Bupa Care Homes (BNH) Limited

Havering Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 19 and 24 July 2018 and was unannounced.

Havering Court Care Home is a 'care home' that provides nursing and personal care. 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. The provider was registered to provide a service to both older and younger people who had a physical disability.

Havering Court Care Home accommodates up to fifty-two people in a purpose built, two floor building. Each floor has separate adapted facilities. There are dining and common areas on each floor and adapted bathrooms. Other facilities included a cinema room and a therapy room with physiotherapist facilities and a large garden. At the time of our inspection forty-six people were living in the home.

There was 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.

At the last inspection of the service in March 2015 the service was rated good overall but was rated requires improvement in the key question 'is the service safe?' This was because we identified shortfalls in the administration of medicines that could put people at risk of not receiving their medicines in a safe manner.

At this inspection we found that the previous concerns had not been addressed as we found medicines were not being managed in a safe way. Shortfalls identified included, people's medicines not tallying with the recorded amounts and some prescribed ointments were being administered not always as prescribed. On occasion, some morning medicines rounds were not completed until lunch time and there was a risk medicines doses were being administered too close together. We saw the storage of some medicines was not appropriate and equipment associated with medicines administration not being cleaned.

Some people and relatives felt that quality of care at the service was not as good as previously. They told us there were not enough nurses and care staff and that they sometimes had to wait to have their personal care provided. We found that the registered manager had not been assessing staffing levels on an ongoing basis and in response to changing circumstances. Therefore, they could not be assured that there was sufficient staffing to meet people's support needs.

Some people felt safe in the home but others did not. They told us that they thought that staffing levels were not high enough, that their possessions were not always safe, that external fire doors were sometimes left open during the day and they were worried intruders might come into the home and garden. They told us that the registered manager listened to their concerns and complaints but they did feel that their concerns and complaints were appropriately addressed and resolved. We have made a recommendation to the

provider about this.

People's records were not kept accurately and in a contemporaneous manner and gaps in recordings were identified.

The management team undertook audits and checks to monitor and help improve the quality of the service provided. However, these had not been effective in identifying all the concerns we found in this inspection. Where the management team were aware of concerns such as the staffing levels they had not put in place timely measures to address these concerns.

People told us they had enough food to eat. Some people felt the food served was very good and some people thought it could be better at times. Many people at the home required staff support to eat and drink. Nurses and some staff were trained to support some people who had medical procedures to support them to have enough nutrition and remain hydrated.

People and relatives told us some staff were kind and patient and took time to understand them. However, the delays in providing a service to people demonstrated that the provider was not enabling staff to provide support in a caring manner. Staff told us how they supported people to make choices in their daily activities and how they encouraged people to be as independent as possible.

Care staff received induction training when they started working at the home and specialist and refresher training to support them to manage all aspects of their work.

The registered manager assessed people prior to them moving into the home to ensure they could meet their support needs.

People had person centred care plans that stated how they wanted their care provided. Care and support plans had been reviewed however not all people we spoke with said they had seen their care plan.

The registered manager worked in line with the Mental Capacity Act 2005 and applied for Deprivation of Liberty Safeguards authorisations appropriately for people who did not have capacity about their care and treatment.

The registered manager held regular meetings with heads of department, nurses and care staff to ensure there was information sharing within the home.

The provider had a clear ethos and values that they displayed in the home and shared progress in meeting those values with staff, people and their relatives.

We found four breaches of regulations in relation to staffing, safe care and treatment, person centred care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

There were shortfalls in the administration of medicines that could put people at risk of not receiving their medicines in a safe manner.

The provider had not assessed staffing levels consistently and in response to people's changing circumstances and therefore could not be sure there were enough staff to meet the needs of the people living in the service.

The registered manager and staff had received safeguarding adult training and told us how they would recognise signs of abuse and knew how to report concerns appropriately. However, some people described missing items and felt their belongings were not always safe in the home.

The registered manager followed the provider's recruitment procedure to ensure staff were recruited in a safe way.

The provider undertook assessments to identify the risks to people and provided guidance for staff to mitigate those risks.

The provider had arrangements to promote good infection control practices and prevent cross contamination.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

People's daily records were not completed in a robust manner. Information was missing on fluid and repositioning charts which meant management and healthcare professionals could not effectively monitor people's health care needs.

