. However, most external professionals, people living at the care home, their relatives, and staff working there, told us the service was beginning to improve under the leadership of the new management team and was moving in the right direction.

However, we identified a number of new issues at this inspection which needed to be addressed. This included improving how the provider conducted checks and kept records of the daily room temperature of their clinical rooms where medicines were stored. The service was not meeting their legal requirement to have a registered manager in post to oversee the delivery of regulated activities at this location.

The service was adequately staffed by people whose suitability and fitness to work at the care home had been thoroughly assessed. People were kept safe and were confident any concerns they raised would be listened to and acted upon. Staff understood how to safeguard people. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised. 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; the policies and systems in the service supported this practice.

People living at the care home, their relatives and staff working there were complimentary about how approachable and accessible the current management team were. The provider promoted an open and inclusive culture which sought the views of people living at the care home, their relatives, and staff working there. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. The provider worked in partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We conducted an announced comprehensive inspection of this service on 22 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they ensured staff would not work excessive hours without sufficient time off between shifts; prevented and managed identified risks safely; and operated their oversight and scrutiny systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contained those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good, although the well-led key question remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathland Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about the management of some medicines.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Heathland Court Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We conducted this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 2 inspectors.

#### Service and service type

Heathland Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, although a new acting manager was recently appointed, and they have submitted an application to be registered with us.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since their last inspection. We received telephone feedback from a relative and email comments from 6 community health and social care professionals including, a GP, 2 nurses, an occupational therapist, a local authority contract manager and a clinical educator/trainer. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 12 people who lived at the care home and 6 visiting relatives and/or friends. We also talked to various managers and staff who worked at the care home including, the regional director, the new acting home manager, the deputy manager/clinical lead nurse, the care workers manager, a unit/floor manager, 2 nurses, 7 care workers, an activities coordinator, and the maintenance person.

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 verbally communicate with us.

Records looked at as part of this inspection included 8 people's care plans and 8 staff files in relation to their recruitment, training, and supervision. A variety of other records relating to the overall management and governance of the service, including policies and procedures, were also looked at, including multiple medicines records and internal audits.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included a risk management plan for 1 person who lived at the care home, the staff training matrix, and staff fire drill participation records. We received the information which was used as part of our inspection.

# 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 requires improvement. At this inspection, this key question has changed to good. This meant people were now safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, the provider had failed to ensure staff did not work excessive hours without sufficient time off between shifts to recuperate. This staffing issue represented a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We were assured the way the provider coordinated staffing had improved and was now safe.
- Staff duty rosters identified where staff had worked a 12-hour shift in the care home they took time off work and were not permitted to work consecutive shifts in a row. The provider acknowledged at the time of our last inspection that no staff should have ever been allowed to work back-to-back shifts in excess of 12 hours. This practice which contradicted the provider staffing policy was immediately ceased at the time. This was confirmed by staff. Managers told us staff duty rosters were reviewed weekly to mitigate the risk of similar practices repeating themselves in the future. We were assured the risk of people receiving support from fatigued staff who had worked excessive hours without sufficient time off had now been mitigated.
- People told us the care home was adequately staffed. A community professional said, "On a really positive note the provider is trying to address staff shortages via the oversee sponsorship scheme and have recruited lots of new staff recently, which we applaud." A member of staff added, "We've recruited quite a number of new staff lately which has helped reduce all the issues we experienced last year when we were short staffed." The managers confirmed the care home now had its full complement of care workers following a recent staff recruitment drive and were actively recruiting new nurses to fill their 3 outstanding nurse vacancies.
- Managers and staff were visibly present throughout this inspection and matched the duty rota for the day. We observed nursing and care staff providing people with the appropriate levels of care and support they needed. Staff were quick to respond when people required assistance. Managers confirmed they used the providers dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
- Staff recruitment processes were thorough, and records demonstrated they were always followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure people were protected from avoidable harm because risk

