

Bupa Care Homes (CFChomes) Limited

Premier Court Care Home

Inspection report

Thorley Lane East
Thorley
Bishops Stortford
Hertfordshire
CM23 4BH

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Premier Court Care Home is a purpose-built residential care home providing personal and nursing care to 37 people at the time of the inspection. The service can support up to 59 people.

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

People were happy with the care and support they received. Staff were friendly and attentive to people's needs. People told us there were enough staff to meet people's needs. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to. However, some elements and assessments for promoting people's safety were not in place and this had not been identified through the quality assurance systems. For example, checking pressure mattress settings were correct, reporting and investigating of unexplained injuries, oxygen safety and choking risks. Following the inspection, the manager advised us of action taken to ensure people had the appropriate assessments in place.

There were governance systems in place and these were used effectively in some cases. However, these had not identified or addressed the issues we found at this inspection. Feedback about the previous registered manager, now in the role of regional support manager but still covering the home, and management team was positive. There was an open culture in the home and an expectation that people were supported in a person-centred way. Staff were clear about their roles and the management team engaged with the team and other agencies.

The environment was pleasant with plenty of communal space for people to enjoy, however, this was not used by many people as they were nursed in bed. People enjoyed the activities that were provided, however staff told us that they would like more time to support people in their rooms with activities. Relatives also told us people in their rooms needed more time for stimulation.

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. However, when people did not understand risks, further development was needed in regard to best interest decisions.

People were involved in planning their care, along with their relatives. People had end of life care plans, but these needed further developing to ensure they were in place when needed. Complaints were responded to appropriately and people felt confident to make a complaint if needed. Feedback was sought through meetings, which had recently commenced, and surveys.

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

The last rating for this service was Good (published 27 April 2017). At this inspection the service has deteriorated to Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have asked the provider to send us an action plan to tell us how they will address the issues. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Premier 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:

The inspection was carried out by one inspector 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.

Service and service type:

Premier Court Care Home is a 'care home'. 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 service had a manager who had just commenced their induction and applied to be registered with the Care Quality Commission. A registered manager 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. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with the regional support manager who was leading the home at the time of the inspection, regional director and six members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

People did not always have their risks assessed and systems for monitoring and promoting safety were not always robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People had their individual risks assessed. However, these did not always address all areas of risk. One person had oxygen in use but there was no risk assessment or care plan in relation to this and staff had not received training in relation to potential risks. There was a lack of guidance for staff about the safe administration of oxygen. Also, we saw one person had suffered a choking episode. Following this there was no GP involvement, no risk assessment completed and no care plan in place to manage the risk. We spoke with the nurse who told us that they now cut this person's food smaller and observed them if they were sleepy which did mitigate some risk, however the appropriate process had not been followed. We noted that their pre-admission assessment recorded a choking risk but the care plan that followed this stated they were not at risk. An eating and drinking review following the choking episode did not note that the incident had occurred.
- Staff were aware of individual risks and we saw them working safely in most cases. For example, when supporting people with their mobility. However, we noted that the hairdresser also supported people with their mobility and they had not received training to do so. Although there was a risk assessment in place in relation to safe practice, it did not include moving and handling.
- Pressure relieving mattresses were set correctly in most cases. However, for one mattress for a person who spent all their time in bed, it was not correct. A sticker was on the mattress pump stating what setting it should be and there were daily mattress checks. However, on the day of inspection they failed to identify and address that the mattress was set wrong. Charts used for recording repositioning had a record of people being repositioned in accordance with instructions.
- There were systems in place to manage fire safety. Fire drills were completed, and staff were familiar with the evacuation process. However, the cover sheet for people's evacuation plans which was in place for an overview in case of emergency did not include that oxygen was in use.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I am safe here. They are very good they do look after us though." People told us they would talk to a member of staff if they were worried about anything. Relatives also told us that they felt people were safe.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings.

- Information on reporting concerns was displayed in the home and most concerns had been reported appropriately. However, for some injuries such as bruises or skin tears which were recorded as unexplained, a record of an internal investigation was not completed. Following the inspection, the regional support manager advised us that care notes support that there were no safeguarding concerns, however, the incident records had not been completed appropriately.

