Bupa Care Homes (CFChomes) Limited

Heathbrook House Care Home

Inspection report

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Date of inspection visit:
04 February 2020

Date of publication:
12 March 2020

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Heath Brook House is registered to provide accommodation, nursing and personal care for up to 45 older people, including people living with dementia. At the time of our inspection visit there were 41 people living at the home. Bedrooms were across two floors with communal areas and a main dining area on each floor. People had their own ensuite bedrooms and access to an outdoor area.

People's experience of using this service and what we found
People were safe because staff protected people from known risks and poor practice. People and relatives raised some concerns about staffing numbers, however our observations showed there were enough staff on duty. Staff told us staffing levels were sufficient, but the shifts were not always managed effectively which impacted on their responsiveness. Staff followed safe principles for infection control which meant the potential for cross infection risk was minimised.

Staff knew people well, what their preferences were and staff understood how their approach needed to be tailored to each person, especially those living with a cognitive impairment. Staff training was monitored by the provider and was up to date.

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's records included a decision specific mental capacity assessment and best interest decisions were recorded. Staff knew how to support people in line with those choices.

People said staff were respectful, kind and caring. People had individual care plans and assessments that met their health and social needs and they were supported by other health professionals. A visiting healthcare professional told us overall standards of care at the home had improved.

People were involved in pursuing their interests and hobbies. People's life history information was used to inform staff about their hobbies and interests. Care plans were clear and they provided staff with the information and guidance they needed to support people in line with their individual care needs. Staff supported people who were at end of life and people's advanced wishes and preferences were discussed and followed.

People and relatives were provided opportunities for feedback on the service. The manager had an open-door policy and because they worked 'on the floor', frequent opportunities were taken to seek their views and opinions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 11 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well led. Details are in our well led findings below.	**Good**

Heathbrook House Care Home

Detailed findings

Background to this inspection

The inspection
We carried out 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 Care Act 2014.

Inspection team
On 4 February 2020 one inspector carried out this inspection visit and one specialist advisor. The specialist advisor was a nurse experienced in supporting older people. We were also supported by an expert by experience who has experience of caring for someone in this type of service.

Service and service type
Heath Brook House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service doesn't currently have a registered manager, as the previous registered manager had left the service on 27 November 2019. A manager was appointed on 27 November 2019 and the manager is in the process of registering with the Care Quality Commission. Once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the provider and information received from the public, the local

authority and health agencies. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection
We spoke with 11 people and six visiting relatives to get their experiences of what the quality of care was like at the home. We spoke with the manager, a deputy manager, two nurses, four care staff, one kitchen assistant, a maintenance person and a regional director.

We reviewed a range of records related to five people's care such as care plans, risk assessments, medicine administration records and daily records. We reviewed audits and checks, complaints and how people's feedback led to providing good care outcomes.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
- People's risks had been assessed, recorded and regularly reviewed and where changes in risks had changed, records reflected this. For example, changes in skin integrity.
- Staff supported people to maintain their safety and they knew the type and level of assistance each person needed to help keep them safe.
- People's identified risks included information to help minimise the risk of falling, skin breakdown and to manage people with distressed behaviours.
- Environmental, health and safety, utility and infection control risks were completed and regular checks ensured the home remained safe for people and visitors. The manager and provider had oversight to ensure these checks were completed at the required intervals.
- Fire safety checks were completed; however fire drills were not always completed based on the needs of people living at the home. The regional director agreed to follow this up and complete as required.

Using medicines safely
- People received their medicines safely.
- Medicines were administered safely by trained staff. Medicine administration records (MAR) showed staff had correctly signed MAR's when medicines had been given.
- As and when required medicines were administered in conjunction with safe protocols. Medicines that needed to be applied via a patch, were documented to show where on the body the patch was applied and when.
- Medicines were stored safely and regular temperature checks ensured medicines remained safe for use.

Systems and processes to safeguard people from the risk of abuse
- People were protected from abuse and people told us they felt safe. One person told us, "It's the fact I am looked after, they see you eat well and they seem to know what they are doing."
- Staff knew how to protect people from poor practice. Staff were confident to raise concerns to the manager, the provider and to the CQC. One staff member said if they ever saw abusive practice, "I would speak up." Staff knew how and who to raise concerns to.
- The manager was clear about their responsibilities and how to safeguard people.