The home was adapted to support the needs of the people using the service and provided a comfortable and clean environment for them.

Staff received induction training prior to commencing their role and the provider ensured there was ongoing relevant training so

staff could work effectively with people living in the home.

The management team assessed people prior to offering a placement at the home to ensure they could meet their care needs.

People had a choice of meals and could ask for alternatives. Staff supported people to eat well.

The registered manager was working in line with the Mental Capacity Act 2005 and help to ensure the rights of people who did not have the mental capacity to make decisions about their care and treatment, were protected.

Is the service caring?

Requires Improvement

Some aspects of the service were not always caring.

Some people described staff as caring and patient. However, some people described waiting for care and support and not receiving care as they wanted.

Care plans contained guidance for staff that informed them how people communicated. Staff supported people to make their needs and preferences known.

Staff described to us how they promoted people's dignity by encouraging them, wherever possible, to retain their independence in their daily living activities.

Is the service responsive?

Requires Improvement

Some aspects of the service were not always responsive.

People had care plans that detailed how their care should be provided and gave some background details about the person. However, a few people told us they had not seen their care plans and said they had not been invited to reviews.

People and relatives knew how to complain and thought the registered manager listened to them but did not think their concerns were appropriately addressed and resolved.

The provider had systems in place to support people when they develop end of life care needs.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The provider did not have effective systems of governance because their checks and audits had not identified the concerns and shortfalls we found at this inspection. They had also not ensured that accurate and contemporaneous records were maintained about the care people received.

The registered manager met with people using the service however people felt that whilst the registered manager listened to their concerns they did not feel they were effectively addressed.

Staff told us the registered manager and deputy manager were supportive and approachable.

Havering 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 19 July and 24 July 2018.

The membership of the team consisted of one inspector, two specialist advisors, one of whom was a pharmacist and another a nurse, 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.
Prior to the inspection we reviewed information we held about the service, including notifications. A notification is information about important events that the provider is required to send us by law.

We reviewed seven people's care records. This included their care plans, risk assessments and daily monitoring records. We observed medicines administration and looked at fifteen people's medicines administration records. We spoke with nine people who used the service and three relatives. We observed staff interaction throughout the day including support given to people to eat. We made a partial inspection of the environment and checked a sample of equipment being used by the provider.

We looked at three staff's personnel records, including their recruitment and training documentation. During the inspection we spoke with the management team, this included the registered manager, deputy manager and the regional support manager. In addition, we spoke with the administrator, trainer, one activities coordinator, the chef, one physiotherapist, laundry staff, two nurses and five care staff.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in March 2015 we rated this key question requires improvement because we found some minor concerns with the management of medicines in that medicines records were not always completed fully and accurately. We asked the provider to make the necessary improvements, but at this inspection we found that the management of medicines was still not being safely carried out. We noted numerous errors in the storage, recording and administration of medicines.

We counted a sample of medicines in stock and found errors between the recorded amount and the amount in the containers. For example, for one person there was an expected balance of 43 capsules of a medicine but an actual balance 26 was noted. For another person, there was an expected balance of 10 capsules of a medicine but there were 9 in stock. A third person had an expected balance of 43 capsules of a medicine and an actual balance of 64 capsules were noted. This meant that people might have not been receiving their medicines as prescribed or that the nurses were not recording medicines administered in a robust manner.

We found that the medicines administration records (MAR) were not completed to a good standard. This was because some MAR were hand written and were not clearly written. MAR charts did not also always contain the information they should for staff's information. For example, the instructions on a person MAR did not make clear that all medicines were to be taken via a PEG tube. A PEG tube is a tube that is inserted surgically in a person's stomach to help with feeding and drinking when they cannot take food or fluids orally.

Staff were not completing MAR in a robust manner. For example, one person should have had two patches of medicines applied on the 7 July however only one patch was signed as being administered. There were also gaps where staff had not always signed when they had administered a medicine.

We found several people had not had a recorded medicines' review for a period of over a year. This included one person's who was prescribed a medicine to be given as required to manage seizures. Whilst there was a care plan in place with clear instruction in regard to dosage and administration there was no record of a review since 17 January 2017.