Staffing and recruitment

- People told us that they felt there were enough staff to meet their needs. One person said, "The carers are very good at coming and answering the bells." Another person told us that for care such as a bath, this was done quickly and there was no time for a soak. Relatives also told us there mostly were enough staff, but it impacted on people who were nursed in bed as staff did not have time to spend with them.
- Staff said they could always do with more staff as this meant that they would be able to spend more time chatting with people. One staff member said, "Shifts are normally covered, and we work well as a team to try and help people at the times they like, sometimes they have to wait, and we let them know we are just with someone else."
- On the day of inspection, we saw that people received support when needed. However, we noted that some morning care was still being delivered at lunchtime. This was for people who were nursed in bed.
- Robust recruitment processes followed and carried out by head office. However, the internal checklist was not used by the home when records were received from head office. This would help them identify where records had not been sent over. For example, references as this was found on the day of inspection.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held in most cases and staff had received training. One of the tablets we counted was incorrect.
- There were weekly checks on medicines management within the home and any shortfalls were addressed straight away. The home had recently moved over to boxes and bottles rather than the pre-dispensed dosage system. They were awaiting pill counting trays to assist them with their monitoring.

Preventing and controlling infection

- The home was clean in most cases and there were systems in place to manage infection control. However, the kitchen servery was dirty with food debris, and some food was uncovered. The regional support manager acted to address this during the inspection.
- Staff had received infection control training and we saw this being put into practice.
- People and their relatives told us the home was kept clean. One person said, "It's lovely and clean here they keep it spotless. I am really fussy, and they do keep everywhere clean."

Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the manager shared this information with the staff team through meetings and supervisions.
- Staff confirmed that they were kept informed of changes.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards by the management team and this was reiterated at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role.
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role. One staff member said, "We can tell them if there something else we want to do, and they will arrange it. We recently did palliative care."
- Staff said they felt supported and had one to one supervision meetings.

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

- People enjoyed a varied and balanced diet. Staff supported people as needed in a calm and patient way, chatting as they assisted them. For example, "This looks lovely, I hope it tastes nice."
- People told us that they mostly enjoyed the food and choices were available. One person said, "We have two choices and can have something simple if we don't like the choices but there is plenty to eat." There were mixed views about the quality of cooking based on if it was the chef employed by the home, who they preferred, or if it was an agency chef. Relatives told us the food was good.
- People's preferences were catered for. For example, food that people enjoyed based on their culture.
- Dietary needs were known by staff and communicated to the chef. People's weights were monitored, and action taken if they were noted to be losing weight and at risk.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

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

- The building had been designed in a way that allowed people to move around freely. There was clear signage and ample communal areas for people to use.

- There was an accessible garden which had inviting seating areas.
- Bedrooms were personalised, and bathrooms had equipment available for people to use the facilities.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals. A person said, "The GP comes once a week but you can ask to see the GP anytime if you need to and they will arrange it."
- We saw that people were visited by the optician and chiropodist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. A hairdresser was in the home on the day of inspection.

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.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded. The team acted in the best interests of people and respected their choices. However, where people did not understand the risks of a specific activity, further consideration was needed to ensure a particular risk being taken was in the person's best interests. For example, when a person liked to eat lying flat in bed.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

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.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. Staff knocked on doors before entering. One person said, "They are very careful about shutting doors for example to the bathroom."
- Staff were discreet when speaking to people or about people's needs.
- Records were held securely so as to promote confidentiality.

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

- People told us that staff were kind and respectful. One person said, "The staff are very caring here." Another person said, "They are lovely people, always happy, laughing and help when they are needed." A relative told us, "The carers are lovely, they are very kind."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people as they passed. However, we noted that one member of the domestic team did not speak with people as they went in and out of people's rooms.
- Visitors were welcomed into the home. We noted one visitor stayed for lunch most days. One relative said, "We can come anytime, from 8 in the morning to 8 at night and probably later, they never mind when we come." People told us that staff helped them keep in contact with family. One person said, "My [relative] is in [different country] and I talk to them on messenger on the [electronic tablet], the girls (staff) help me, they are very good at helping me."

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

- People and their relatives were involved in planning and reviewing their care. Relatives told us that staff contacted them about any changes if appropriate. One relative said, "We have just had a meeting update on the care plan, they told us about the care they were giving."
- Care plans included a record of people's involvement.
- Staff asked people before supporting them. One person said, "I go to bed at a regular time, but I can watch TV and go to sleep whenever I want to." Another person said, "I haven't been very well, and it was entirely up to me whether I got up or stayed in bed."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "I like a bath, I have a bath every morning at 5.45am – that's my choice and it works well here."
- Care plans covered most areas of people's needs. They were easy to follow; however, some plans could benefit from being more person centred in places. One person did not have a care plan for the use of oxygen and staff did not know what setting the concentrator should be set to. This meant if the dial was knocked and dosage changed, they could not identify this. During the inspection the regional support manager developed a care plan.
- Relatives told us that staff were very responsive to any concerns or worries about a person's welfare.