Staffing and recruitment
- Staffing levels met people's needs although some people and relatives told us staff were very not always quick to respond. The manager had increased staffing levels by one which staff said had been positive. One staff member said, "Four is better now, it's been recognised in the last few months. They (people) get more

attention now."
● The manager assessed people's dependencies and changing health conditions which helped them to continue to provide safe staffing levels. In some cases, one to one support was provided. The deputy manager and the manager had a good knowledge of people's needs and because they also worked a shift, this helped inform safe staffing levels.

Preventing and controlling infection
● People were satisfied with the cleanliness of the home, however on the first floor there was a strong malodour. The manager told us refurbishment was planned in this area to replace flooring in parts of the home, primarily the first floor.
● Staff told us, and we saw, they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection such as wearing aprons and gloves.

Learning lessons when things go wrong
● Analysis of falls, incidents and accidents took place within the home and by the provider's own internal teams. Patterns And trends were looked for and action taken to reduce the potential for further incidents. Clinical audits linked in with this to ensure positive actions had been implemented.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments shaped care plans for staff to follow. Assessments included people's care needs, life histories and individual preferences. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.

Staff skills, knowledge and experience

- People said staff knew what to do to meet their needs. One person said, "They (staff) are dedicated people. I just feel they know what their job is."
- Staff training records showed training was completed and refreshed. Staff told us they were trained to meet people's needs and they were kept up to date with current practices.
- The staffing rota considered staff skill mix and experience to meet people's physical and emotional health needs.

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

- People enjoyed the food and refreshments. One person said, "I always have plenty of fresh drinks." People said they had a choice for breakfast although we did not see people given a choice of main meal or dessert during our visit.
- Staff encouraged people to eat and assisted those who needed support.
- Food and fluid monitoring was completed for those identified at risk of malnutrition or dehydration. Where needed, dieticians and speech and language therapists were involved in people's care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People accessed medical professionals. One person told us, "I have a problem with itching, staff told the doctor and they gave me some tablets. I told the staff they are not working and they are going to speak to the GP again today."
- GPs and mental health teams helped people when concerns were identified by staff. A visiting health professional told us care standards had improved in the last 18 months. They told us, "I am really impressed with the deputy manager, really receptive. Staff are good at the minor things - good at responding." They said of referrals, "Calling appropriately. Only for urgent things."
- The deputy manager told us arrangements were in place with other health professionals to ensure people received additional support with oral care, eye tests and visits with mental health teams. The deputy manager told us relationships with health professionals had improved over time which was confirmed by those we spoke with.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people required authorisations to be made under the DoLS these were completed and followed.
- Staff understood and followed the principles of the MCA. Staff always sought consent and offered people choices. Staff explained what they were going to do and waited for people to decide and agree, before helping.
- Staff told us when they needed to act in people's best interests to maintain their overall health and wellbeing. Records showed why these decisions needed to be made and decisions were specific to individual topics, such as administering medicines and personal care.

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

- People were supported to personalise their bedrooms and encouraged to bring their own possessions.
- The manager wanted to improve the home environment. This included having tactile objects throughout the home for people to engage with and to make it feel homelier.
- The home was purpose built and met people's needs, such as hand-rails along corridors and people could use a passenger lift.
- The home was maintained and when rooms became available, refurbishment was planned.
- Use of colours and large print and pictorial signage, particularly where people living with dementia lived, helped guide people through the home.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality needs were respected. For example, people's faiths were supported. The manager and regional director discussed with us 'lifting the lid' which was an initiative promoted by Alzheimer's society for discussions around sexuality. This was an area the manager wanted to explore further with people living at Heath Brook House. The manager told us questions around sexuality and relationships would be discussed in pre-assessments so they understood the person's needs before they moved into the home.
- We saw staff were respectful which showed in their interactions with people. For example, one person was sleepy and staff gently woke them to encourage them to have their lunch.

