Bupa Care Homes (AKW) Limited

Heathland Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Heathland Court Care Home is a nursing home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 58 people.

People's experience of using this service and what we found
Identified risks were not always clearly documented in risk care plans. We have made a recommendation about the management of some risk assessments.

Staff safeguarding training was not always up to date, the manager had plans in place to address this. Sufficient numbers of staff were deployed to keep people safe. Medicines were managed in line with good practice and administered as intended. The provider ensured robust infection prevention control measures were in place to manage outbreaks of COVID-19. The provider was keen to ensure lessons were learned when things went wrong to minimise repeat incidents.

People their relatives and staff spoke positively about the changes to the management structure. People's views were sought to drive improvements. The manager was aware of their responsibilities with regulatory requirements and under the Duty of Candour. The manager carried out regular audits of the service and issues identified were acted on. The provider worked in partnership with stakeholders and sought to ensure continuous improvement.

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

Rating at last inspection
The last rating for this service was Good (published 1 June 2018).

Why we inspected
We received concerns in relation to people's nursing care needs and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Heathland Court on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Heathland Court 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
This inspection was carried out by three inspectors and a Specialist Advisor who was a registered nurse who had experience of working with older people.

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

At the time of the inspection, a manager was in the process of becoming registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection, this was because we were responding to risk concerns, and wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic.

What we did before the inspection
The provider was not asked to complete 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 reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection
We spoke in-person with four people who lived at the care home and various managers and staff who worked there. This included a regional manager, the clinical service manager/infection prevention and control lead, a unit manager/dementia champion, two nurses, six health care workers and two housekeepers. We also made telephone and video call contact with the temporary acting manager and a relative during our site visit. We spoke with two healthcare professionals and three relatives by phone to gather their feedback.

We looked at a range of records, including four staff recruitment files, five care plans, incident and accident records, lessons learned folders and clinical risk meeting minutes.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and training.

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

● During the inspection we identified two people's identified risks did not have a corresponding risk management plan in place. For example, one person had a falls risk assessment in place but not a risk management plan, despite being at high risk of falls. Another person was also identified as being at high risk of falls and was unable to mobilise independently, did not have a specific risk assessment in place. We raised our concerns with the clinical lead who told us they would go through each person's care plan and risk assessment to ensure these were up dated.

We recommend the provider consider current guidance on identifying and managing risks people might face and take appropriate action to update their practice accordingly.

● Despite the issues identified above, where risk management plans were in place, these helped to ensure that risks to people were minimised. Staff were familiar with these risks and there were records in place which included ways in which the risks could be managed.

● These risk assessments covered the risk of falls and pressure sores amongst other areas. People at risk of pressure sores had pressure relieving mattresses in place. Records showed that tissue viability nurses were contacted, and their advice sought and followed. For example, staff continued to change their dressings and completed wound care records as per the guidance from the Tissue Viability Nurse. Despite our findings, a healthcare professional told us, "In a totality they have the policies in place which they are following in dealing with patients with pressure ulcer care needs."

● Clinical risk meetings took place weekly. These were attended by clinical managers and looked at areas of clinical risk such as admissions, tissue viability, safety, nutrition/hydration, challenging behaviour, medical conditions that impact on care, medicines management, call bell response, communication/information. These included a review of the risk, any issues identified and any actions to complete. Actions were reviewed at subsequent meetings.

● Managers told us all nursing staff had received falls prevention training and it had been agreed this training would be extended to include all care staff, as it was felt this training would benefit the entire staff team and help the service minimise the risk of incidents of falls happening in the care home. Progress made by the provider to achieve this stated aim will be closely monitored by us.

Systems and processes to safeguard people from the risk of abuse;

● People felt safe living at the service. A healthcare professional told us, "When you speak to the [people] I have [living at the service], they have been happy to be there and feel safe." Another healthcare professional said, "Yes, [people] are safe there. The care home is [providing] a good standard of care for my patients."

● We identified most staff had completed up to date safeguarding adults training and knew how to recognise and respond to abuse; however, four [permanent] out of 63 staff had not refreshed their

safeguarding training recently, contrary to the providers staff training policy. In addition, one member of staff, although knowledgeable about what constituted abuse, was unclear how to report it. They told us, "I would tell the staff who was abusing a service user to stop it and hopefully that would be the end of it. Staff do listen to me and hopefully me telling them off should be enough to stop them doing it again."