We found a particular medicine to help manage seizures, was stopped for a person and another medicine was prescribed to replace the first medicine. The current MAR showed none were in stock. However, stock was found in the treatment room in a cupboard. The person's medicines profile had also not been updated to explain and support staff in the use of the new medicine that has been prescribed.

Staff used prescribed shampoos and ointments and their use was recorded on MAR. However, we found instances of these medicines being used not at the frequency as prescribed. For example, one person's MAR stated one topical medicine should be applied twice daily. However, it was recorded as applied once daily by care staff. Another person MAR stated that a medicated shampoo was prescribed to be applied once weekly. However, it was recorded as applied on two consecutive days.

A substantial number of people had their medicines administered via a PEG or a nasogastric tube (a tube inserted via the nose into the stomach to help with feeding and drinking). People who have these tubes require their medicines to be dissolved or finely crushed so these could be administered with some liquid. We found that the pill crushers used were not individually labelled and were contaminated with previous crushed medicines, which meant there were risks of medicines becoming contaminated.

We found that some people's medicines that were supplied in sachets were not stored appropriately as not all medicines were in their original pharmacy labelled boxes but were loose in the medicines stock cupboard. On the day of inspection an inspector also found personal information printed on empty labelled medicines boxes that had been discarded into the general waste bin in the lower ground treatment room. This was not in line with protecting people's confidential information.

On the first day of the inspection the inspector noted that on the ground floor the morning medicines round did not finish until 12.30pm. This meant lunchtime rounds were almost started straight away. The MAR are set up for early morning, breakfast, lunch, tea and bed time doses. Where medicines require a dose interval, such as paracetamol, there is no record of time given and therefore the inspector could not be assured medicines were given in line with prescriber's instructions. The nurse on duty confirmed this was normal practice as the resident' dependency level meant they required a lot of support. We brought this to the attention of the registered manager who was also aware of this and was in the process of reviewing how this could be better managed.

Medicines audits were completed weekly and monthly. We compared lower ground weekly and monthly audits with the corresponding MAR for that period. The monthly audit for June had been completed before the end of the corresponding cycle. The weekly audits highlighted no issues which required an action plan and the monthly audit had not detected the issues we saw when we reviewed the corresponding MAR, such as medicines not given as prescribed and missed signatures.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us there were not enough staff on duty. Some described having to wait at times for assistance, being left in bed for longer than they wanted to, and receiving personal care late in the day. People's comments included, "Well looked after although, sometimes I have to wait for staff as there is not enough staff," and "There is never enough carers. Nursing staff very limited, reliant on outside specialist [Tissue viability nurse] for some support. The place is rebranded as a care home, seems to have been downgraded …I require assistance. The lack of staff means that my personal care is sometimes not done until 11am." Other comments included, "I'm sometimes left in bed for longer than I would like," and "I don't feel safe - at times there is a very severe lack of staff." Another person described waiting for staff to answer their call bell, "On occasion, I have had to buzz for ages." Relatives comments included, 'The staff are great but worn out doing more shifts. There is no fun, low morale," and "The main problem is staffing levels."

Care staff comments included, "There are enough staff but staff call in sick, they try and get agency staff, we do have regular agency staff," and "No, there is not enough staff, it is the most frustrating thing, there were twelve staff and now down to six staff and quite a lot of agency who don't always know the floor unless they are a regular agency. Very stressed sometimes, staff morale is low and there is a shortage of staff," they continued to describe some agency staff did not follow the home's protocols and did not do certain tasks. Another staff member said, "We do have enough staff, but sometimes staff call in sick and at that point it is difficult to find a replacement, normally it is ok just when staff call in sick."

During our inspection days we found that staffing was as stated on the rota and when staff had phoned in sick an agency replacement had been identified. However, we observed that the forty-six people living at the home had very high support needs. Most people required two staff for support with their personal care and for moving and transferring. The majority of people required some support to eat including fifteen people who used a PEG tube. In addition, some people had nasogastric tubes and others had tracheostomies. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help a person breathe. People who have had these procedures required the support of trained staff to maintain their PEG tubes and tracheostomies. Therefore, the care and treatment of these people required a significant amount of time and support which was frequently needed from a nurse or a specifically trained care staff.

