

Bupa Care Homes (CFChomes) Limited

Premier Court Care Home

Inspection report

Thorley Lane East
Thorley
Bishops Stortford
Hertfordshire
CM23 4BH

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Premier Court Residential and Nursing Home provides accommodation for up to 59 older people who require nursing care. At the time of our inspection 45 people lived at the home.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in the home. Risks to people's health and wellbeing were appropriately planned for and managed. Robust recruitment processes were followed. People told us there were enough competent staff to provide them with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to make choices to have maximum control of their lives and staff supported them in the least restrictive way possible.

People and their relatives told us and our observations confirmed that people were treated with warmth and kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feedback on the service and their views were acted on. People received personalised care that met their individual needs and were given appropriate support and encouragement to access meaningful activities. People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The management team worked hard to create an open, transparent and inclusive ethos within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

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?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Premier 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.

This comprehensive inspection was unannounced and carried out by one inspector and an expert by experience on 11 April 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

The provider completed a Provider Information Return (PIR) and submitted this to us on 03 March 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with seven people who used the service, six relatives, five nursing and care staff, the chef, the deputy manager and the registered manager.

We reviewed four people's care records, two staff personnel files and various records relating to the management of the service. 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.

Is the service safe?

Our findings

People told us they felt safe living at Premier Court Residential and Nursing Home. One person said, "Yes I feel safe, there are enough staff. I don't wait long, very even all round day and night." Another person told us, "I feel safe, they have access numbers to get into the building and nurse's stations are in appropriate places, you have got to go by them to get to most of the rooms and you see staff about." A visitor commented, "Standard is very good, they [staff] always make us welcome, we sign in and they help us to the room. The smell of the home is nice, everything is nice, it is a warm and welcoming experience for us – it is clean and always fresh flowers around."

People were supported by staff who were able to demonstrate that they understood how to keep people safe. This included how to recognise and report suspicion of abuse.

Records demonstrated that risks to people were identified and that control measures were put in place to reduce these risks. During the course of the day we saw staff taking action to reduce risks for people. For example, we saw staff support people to mobilise safely by moving obstacles and pieces of furniture out of their way to help reduce the risks of people stumbling.

People told us, and we observed that there were enough staff available to meet people's needs. The home was calm and staff went about their duties in a professional and unrushed manner. One person said, "I get about in my wheelchair, there are buzzers lying around and if there is something urgent they come quickly." Another person commented, "I fell three or four weeks ago in my room and I shouted and they came right away. If you press the blue button they come urgently." The staffing level was kept under continuous review by the management team to help ensure there were enough staff deployed to meet people's changing needs.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely.

Is the service effective?

Our findings

People told us, and we observed that they received care and support from appropriately skilled and knowledgeable staff. One person said, "The staff know what they are doing." Relatives told us that they had confidence in the staff team because they knew and understood people's individual needs.

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal, and that these focused on encouraging and supporting good practice. Staff were offered the opportunity to request training, discuss career progression and set objectives and goals for the coming year.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Discussions with staff and observations demonstrated they understood the principles of MCA and DoLS and how these applied to the people they supported. Staff encouraged people to make decisions independently based on their ability and people who used the service told us that staff asked for their consent before providing care. One person said, "They knock on the door even when it is open."

People told us the food at Premier Court Residential and Nursing Home was good quality. A person who used the service told us, "I have a cooked breakfast every day, I get meat and two vegetables, good choice and hot, I have an omelette every now and then when I ask them." Another person said, "Can have a cooked breakfast if you want, two choices at lunch, quantities are big enough, and I have a different meal – a chip butty I fancy and they do that." During the lunch service we noted that people were given practical support to eat where they needed. For example, staff offered to cut up people's food for them and where people needed physical assistance to eat staff sat with them and supported them at people's own pace.

Staff and the management team had a good working relationship with external health professionals such as GPs and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. A visiting health professional told us, "The staff are very responsive, knowledgeable and follow any guidance given."

A person who used the service told us, "The nurse puts your name on the doctor's list, dentist the same, optician same and chiropodist I see every two months." People's relatives confirmed that people received external healthcare support as needed. One relative told us, "[Person] sees the doctor regularly and they [staff] will ring me and say what action had been taken, they always keep in touch."

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person told us, "Staff like a joke, they chat to me on general things, like what happened in London last week. I can be up at 11 at night and they chat to me." Another person commented, "Staff are all very careful and helpful and look after us, they are very nice."

People's relatives told us that they were satisfied with the care and support provided for people at Premier Court Residential and Nursing Home. One relative told us, "The home is lovely, we have no complaints, [person] is always in bed and always tidy and clean and no smells, staff always polite and say hello – family are happy with the service." Another relative told us, "Staff are warm and welcoming, friendly and willing to help, accommodating and will answer general questions, the carers are busy in rooms or walking around and checking, there is always someone around." A further relative said, "I really rate this home – they are treated with dignity and everyone is welcome. They treat people as equals and never talk down to them, we are relieved [relative] is in a place like this."