● However, we found no evidence that people had been harmed or neglected. Managers we also aware of this training shortfall because the providers' quality monitoring systems had already picked this issue up.

● We discussed this matter with the managers at the time of our inspection who agreed to immediately remind all staff about their safeguarding reporting responsibilities. Furthermore, managers confirmed they had already put an action plan in place for staff who had not yet updated their safeguarding adults training to do so within the next two weeks (I.e. by 1st March 2021). Progress made by the provider to achieve this stated aim will be closely monitored by us.

● There was clear guidance for staff to follow to help them deal with emergencies. For example, we saw people had their own personal evacuation plan in place which ensured staff knew exactly how to support people in the event of a fire. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills at the care home.

● Managers were aware some staff had not refreshed their fire safety training recently because the providers quality monitoring systems had identified this training issue. We found no evidence that people had been placed at undue risk of harm and managers confirmed plans were already in place to address this gap in staffs training by 1st March 2021.

Using medicines safely

● There were appropriate management systems were in place to ensure medicines were managed safely. Medicines were kept securely in locked trolleys and administered by trained staff. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately and stocks checked tallied with the balances recorded.

● There were checks of medicines and audits to identify any concerns and address any shortfalls. Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.

● We observed that all medicines were stored in in a lockable medication cupboard. Only authorised staff had access to medication. Staff were aware of good practice guidelines.

Staffing and recruitment

● People told us the service was adequately staffed. One person said, "Staff come as quickly as they can whenever I use my alarm bell to call for help." A relative told us, "I have always felt they are extremely well staffed. There isn't a huge changeover of staff that I can see."

● Staff were visibly present throughout the care home during our inspection. We observed staff respond quickly to people's requests for assistance or to answer their questions. Staff confirmed the service remained adequately staffed during this pandemic. One member of staff remarked, "I couldn't have been easy covering all the staff sickness we've had at the beginning of the pandemic, but the managers have done well to ensure there's enough staff on duty."

● The service was not currently reliant on any temporary agency staff. Managers were aware of good practice in relation to staff only working in one care setting at the moment to reduce the risk of infection spreading. For example, bank staff who had previously worked in multiple care homes run by this provider were no longer permitted to do this and were required to choose which BUPA service they preferred to work in during the pandemic.

● The provider had thorough recruitment checks in place which helped to ensure that staff working in the home had been assessed as being suitable and fit to work in a care setting.

● Staff files were complete and included application forms which included their full employment history, proof of identity, right to work in the UK, and satisfactory character and/or previous work references.
● Disclosure and Barring Services [DBS] checks were completed for all staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. Nursing staff had current NMC (Nursing and Midwifery Council) PIN which meant they were safe and competent to practice as a nurse in the UK, or as a nursing associate in England.

Preventing and controlling infection
● We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. This helped minimise the risk of people catching or spreading infections.
● A 'whole home testing' regime was being operated at the service. This ensured people living in the care home and staff working there were routinely tested for COVID-19. Managers demonstrated good awareness of how to apply for COVID-19 these test kits and had no issues with their supply.
● Most people living in the care home had now received a COVID-19 vaccination; however, although staff working there had been offered a COVID-19 vaccination, only 15 out of 63 staff had agreed to have it thus far.

We discussed this issue with the managers during our inspection who told us they were actively encouraging staff who had initially declined the offer to have a COVID-19 vaccination to reconsider and have it done.
● Access to the care home was being restricted for non-essential visitors. Alternative arrangements were in place to help people maintain social contact with their relatives and friends such as phone and video calls. All essential visitors to the care home, which included the relatives of people receiving end of life care, were required to follow the providers strict IPC and personal protective equipment (PPE) rules before entering the building. This included being tested for COVID-19, having their temperature taken, washing their hands and wearing a face mask.
● People living in the care home who had tested positive for COVID-19 or showed signs of being symptomatic were required to self-isolate in their bedroom for a minimum of 14 days. Furthermore, staff who tested positive were not permitted to work in the care service for at least 10 days.
● Staff used PPE in accordance with current recognised best infection prevention and control (IPC) practice. We saw managers and staff wore their PPE correctly throughout our inspection. Staff had received up to date training in relation to the latest IPC guidance, which included the safe donning and doffing (putting on and taking off) and disposing of used PPE. Staff told us the service had adequate supplies of PPE. One member of staff said, "I've never known there to be any shortages of PPE in the care home and the managers are always checking and reminding us to wear our PPE properly."
● The care home was clean. People told us staff kept the care home clean. One person said, "You always see the staff cleaning…they're doing a marvellous job keeping the place clean." There were new cleaning schedules in place which meant high touch surfaces such as light switches, grab rails and door handles, were routinely cleaned by the housekeeping staff. We observed housekeeping staff working in pairs to keep high touch areas such as grab rails clean during our inspection.