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.

- Staff took time to communicate with people who had impaired communication. Reminders about making sure hearing aids were working were displayed.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people. However, more consideration needed to be given to tools, aids and visual prompts to help encourage clearer communication.

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

- People told us they enjoyed the activities provided. One person said, "In the summer we go into the garden and play games, things like word games, I do like that. I love flower arranging and we do that, [Activity organiser] is very good."
- There were activities going on during the inspection. The group activity was exercise during the morning and in the afternoon a singer was visiting. The activity organiser went around the dining room telling everyone about the singer and encouraging people to attend. She told someone, "We would love to see you there."
- Activities were planned to appeal to people's interests. A survey completed last year asked for people to select what activities they would enjoy so that these could be added to the activities plan.
- The home offered a room to use for groups in the community, for example a book club. One person who

lived at the home attended the book club too. A local nursery visited, and a school art class attended and did paintings with people on care home open day. One staff member said, "It is lovely seeing the young and the old together." We were told that the activity organiser was working hard to bring the community into the home and provide more opportunities for people.

- A poster was displayed listing all the activities planned for each day. This included room visits for people nursed in bed. There were regular church services for people.

Improving care quality in response to complaints or concerns

- People and relatives told us that they had no complaints about the care and felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends. There were a low number of complaints received.
- Meetings were offered to complainants to try and resolve any issues that arose.

End of life care and support

- End of life care was provided at the service. The team worked with people to help ensure they were supported in a dignified and pain free way.
- Care plans were in place for people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place. The care plans needed to include more detail to guide staff on how to support people. The regional support manager told us that plans became more detailed when people neared the end of their life. However, we discussed the need for this information to be developed in advance of people being at that stage.

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out checks and audits to help satisfy themselves that standards were to that expected and regulations were met. These had been mostly carried out by the deputy manager who had recently left the home.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. However, the checks had not identified the issues found relating to pressure mattresses being checked, appropriate risk assessments in place and food and fluid records not being completed robustly. For example, the target of fluid to be consumed was not recorded making it difficult to measure if the person had consumed enough. Snacks offered were not always recorded, even though staff confirmed they were given.
- Accidents and incidents were added to the provider's system to help provide an overview. However, we saw that the lack of appropriate action recorded for unexplained injuries, such as a skin tear and bruises was not identified even though they had been added to the provider's monitoring system.
- During the inspection the management team took immediate action so this reduced the risks to people. Following the inspection the management team advised us of how they were going to ensure similar risks were identified by their systems and prevent a reoccurrence of these issues. This included more oversight by the regional management team, a robust handover with the new manager and sharing lessons learned with staff.

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

- People and relatives were positive about the regional support manager, who was previously the registered manager, and the running of the home. A person said, "[Regional support manager] comes in every so often, she is very good."
- Staff told us that the management team were very approachable and supportive. One staff member said, "I love it, really do, it's a lovely home to work in, good teamwork, nurses help you. [Regional support manager] runs an open-door policy, she's always there, even head office they actually talk to you, like one big family." Staff told us the management team gave guidance to them and explained the importance of it. Staff also told us that the provider's management team were also friendly and approachable when they came to the home.
- The previous registered manager had been promoted within the provider's management team and was

supporting the home, with the deputy manager, while they were waiting for the newly appointed manager to start. They were visible in the home and information was displayed about how people, relatives and staff could come to them at any time if there was something to discuss.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team took their responsibility seriously and were responsive and open to all feedback on the day of inspection, taking prompt action to address issues. Staff told us that management were friendly but also advised if they were not working in a way that was expected.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.
- People told us that although they found the management team to be open, approachable and helpful, actions to address the issues raised were not always effective and sometimes repeated. For example, for water jugs not to be filled to the top as they couldn't lift them, but this remained an issue.

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

- There were plans for regular meetings for people and their relatives. The meeting notes included actions and feedback for people. We saw actions had been completed or were in progress. Surveys were completed annually. The results from 2018 were mainly positive and the survey for 2019 was in progress.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team.

Continuous learning and improving care

- Incidents, complaints and events were reviewed, and meetings discussed any learning as a result.

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development. At one visit the local authority had found that staff support needed development. As part of our inspection we found that this issue had been addressed and staff felt well supported.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People's safety was not always promoted and risks were not always assessed.