A relative and some young children had been able to join a person for the lunchtime meal. A table had been made available in a bay window with the person facing outwards so all they could see was their family as they sat and had lunch. The relative told us, "It is lovely here and they are very accommodating of the children, they are a big part of [person's] life. We went to the dining room and had a table available for us all – it was nice to be able to sit with the kids and have dinner."

Staff interacted with people in a thoughtful and considerate way. For example, the administrator walked past a person's room and heard them calling out. The administrator popped their head in and asked, "Are you okay [person's name], what can I do for you?" We saw other examples where the maintenance person checked whether people needed anything as they went about their daily tasks. This demonstrated a respectful and caring approach from all staff.

People told us that they were involved in making decisions about their care and records supported what people told us. One person said, "They wake me at 7.30 and wash and dress me at a time to suit me." Where people were unable to participate in the planning of their care, their relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People told us that their right to privacy was respected by staff. One person said, "I don't go to activities, they have been looking to encourage me to be up and about and try and get me up and about – I just want a quiet life." This showed us that people's right to make decisions and have privacy was respected. A relative told us, "Personal care is always very good and when they do PEG feeding (Where a person takes their nutrition and hydration by a tube directly into their stomach) they ask us to pop out, they respect [person's] privacy." Another relative told us, "[Person] is really respected, they tend to repeat themselves but they [staff] know how to deal with [person]."

Is the service responsive?

Our findings

People's relatives told us that staff supported and encouraged people to regain as much independence as possible. For example, one relative told us, "[Person] could not stand but with proper nutrition and encouragement from the staff they can now stand, staff put a hand in the small of [person's] back and give lots of encouragement." The relative went on to say, "There is good communication with relatives, staff all say hello and are always smiling."

People and their relatives told us that staff knew people well. We saw this reflected in staff practice during the course of the day. For example, we observed how a staff member offered assistance to a person in a wheelchair who had become anxious and resistive to support. The staff member was patient and friendly and said, "Can I help you? Do you want to put your feet on the foot plate and keep your arms in?" The staff member demonstrated that they knew how the person reacted and kept their voice low and friendly and waited patiently until they accepted the help offered.

One person said, "They know and understand me well." A relative told us, "Staff know [person's] likes and dislikes and they cater to that and always make time for them." People's care records contained personalised information about them, such as their individual care needs, hobbies and interests, preferences and life history. This information was regularly reviewed and enabled staff to support people in the way they wished.

People's relatives told us there was good communication with them from all staff. For example, one relative told us, "Staff are always willing to help and answer all my questions, if they have not got an answer and need to check with the doctor they get back to me."

People were provided with opportunities to take part in meaningful activities. During our visit we observed staff sitting with people reading the paper to them, a staff member painting someone's nails and later played a word game with a group of people in the communal lounge area. A person who used the service told us, "I find it good here, the meals are good, and they keep me entertained with games and the shows are very good."

A relative of a person who used the service told us, "[Relative] loves the activity girls, calls them their live in daughters. [Person] plays bowls, scrabble, jig saws, flower arranging, music people come in, they made a castle and the residents made the poppies (like the poppies at the Tower of London) and stuck them onto the castle and entered it into a competition, [person] made an Easter Bonnet for the competition and there is a prize for the winner." Another relative told us, "I love it, they are very kind, I love the activities they give every afternoon, the carers are fantastic, the nursing is very good and the [registered] manager seems to listen and deals with things immediately."

People were supported to feedback their views on the service both at regular meetings and via a feedback survey. People said their comments were taken on board and they felt listened to. One person said, "No complaints, on very good terms with the [registered] manager and they make time for you and whatever I

have asked for has been taken forward." People and their relatives also told us they knew how to complain, and would feel comfortable doing so. One person told us, "I have no complaints but I can raise anything with the nurses."

Is the service well-led?

Our findings

People and their relatives told us that they thought the service was well managed. A person who used the service told us, "I know where to find the [registered] manager – it is well run and they seem to be in control of what they are doing – they have been checking the heating system to get it right – the maintenance manager came and told me what had happened." Another relative said, "I have been very pleased and the [registered] manager has made a big difference."

People's relatives and visitors to the home on the day of this inspection gave us positive feedback about the service. One relative told us, "It is like a hotel, it has a sense of home, we know the names of everyone (residents), know the names of the staff who are very patient and very kind and tend to laugh a lot and this includes the staff on the reception desk – they always make a point of going and seeing [relative] every day and they put their arms around them."

There was a registered manager working at the service. 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.

The registered manager had created a positive, transparent and inclusive culture within the service and actively sought the feedback from people who used the service, their relatives and staff. For example a person who had previously used the service had bequeathed a sum of money to the home. The registered manager had held meetings with people who used the service to ask their opinions about what they would like the funds to be spent on and had also distributed a survey to people to gather their views about what they would like.

It was evident that the registered manager promoted openness and transparency and this had been cascaded throughout the staff team. All staff including the administrator, receptionist, housekeeping, catering, and maintenance as well as care and nursing were cheerful, open and supportive. We noted that all the staff interacted with people who used the service and their relatives in a courteous and professional manner indicating that nothing was too much trouble.

The registered manager carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records confirmed that these were acted upon promptly.