Learning lessons when things go wrong
● Appropriate records were completed when incidents and accidents took place. These included what had happened, the actions taken and who was notified.
● The provider was conscious about learning from any incidents that took place and we saw evidence that root cause analysis had been completed following some falls to review what happened and what lessons could be learnt. There was some information in some of these records in relation to staff training which we fed back to the managers at the end of the inspection. They acknowledged this and said they would ensure

these would be fully completed in future.

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 Continuous learning and improving care

- People using the service, a relative and staff all told us they were satisfied with the way the care home was being led by the current management team. One person said, "The managers seem nice here", while a member of staff remarked, "I know we don't currently have a registered manager, but the managers that have taken over are very approachable and clearly know what they're doing."
- The quality and safety of the service people received was routinely monitored by various managers and nursing staff at both a provider and service level. For example, various quality and regional managers representing the provider routinely carried out unannounced inspections and audits of the care home. The outcome of these audits would be reviewed by the service managers and action plans developed based on this information to improve the quality and safety of the care they provided. For example, recent internal audits had identified several gaps in staffs safeguarding adults, infection control and fire safety training, which the temporary acting manager planned to address in an improvement plan they had already developed as a result of these findings.
- Managers told us they were involved in regular quality monitoring checks at the care home, which included daily tours of the building to speak with and observe staff working practices. Staff confirmed managers routinely observed how they interacted and communicated with people living at the care home. Other routine audits covered how staff managed medicines, infection prevention and control, care plans and risk assessment, health and safety, call bell response times and staff training and supervision. A member of staff told us, "Managers can be regularly seen walking around the different units to check we're wearing our PPE correctly, keeping the place clean and generally doing what we're meant to be."
- It was clear from comments we received from managers they recognised the importance of continued monitoring of the quality of the standard of care people living at the service received. A regional manager confirmed they used all the on-going checks described above to routinely identify issues, learn lessons and implement action plans to improve the service they provided.

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

- People's care plans were personalised and contained detailed information about people's social needs and wishes including their background, family ties, social interests, and preferred method of communication.
- We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform

people of our judgments.
● The manager was aware of her responsibilities and regulatory requirements under duty of candour. The manager gave us an example of how duty of candour worked in practice, telling us the action they had taken after a person had a fall which included writing a letter to the person and their next of kin, acknowledging that something went wrong and apologising for it.
● The provider had a duty of candour policy and a checklist in place which was completed when something went wrong. Records showed that the provider took ownership when something happened and the relevant people, including next of kin and other professionals were informed if an incident occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider engaged and involved people using the service, their relatives and staff in the running of the service. One person told us, "I haven't lived here that long, but the first thing the staff asked me when I moved in was what I liked to eat and drink. Staff are always asking me how I'm getting on here. No complaints so far."
● Records showed people could express their views about the service their family members received, through regular telephone and video call contact and an annual 'customer' satisfaction survey. The results of the service's most recent satisfaction survey completed in early February 2021 indicated most people were happy with the overall standard of care and support they or their loved one had received at Heathlands in the previous 12 months.
● The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their fellow co-workers. One member of staff told us, "I think we all work well as a team here. We have a good team spirit and have all pulled together during the pandemic."

Working in partnership with others
● We received mixed comments about the service working in partnership with others. For example, a healthcare professional told us, "We [professional services] need to be transparent and I've found that the service's cooperation hasn't been great. I'm hoping that with the new management there will be an improvement." However, another healthcare professional said, "We have a good relationship with them. "They [the service] are communicating well with us and accommodating us."
● Despite these comments, records showed the manager had sought partnership with various external agencies, including GP's, the local authority and clinical commissioning groups (CCG).
● Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. For example, the manager told us how they had worked closely with local GP's to get people regularly tested for COVID-19 and ensure the vast majority of people living in the care home were given a COVID-19 vaccination.