management plans were not always sufficiently detailed to ensure staff knew how to prevent or mitigate risks people might face. In addition, there was not enough moving and handling equipment that staff always used safely. These issues represented a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider was in the process of introducing an electronic care planning system. The new system automatically flagged up if staff failed to take action in a timely manner to continually meet people's assessed needs as set out in their care plan. For example, staff now had access to up to date and detailed risk management plans that made it clear how and when to reposition people at risk of developing pressure wounds, which would automatically indicate to managers and nursing staff if the task were not completed in a timely manner or at all. A community professional told us, "I am pleased they have now moved people's care plans and documentation to a digital system."
- There was enough moving and transferring equipment available in the care home including, mobile hoists and sliding sheets, to enable staff to safely meet people's moving and transferring needs. We observed 3 staff work together as a team to prepare a mobile hoist and sling to support a person to safely transfer within the privacy of their bedroom. Staff knew at least 2 staff was the minimum required to operate a mobile hoist safely.
- People's new electronic risk management plans were reviewed and updated at least monthly by a named nurse or as often as required if a person's needs changed.
- Staff were familiar with people's daily routines, preferences, the risks they might face and the action they needed to take to prevent or appropriately manage those risks.
- People told us staff knew how to prevent or safely manage risks they might face. A visitor told us, "I think the staff do a great job keeping my [name of friend] calm and responding so patiently to her when she does become distressed, which I know is not an easy task."
- Staff undertook training to help make sure they could care for people safely. For example, this included training in preventing people with skin tissue viability needs develop pressure sores, or those with mobility needs falling. Staff told us they had received all the training they needed to prevent or appropriately manage and deescalate distressed behaviour. A community professional added, "All the training I provide the care home does help staff identify and manage risks better. It's been agreed with the new managers that I will provide staff training and attend clinical meetings so the staff know how to keep the people they support safe. I have already provided staff training around falls prevention and there's plans for staff to receive additional tissue viability and choking awareness training soon."
- Regular checks were completed to help ensure the safety of the care home's physical environment. The building was well-maintained and health and safety checks were recorded and kept up to date.

#### Using medicines safely

- Medicines systems were well-organised.
- However, the provider had failed to conduct daily checks and kept accurate records of the room temperature of all their clinical rooms where people's prescribed medicines were stored.

We recommend the provider consider current best practice medicines guidance on checking and recording daily temperatures of the rooms where people's prescribed medicines are stored and take action to update their medicines practice accordingly.

The provider responded immediately after the inspection. They confirmed suitable daily temperature checks of the rooms where they stored medicines were now conducted on a daily basis and accurate



records of the outcome of these audits were now kept. They sent us this recorded evidence.

- We found no recording errors or omissions on any of the medicines administration records sheets we looked at.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines.
- Nursing staff authorised to manage medicines in the home were clear about their responsibilities in relation to the safe management of medicines. These staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by managers and senior nursing staff.
- Medicines were regularly audited by the deputy manager and nursing staff.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse.
- People told us they felt safe and well cared for at the home. A person said, "The staff are kind and friendly and know how to keep me safe. I feel safer here than I would if I were in my own home." A visitor added, "The staff are excellent and do an excellent job keeping my friend safe."
- The provider had clear safeguarding and whistle-blowing policies and procedures in place. Whistleblowing is the term used when a worker passes on information concerning perceived wrongdoing, typically witnessed at work.
- Staff received safeguarding adults training as part of their induction which was routinely refreshed. Staff knew how to recognise and report abuse and were able to articulate how they would spot signs if people were at risk of harm. A member of staff told us, "I've received safeguarding training and know what abuse is and that I must tell the nurse or manager in-charge if I ever see it happen here."
- The provider had worked with other agencies, such as the local safeguarding authority, to investigate and respond to allegations of abuse.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- The provider no longer insists all staff and visitors to the home must wear appropriate personal protective equipment (PPE) to reflect the government's risk-based approach to wearing PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People told us, and we saw that the care home, looked and smelt hygienically clean. A relative told us, "The home always looks so clean. The cleaners do an excellent job."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands and using hand gel.

Visiting Care Homes

- The home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

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 when this is in their best interests and legally authorised under the MCA. 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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of all the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The home had regularly reviewed accident and incident records to reduce the possibility of reoccurrence.
- Any safeguarding concerns and complaints were reviewed, analysed, and responded to with emerging themes identified, necessary action taken and ways of avoiding them from happening again looked at.
- Improvements made at the service since our last inspection included the introduction of an electronic care planning system.