Both the registered manager and the deputy manager described that the use of agency nurses was high. The deputy manager described," Because we have agency nurses it is really hard because they don't always comply with our policies. We recruit but they do not stay and so you can't delegate." The registered manager told us they would like to upskill the care staff to enable a better skill mix on shift by creating higher skilled role for care staff. They explained they struggle to get good and reliable agency staff because of the location. They explained that some people's needs had increased and that they now had more people who had PEG and tracheostomies and this required nursing support.

We asked the registered manager to show us how they assessed the staffing levels to ensure that there were sufficient nursing and care staff on duty. The registered manager showed us one staffing assessment that had taken place in June 2018. They explained it was the first staffing assessment they had completed since they commenced their role in November 2017 and had not completed others. They explained that whilst the tool might be effective in other services, they did not think the staff dependency tool had calculated the staffing needs for the high levels of support required in the home, effectively.

They said they had arranged a meeting with senior management from BUPA to look at the assessment tool and to discuss this further. After the inspection the registered manager told us they were already using staffing levels above their budgeted staffing levels for the home and would continue to discuss the staffing issue with the provider.

Notwithstanding the above, our findings and people's and staff's feedback showed that the home's staffing needs had not been assessed effectively and consistently and reviewed to reflect the changing needs of the people living in the service so enough skilled and competent staff were deployed to meet people's needs.

The above concerns were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's views varied as to whether they felt safe at the service. Their comments included, "I feel safe, very safe," and "I feel safe but my money isn't. I no longer trust anyone any more," and "I generally feel safe." In addition, one person said they did not feel safe as they felt there were staffing shortages, another person described feeling vulnerable in the grounds of the garden as there was no CCTV camera and did not like the fire doors being left opened as they felt intruders could enter the building, another did not like the fire bell testing and felt "vulnerable" when this took place. One person told us they had taken measures as they felt their valuables were not safe from theft and had purchased a safe and another person had installed a CCTV system in their room to record what was happening.

Some people and relatives we spoke with described their money and some personalised items had gone missing and that on occasion their toiletries were "borrowed" for other people. The registered manager

described on some occasions when people had reported items missing they had investigated and the person had been reimbursed.

We checked and saw that there had been some safeguarding referrals made by the registered manager that were investigated and addressed to help protect people. Care staff had received safeguarding adults training and could tell us how they would recognise and report any abuse to the management team. Care staff described how they would whistle blow if they were concerned about any practice in the home. One care staff said, "We have a 'Speak up policy'. We have to call head office or the safeguarding team or CQC." The registered manager described the actions they would take to report safeguarding concerns to the appropriate authorities.

However, several people we spoke with did not feel confident that safeguarding concerns, including unexplained loss of personal items, would be addressed appropriately. Following the inspection, we brought this to the attention of the provider so they could take further steps to work with both people and their relatives to address this concern.

The provider had undertaken individual assessments to identify the risks to people so these could be mitigated. Risk assessments included, falls, medicines, skin care, moving and handling, smoking, and nutrition. Risks were rated as low, medium or high and there was guidance for staff to mitigate those risks. Personal emergency evacuation plans (PEEPs) had been completed for each person and were kept in the "Emergency folder" for use if there was a need to evacuate the building. Most of the PEEPs were detailed, stating people's mobility support needs and highlighting if there were hazards such as oxygen cylinders in use in the room. We noted that some PEEPs were named but others were referred only as a room number. This was impersonal and not person centred should any person such as if the emergency services staff needed to support people in the event of an emergency We brought this to the registered manager's attention and they agreed to address this.

The provider followed their recruitment procedure to ensure the safe recruitment of staff. Prospective staff completed application forms and attended interviews where their knowledge and aptitude for nursing or care work was assessed. The provider undertook checks to confirm people's right to work in the UK, their identity, proof of address and carried criminal record checks. References were taken up with previous employers and people who knew the person well. Nursing staff were checked with their professional organisation to ensure they were registered to practice as a nurse.