Supporting people to express their views and be involved in making decisions about their care

- People were complimentary about the staff who cared for them. One person said, "It's a good place…. they (staff) are absolutely golden to me like an extended family." One person told us how they had suffered a stroke and staff knew who to support them to reduce any pain or discomfort.
- People had opportunities at planned meetings to provide feedback and care reviews made sure they were included in how their care was delivered. One relative said their family member did not know when activities took place. This relative said, "I suggested they move the activity timetables from the lobby so the residents could see and they did."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how they respected people's privacy by knocking on doors and making sure people were covered as much as possible during personal care.
- People were encouraged to remain independent. One person was able to get out on their own but staff monitored their movements remotely via a GPS tracking application with their consent.
- Staff made sure people had their food and drinks provided to them using beakers or bowls so they could retain some independence.
- Relatives told us they were welcomed and could visit without restriction.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Most people and relatives told us staff had not always been responsive to their needs. One person said, "I can press my buzzer but sometimes they (staff) are not so quick and it takes a long time especially in the mornings. I have had to wait an hour and you feel a bit trapped if nobody comes." Another person said, "You have to wait, its worse when they have the changeover."
- The manager told us following their appointment, this was something they had recently recognised and had increased staffing and the availability of extra pagers connected to call alarms. This would help staff to be more responsive.
- For people living with a cognitive impairment, staff had not always considered how their actions could affect people. For example, at lunchtime, we did not see anyone given choice of main meal or dessert. Staff told us people had been asked the night before. This does not follow good dementia care as people may not remember or could have changed their mind. We saw when people were told what the food option was, they may not have understood. Plated or visual choice was not provided which may have helped people make an informed choice.
- The environment used bold colours to signify certain areas, for example bathrooms and toilets, but there was limited tactile items for people to engage with. We were told the previous manager removed all of these items. One staff member said, "Its soulless but we have money to make it more sensory and tactile."
- With management changes, improvements were underway. The deputy manager told us they made knitted muffs with items attached to keep peoples' hands active and busy to meet their dementia needs.
- People's care records contained important information such as their preferences and their life history. Staff said this helped them get to know people.
- Clinical plans helped staff to meet people's needs, such as knowing how to provide effective catheter care and care to minimise skin breakdown.
- Reviews took place on a regular basis and more frequently when people's health conditions changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements and choice in how people occupied their time had begun to improve. Staff recognised more could be done and improvements with local communities, external entertainers and knowing what people liked, had increased people's stimulation and activity interests.
- The manager said activity sessions were extremely good. They included children from local schools, pet therapy, craft club, and a 1:1 singer who visits people in their own rooms to reduce social isolation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Information about how people communicated was included in their care records. From our observations, staff knew who wore glasses, hearing aids and who needed to be given visual cues.

● The regional director said information could be made available to people in a format that met their needs, such as bigger print, braille or another language.

Improving care quality in response to complaints or concerns

● The provider had a formal complaints procedure. Although some people shared some less than positive experiences to us on the day, no one we spoke with had raised a formal complaint. People and relatives knew who to and how to raise their concerns.

● Five complaints made in 2019 had been investigated and responded to in line with the provider's policy.

End of life care

● At the time of our visit, some people received end of life care and some people received palliative care. Some people had life limiting illnesses.

● The staff team liaised with other healthcare professionals to support people to make decisions about the treatment they would like to receive if they became very poorly. This information was recorded in people's care plans, together with their wishes regarding resuscitation and how they wanted to spend the final days.

● A staff member told us, "Staff are patient and will sit with X during the night when X is anxious to aid their comfort." Staff said they would always do this, especially if people did not have family or friends.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility

- The manager took up their position at the end of November 2019. From speaking with people, relatives and staff, the manager prioritised areas for improvement. For example, focussing on care delivery, the environment and infection control.
- To monitor and achieve this, the manager completed regular and timely audits. Where audits and checks were delegated to others, the manager ensured these were completed. In addition to health and safety checks, care records and clinical checks were reviewed by the provider's quality team to ensure people received good care.
- Audits highlighted actions to drive improvement.
- Staff were clear of theirs and others responsibilities. Staff said communication was effective which helped and reduced unnecessary work.
- The manager and provider understood their responsibilities to us. They understood when to send us statutory notifications for notifiable incidents. The manager had displayed their rating in the home and on their website.
- However, we had not been told the manager had left the service. The regional director told us following our visit, a notification had been completed but not sent. They told us this would be sent to us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt valued and they all felt they worked well as a team. Staff said this helped them as a team to meet people's needs.
- People and relatives said they had met the new manager who was available, welcoming and open to hear their feedback.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and records showed they were involved and kept up to date about developments within the home, for example through planned meetings.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends.

- The manager recognised where improving people's care was needed, such as staff response times and recognising the process to do this was not always effective.

● Improvements to the environment were planned to help promote good infection control and introducing tactile objects will help people living with dementia to keep them engaged.