# 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 requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was still 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure their oversight and scrutiny systems were effectively operated and the care home was always well-managed. This was because the provider had not identified and addressed numerous issues we found at their last inspection including, how they managed risks people might face and staff working excessive hours. These represented a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The new management team understood their quality and safety monitoring roles and responsibilities.
- The provider had completed a time specific improvement plan as we had required them to do following our last inspection and had taken appropriate action to address all the outstanding issues we identified at that time. This included improving how risks were prevented and/or managed and ensuring staff did not work excessive hours.
- The provider was in the process of introducing a new care planning system and transferring information they held about people on paper records to their new electronic system. At the time of the inspection 80 percent of peoples paper records had been digitalised and the provider planned to complete this transfer process by the end of 2023. The situation was not impacting on care delivery and staff knew and understood people's needs well.
- The quality and safety of the service people received was routinely monitored by managers at both a provider and service level who conducted regular audits and checks at the care home, and routinely sought feedback from people living there, their relatives and staff. The audits included monthly care plan sampling, dementia provision, mealtime experience, record keeping and health and safety checks. There were also organisational visit reports, a development plan, and routine visits from the providers quality assurance team.
- The outcome of these audits and checks were routinely analysed to identify performance shortfalls, learn lessons, and develop action plans to improve the service they provided to people. These quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Furthermore, the managers and senior staff team met every morning to discuss any changes to people's

needs and the packages of care they received and conducted daily walk-about tours of the premises to observe staffs working practices. This was also used as a spot audit and visual inspection of the building.

- However, the care home had been without a registered manager for 16 months. People told us they were concerned about the high turnover of managers they continued to experience at Heathlands Court. An external professional said, "The high turnover of managers over the past few years is an alarming sign of instability within the facility. Frequent changes in leadership have led to confusion and uncertainty among staff, ultimately impacting residents care." A member of staff added, "I can't keep up with all the management changes they continually have here. It's like a revolving door. We've had 5 different managers in 5 years. We desperately need a stable management team to help us provide people with consistent, good quality care they deserve."

We discussed these ongoing management issues with the provider at the time of our inspection. They were aware they were required to have a manager registered with the CQC. The newly appointed acting manager confirmed the care home now had a new regional director and deputy manager/clinical lead nurse and that they had recently submitted an application to be registered by us. Progress made by the provider to achieve this stated aim of ensuring the care home is consistently well-managed by a registered manager will be closely monitored by the CQC.

- People living in the care home, their relatives and staff working there all spoke positively about how approachable, accessible, and supportive the new management team were. An external professional told us, "The new clinical lead nurse [deputy manager] is very knowledgeable and approachable about the clinical side of things, which is what this care home has been crying out for."
- The managers understood their responsibilities in relation to their regulatory requirements around notifiable incidents. Our records indicate that appropriate, timely notifications were made to the CQC.
- The service's previous CQC inspection report was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

#### Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals. This included local authorities, GPs, district nurses, occupational therapists, speech, and language therapists, and the CQC.
- We received a few negative comments from external professionals who told us the provider had not always worked closely with them in the past. However, most now felt they had developed better working relationships with the relatively new management team during the course of the last 3 months. A community professional said, "I feel since the last inspection the new managers have made strides to improve how they work with us. The new clinical lead engages well with our team and invites me to clinical risk meetings to discuss residents, which ensures we keep in regular touch."
- The managers told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with the whole staff team.

#### Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff.
- People said staff worked hard to meet their individual needs. We observed staff constantly attending to people's needs and wishes, making sure they were happy and comfortable.
- Staff demonstrated good person-centred awareness of these individuals care needs and interacted with them both in a respectful and considerate way. We observed multiple instances where staff interacted

positively with people by using their knowledge of their individual needs and preferences.

- Managers had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The provider understood their duty of candour responsibilities and was open and honest with people when things went wrong with people's care. People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the positive and initiative-taking attitude of the new managers and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. This included regular individual and group meetings with their peers, managers and staff, multi-professional care planning reviews and customer satisfaction surveys.
- People said they had opportunities to give their opinions about the service they received. People provided regular feedback that identified if the care and support given was focused on their needs and wishes. Feedback from people who could not use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff. A relative said, "The staff do listen to me and take on board what I have to say."
- The provider valued and listened to the views of staff. Staff were encouraged to have their say and contribute to improving the service people who lived there received. This was done through regular individual and group meetings with managers and fellow co-workers.