Staff had completed infection control training. Where staff cleaned soiled items, there was infection control guidance displayed. This included the sluice rooms and the laundry room. The laundry staff demonstrated there was a protocol in place that they followed to ensure contaminated items were washed at a suitably high temperature. Cross contamination in the laundry room was avoided by the use of designated areas and colour coded equipment. We saw that care staff used personal protective equipment such as gloves and aprons when supporting people to help reduce the risk of cross-infection.

Requires Improvement

Is the service effective?

Our findings

The provider did not have effective arrangements to monitor people's conditions where they had complex needs or where their conditions were not stable because of their illnesses. This meant staff did not always have the necessary information to act where people's conditions might have deteriorated, to ensure their welfare and health. Some people needed their fluid intake and output to be monitored, but staff did not always ensure these were being appropriately monitored. They therefore did not always have clear information if people had drunk adequate amounts so they could make appropriate decisions about people's healthcare needs.

During the inspection we noted that records indicated people's fluid consumption varied with the most being 1,375 ml of fluids and the least documented amount in a day was 300 ml, even if the weather was hot. The output or an indication of the output where people used incontinence pads, was not always recorded so healthcare professionals could have a view on a person's total fluid intake. The lack of monitoring and poor documentation meant that the management team could not be assured people were receiving an adequate amount of fluids to ensure they were adequately hydrated.

The staff did also carefully monitor when people's positions were changed where they were at risk of developing pressure ulcers to help prevent pressure ulcers. Some positioning charts that recorded when people at high risk of pressure ulcers where turned and repositioned in bed had lengthy gaps in recordings. For example, one person was repositioned at 9.30am and records stated they were repositioned again at 4.30pm. This was a gap of seven hours when their chart stated they should have been repositioned every four hours. Another person was repositioned at 2.35am and not repositioned again until 8.50am, a gap of over six hours. A number of charts seen also did not make clear how often a person should be repositioned and as a result staff might not have had the necessary information about how often people needed to be repositioned.

The above concerns were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had enough to eat and drink. Some people felt the food was very good whilst others felt there was room for improvement. Their comments included, "The food is ok not five star. It is kept in the hot trolley for too long so it is overcooked," "The menu varies only a little. Sometimes Chinese style food is offered but, lacks sufficient or any sauce so it's very dry." Another person said, "More than enough food. Sometimes it is cold. Plenty of drinks," and 'Food is a bit hit and miss." Also, "Food could be better," and "Food is superb!" In addition to, "The quality of the food is not as good as it has been."

There was a varied menu with eight alternatives, fresh fruit and vegetable deliveries occurred three times a week. People chose with staff support their meal of choice the day before but could change their mind on the actual day. The person's menu choices were ticked by staff to indicate if the meal needed to be pureed or if the person had diabetes or required a Halal meal. The chef and kitchen staff demonstrated they knew who had special diets.

Many people required support to eat and there some people who had PEG tubes and required specialised nutrition. We observed people being supported to drink throughout the day and people's care plans informed us what they preferred to drink. Staff told us how they ensured people remained hydrated and how management reminded them during the hot weather to ensure people drank enough to remain hydrated. One staff member told us, "We talk to, [deputy manager] we discussed all in handover yesterday, we have to pay more attention because maybe they haven't drunk enough."

The provider employed two physiotherapists who had a designated equipped room where they provided one to one physiotherapy treatment. Other people could attend group physiotherapy scheduled several times throughout each week.

The registered manager described how they assessed people who were interested in living at the home. They explained they visited the person often when they were in hospital and spoke with family members and professionals to make a holistic assessment of their needs. They considered if they could meet people's support needs at the home by using a comprehensive assessment template.

Care staff told us that they received induction and refresher training. Their comments included, "I have received fire training, food and hygiene, infection control and manual handling training recently and seizure training as well, as we have some residents who have seizures ...It was face to face, a very nice trainer you could ask any questions so I can remember things." Another care staff said, "Luckily for me I have done all my training refreshers, they bring forms for you to fill in, a questionnaire to check what you know, I don't want to fail it so I'm always up to date with training, BUPA is very good for training."

Staff told us they received supervision and found it helpful, their comments included, "I have supervision, and yes you can put your point across," and "Yes we have supervision. Supervision helps when people have challenging behaviour, they will support you, you can talk to the manager."

New care staff completed a five day induction that included training in fire safety, health and safety, duty of care, equality and diversity, infection control, safeguarding, dementia and behaviours that challenge the service. Records of training contained test results that demonstrated if staff had understood the training. We saw that there was a training database that was monitored by the administrator and the registered manager so they had a clear oversight of what training staff had received. Although, on occasion some staff refresher training was overdue this was flagged on the system and the staff had been reminded to attend. Training was undertaken both online and face to face. We spoke with the training officer who described to us how the BUPA training team always review how they provide training to ensure it is accessible and interesting and relevant to the staff team.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care staff had received MCA and DoLS training and were able to tell us how they worked in line with the MCA. One care staff told us, "People have the right to make their choice unless they lack capacity. If so we have to make a best interest decision for them so they do not make a bad decision for themselves. Before

the best interest decision, they will need a mental capacity assessment." Care staff described giving people choice whenever possible to promote their independence and to respect their right to make decisions.

The provider and registered manager worked in line with the MCA. When they had reasons to believe a person lacked mental capacity to agree to their care and treatment an application for a DoLS authorisation was made. There was a tracker to monitor DoLS applications that were made and when these were due for review. DoLS authorisations seen had been reviewed in a timely manner. People's care plans stated if they had someone who had a Lasting Power of Attorney. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Havering Court Care Home was purpose built and suitable for people with a physical disability and wheelchair users. There were accessible wide corridors, bedrooms, dining and common areas. There were also adapted bath and shower rooms and a lift to both floors. There was a large garden surrounding the home. It was generally well maintained and some people went outside to smoke or sit in the garden. However, one person told us, "The garden is not easily accessible as there are lots of slopes. Not wheelchair friendly". We saw that some aspects of the garden included slopes and although there were paths, some wheelchair users might not find it easy to negotiate these without staff supervision.

Requires Improvement

Is the service caring?

Our findings

People and relatives told us, "I am well looked after. The carers are very good to me. I sometimes have to wait as there is not enough staff. They are very patient when asking questions. They take time to understand me," and "Some carers get on with the service users, some don't," and "I know that [person's name] is well looked after." One person told us, "Some staff knock, others don't." A care worker told us, "I always make sure I respect their privacy. This is their home. I knock otherwise it would be like barging through someone's front door!" We observed most staff knocked on people's doors and waited to be asked in before entering. However, we did observe one staff member walking straight into a person's room without knocking. When they realised an inspector was present they walked out again. We asked the person if staff often entered without waiting to be invited in they answered, "Yes."

Whilst most staff were individually caring, the provider was not always caring, in that they had not ensured that people were always cared for as safely as possible and according to their wishes and preferences. The provider had not ensured people received all their medicines safely and they had not deployed enough staff to ensure people were cared for in a caring way at the time they wanted and according to their preferences.

Staff we spoke with were positive about their role as a care worker in the home. Their comments included, "I love my job, I like that I get to know the people," and "It's like a family you get attached to [the people] as you see them everyday." Care staff described how they worked with people in a caring manner, their comments included, "We check their care books and work according to their care plan. We explain what we are doing and we can see from their appearance they are happy," and "Look into their eyes come closer so they are face to face with you and talk with them. Talk with them closely not with your back turned because that doesn't show you care." and "When they call I call back, I go in and talk with them, it's communication let them know you are hearing them."

Care plans contained a section titled, "Senses and communication," this gave care staff guidance about how people understood what was being said to them and how they communicated their choices. In addition, communication support considerations were recorded including if people could clean their own glasses or change their hearing aid batteries.

Care staff told us, "People don't always talk but they do understand, they really do laugh. We talk to them mostly." Care staff described that care plans informed them how people communicated and gave examples of using different methods to communicate, which included, word boards. These are boards with words and phrases or pictures or symbols the person finds useful to use to communicate their wishes by pointing or using an aid. Also, they described how they used an object of reference such as items of clothing to support people to understand and make a choice. A staff member said, "Show the object or picture. They may nod their head, it says in the care plans how [they choose]. We show clothes to them and they are able to show what they want. We give them choice all the time."

Care staff described how they maintained people's dignity when supporting them with personal care. One care worker told us, "In personal care I make sure they are covered."

Care staff described how they promoted people's independence. They told us, "They are a person, often verbally able so I speak with them, and I don't always do things for them but prompt them, it promotes their independence," and "Sometimes there is a left side weakness, we always encourage them and put a plate guard [aid to support people to eat independently] and encourage and supervise. Let them do it."

Staff received diversity training to ensure they understood people's rights to be treated fairly and not discriminated against. The BUPA code stated that they celebrated diversity, stating "BUPA is an inclusive organisation that welcomes everyone; all talents and backgrounds. We embrace our differences and we don't tolerate discrimination or bullying"

Requires Improvement

Is the service responsive?

Our findings

The registered manager had an oversight of complaints that had been made. They recorded all complaints and the way they had investigated and addressed these. Where appropriate an apology was made to the person. People and relatives told us, they knew how to complain and could and did complain. They described speaking with the registered manager but felt that whilst complaints were listened to, these were not adequately addressed. Their comments included, "Concerns are falling on deaf ears," and "Manager and management don't appear to be responsive. A big turnover of managers in two and a half years," and "I have complained about poor staffing retention. Asking why nurses are only staying for a few months." A relative told us "Things are reported but not much is done."

We recommend that the provider review the way they handle and respond to complaints according to national guidance on good complaint handling in adults social care.

People had person centred care plans that included a range of information so staff had a good understanding of the person and of their needs. There was information about their background which included childhood memories, their school life, favourite holidays and their pet's names. People's circle of support described family and friends that were important to the person. The care plans also included what people liked and what mattered to them in terms of their support.

Care plans stated how people wanted their care provided and detailed for instance, their preferences in relation to personal care, when and how they liked their hair cut, the toiletries they required and if they preferred male or female staff. We saw that care plans had been reviewed. However, two people we spoke with told us they had not seen their care plan or been involved in a review.

Some people told us they enjoyed the activities however others described they were not always invited to attend and some who were younger adults felt the musical acts were not to their taste. A relative told us, "There used to be a sensory room (suitable for the person) but not now." The registered manager told us there were some changes being made to different rooms including the cinema room, physiotherapists room and the sensory room this was work in progress.

Care plans stated what activities people liked to do. These included for instance, listening to the radio, playing a musical instrument and going into the garden. There were two activity co-ordinators and a weekly activities time table that included, during the week of our inspection, exercise sessions, a quiz, and three different sessions of musical entertainment. The following week's entertainment including a karaoke session, a quiz, visiting a petting zoo and a trip to the seaside.

We noted that people who could mobilise or were supported by staff moved around the home sat in different seating areas of the home throughout the day. There were televisions in some rooms and some quiet rooms for people who preferred this. People talked with each other and as the weather was hot they sat in their wheelchairs outside the front of the building together.

Whilst there was a variety of activities we noted there were no art and craft based sessions or sensory sessions. One person told us, "Too many of us are left in bed." There were a number of people who remained in their room. We observed they were often awake but were not engaged in activities and did not have a television or radio on or music playing. One person who required support to mobilise told us they enjoyed the singers that come in to entertain people but was not always taken by staff to hear them. Some people living at the home who had profound disabilities would benefit from accessing an individual sensory programme to allow them to explore and enjoy their environment.

The registered manager told us that currently there was no one receiving end of life care. However, they do offer end of life care when people develop these needs. Following the inspection, they sent us evidence of, "Future decisions" documentation that outlined people's preferences at the end of their life. There were BUPA policies to support people and staff. These included, a bereavement care policy, syringe driver management policy, advance decisions policy, care during the last days of life and the religious requirements policy. The registered manager told us that there were good links with the local hospice who had trained some of the home's nursing staff in using a syringe driver. The registered manager explained palliative care nurses from the local hospice would visit if required to provide the staff team with instructions or a management plan which would be used to care for a person with end of care needs.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found that the provider's systems to assess and monitor the quality of the service were not effective. The provider had failed to identify, assess and mitigate risks to the health and wellbeing of people using the service. This was because we found that the arrangements to check that the management of medicines was being safely carried out, were not adequate. Staffing levels had not been consistently and robustly assessed to demonstrate that safe staffing levels were being deployed in the home to ensure care was delivered to people in a timely manner and according to their choices and preferences.

The provider did not always ensure that accurate and contemporaneous records were maintained to show that people's conditions were being safely monitored and they were receiving the care they needed. They did not ensure that fluid balance charts and positioning charts were appropriately completed to show that people were receiving the care as planned for them.

The registered manager held 'resident's' meetings and met with people to discuss their views and share information. However, whilst several people praised the home, most people and relatives we spoke with were unhappy at the lack of response to concerns they had raised and did not think that their views were valued by the management team. People's comments included, "The manager does not listen to concerns about staffing. Her [manager's] attitude is carers come and go. The management seems unwilling to understand," and "The meetings are pre-planned as to what is covered," and "Spoken at resident's meetings about concerns but falling on deaf ears, nothing changes. I have stopped going to them." Although, the management team were engaging people to ascertain their views, many people we spoke with were not satisfied with the way the service was being provided and managed.

The above concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection in 2015 there had been three registered managers. Currently there was a registered manager who had commenced their post in November 2017 and registered with the CQC in March 2018. The registered manager described they were well supported within the home and by their senior managers. There was an experienced deputy manager who had worked at the home for many years. The registered manager told us, "[Deputy manager], is supportive and more than helpful. Also, a very supportive regional support manager who visits every week. She is good and the regional director is also supportive." They continued to state, "They could not fault the provider on support."

The management team and staff undertook audits and checks. There was a weekly meal service audit that could be undertaken by any staff members to check people's meal time experience. There was also a monthly 'impression' audit again undertaken by different staff to get differing and fresh perspectives about the home. There were care plan audits each month when ten percent of care plans were reviewed to ensure they contained all the necessary documentation.

Heads of department undertook quarterly nutritional and catering, infection control and health and safety

audits. Health and safety audits were sent to the provider to monitor the outcome and provide oversight. A bi-annual review was undertaken by the provider's property manager to ensure safety standards the last one was in February 2018. There was a Home Improvement Action Plan where actions from the findings in audit where recorded and tracked and given time scales to be addressed. The provider had an oversight of the action plan. However, these had not been sufficient to address the concerns we found at inspection.

There were good lines of communication between the management team. There were daily, "Take ten" meetings to share information about people's welfare and the registered manager undertook a daily health and safety check by walking around the service. There were weekly heads of department meetings that included clinical leads, kitchen and housekeeping managers to discuss all aspects of the service and to share information. This included a weekly clinical risk meeting. There were daily shift handovers between the deputy manager, nurses and care staff to share information about people's care and treatment.

We asked care staff if they felt listened to and well supported by the management team and we received a mixed feedback. Their comments included, "Sometimes not so much, but the deputy manager is amazing, the [registered manager] is approachable although I sometimes feel they are not really listening to the problem as the point is not acted on. A nice person and is approachable," and "Yes, the nurse in charge is my supervisor, they try and help, or the clinical manager, even [registered manager] is approachable they are always giving us a chance to talk to them."

The registered manager held quarterly staff meetings. These were held regularly so staff had the opportunity to share their views about the service and to receive updates from the provider. In addition, a night care workers meeting had also been held in May 2018. There was a quarterly newsletter that gave staff information about relevant topics including training and pay. On occasions, pertinent information was provided with staff pay slips. For example, staff recently received information on the use of personal mobile phones to remind them of the provider's policy on this matter.

Havering Court Care Home displayed BUPA's ethos of care and their organisational values of 'Passionate, Caring, Open, Authentic, Courageous and Extraordinary'. Their ethos was that they were aiming to "Help people live longer, healthier, happier lives." Staff we spoke with were familiar with these values and said they used these in their work.

The registered manager had opportunities to keep themselves up to date with developments in the adults social care sector. In addition to various training offered by BUPA, they attended BUPA management meetings and forums to network with other registered managers where experiences of managing a care home could be discussed and examples of good practice shared.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure that the care and treatment provided to service users were appropriate, met their needs and reflected their preferences. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way for service users because they had not assessed the risks or done all that was reasonably practicable to mitigate any risks. Regulation12(1), (2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. They did not ensure that accurate, complete and contemporaneous records were maintained in respect of each service user. Regulation17(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not deployed enough skilled and competent staff to ensure service users were always cared for according to their needs, wishes and preferences and in a person centred manner. Regulation 18(1)