Bupa Care Homes (AKW) Limited

Heathland Court Care Home

Inspection report

56 Parkside
Wimbledon
London
SW19 5NJ

Tel: 02089449488

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 24 April 2018 and was unannounced.

Heathland 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.

Heathland Court Care Home provides care and support for elderly people, some of whom have physical disabilities and dementia. The home can accommodate up to 78 people. On the day of the inspection there were 48 people using the service. The home is situated over five floors with one floor closed for renovations.

At the last inspection carried out on 6 September 2016 the service was rated Good, with Requires Improvement in well-led. At this inspection we found the service was rated Good in all areas.

At the time of inspection the service did not have a registered manager in post and was in the process to recruit a new manager. 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.

There were safe systems and practices in place to protect people from potential abuse and harm. Care records reflected potential risks to people and staff used these records to support them safely. The service was in the process to recruit more permanent staff in order to reduce the number of the agency staff they used and to ensure consistent care for people. People had their medicines kept and administered safely. Staff were aware of the procedures and took the necessary actions to provide hygienic care for people and to report any incidents occurring at the service.

Manual handling equipment was provided for staff to deliver support and promote people's independence where possible. Systems were in place to monitor the training courses attended by staff and those staff that were overdue for a refresher course had a date booked for it. Staff had the management teams' support to discuss their developmental needs and they had dates planed for supervision and appraisal meetings. Staff assisted people to enjoy their meal times. People had access to healthcare professions if their health needs changed and they required a check-up. The service followed the Mental Capacity Act (2005) principals to support people to make important decisions for them.

Staff showed concern to people's well-being and attended to their care with understanding. People made decisions about their daily routines and staff were respectful of their choices. Staff had time to have conversations with people and people felt they were listened to. Staff encouraged people to care for themselves if they were able to carry out tasks for themselves. People's relatives felt welcomed at the care home.

People were involved in planning their care and had access to information about them. Care records had personal information about people and how they wanted to be supported. People took part in the activities provided for them and felt the activities were meeting their care and support needs. People knew who to talk to and felt comfortable to raise their concerns if they had any. Systems were in place to support people to stay comfortable at the end of their lives.

The management team had shared responsibilities to deliver what was required for the service. New systems were in place to support staff's performance and team working practices. The management team had put strategies in place to ensure effective communication between the staff team. Quality assurance systems were used to monitor the services being delivered to people. Internal and external meetings were attended by the management team to gather information on changes taking place in the social care sector.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led. There were good working relationships between the management team which promoted effective support for people using the service.

The service carried out audits to monitor the quality of the services provided for people. Staff were supported to share their experiences that encouraged an open culture at the organisation.

Heathland Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was inspected on 24 April 2018. This inspection was unannounced and carried out by an inspector, specialist nurse and 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.

Before the inspection we reviewed information we held about the service which included statutory notifications. A notification is information about important events which the service is required to send to us by law. We also looked at a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with 14 people living at the home and five relatives. We talked to two regional managers, interim manager, clinical service manager, resident experience manager and seven staff members working for this service. We reviewed people's care plans, risk assessments, staff's files and other records relating to the management of the service. We used the Short Observational Framework (SOFI) to make observations. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection two healthcare professionals provided us with feedback about their involvement with the service.

Good

Is the service safe?

Our findings

Staff provided people with safe care and helped them to take risks safely. People's comments included, "I am very safe here and all my things are too. We all are", "I feel safe. I don't worry about anything really because [staff] look after me" and "The nurses are all lovely. They let me do what I want really and keep me safe." A family member said, "I have never worried about [my relative's] safety or belongings. She is well cared for."

Any safeguarding concerns raised by the service were recorded and monitored appropriately to ensure that actions were taken in good time to protect people as necessary. We saw a spread sheet with information for the safeguarding investigations taking place that included dates and details related to the reported abuse. The regional manager told us there were lessons to learn from the safeguarding allegations raised and the service ensured they took actions to learn from mistakes, including reviewing the processes that staff used to report a potential abuse to the local safeguarding team and sharing information with the staff team to ensure they were up-to-date with the actions taken to protect people.

Risk management plans were in place for staff to use to ensure safe care for people. Records showed that people had risk assessments in place for safe use of bed rails and manual handling procedures. Risk levels were assessed where a person was at risk to falls. Risk assessments were regularly reviewed to reflect people's changing needs.

The service followed safe staff recruitment practices to ensure that people were supported by suitable staff. Staff were required to fill in an application form and to attend an interview which helped the management team to determine if they had the necessary values for the role. The service had also checked staff's eligibility to work in the UK, obtained two references from previous employers and undertook criminal records checks to assess staff's competence as necessary. The management team told us they looked to employ staff who had the right values for the job and where a staff member didn't have experience the service provided the required level of training before they started working with people.

People and their relatives told us there was enough staff to support them. People's comments included, "There are always staff when you need them" and "I see the same one who helps me and there are lots of [staff] day and night." One family member said, "There are always plenty of staff and they do a fantastic job at looking after everyone. There seem to be enough whenever I come and even in the evenings." Another family member told us, "[My relative] has a carer and she is fantastic. When she isn't here there is usually people you know, the odd agency staff come but they are familiar too. I think they try hard to get the same agency staff."

The service was in the progress recruiting new staff members. Staff told us the service used agency staff to cover some of the shifts and also called agency staff to provide cover if a staff member called in sick on a short notice. The management team said they aimed to reduce the number of the agency staff they used by recruiting permanent staff to cover the shifts. People, relatives and staff had confirmed that the agency staff were used less recently and the management team had gradually requited new staff to ensure consistency

and continuity of the services provided for people.

People had assistance to take their medicines as required. One person said, "I have it with a drink when I get dressed and at bedtime." Another person told us, "I know what [the medicine] is for and I always have it with my food or just after." Staff informed people's family members about any changes to their medicines so they knew the medicines people were taking. Comments included, "I know everything [the relative] is on. [Staff] discuss everything with me and they quickly got all the medication sorted out and right dosages when [the relative] first came. They were very good" and "I know all about [the relative's] medication and what it is for. [The relative] takes it for them, he wouldn't for me."

People's medicines were stored securely and appropriately in the locked cupboards and medicine trolleys. Staff regularly checked the fridge temperature where some of the medicines were kept to ensure safe storage of the medicines. Records showed that people had their medicines as prescribed and in good time. Staff signed people's medicines administration records (MAR) after they supported people to take their medicines.

Staff followed infection control guidelines to ensure that people were safe from infection. People told us that the Heathland Court Care Home was well looked after. Comments included, "It is always clean and tidy. It has a nice feel to it" and "[Staff] are always cleaning so it is spotless." We observed the premises being odour free and floors being washed in the communal areas. Staff wore gloves and aprons to provide hygienic care for people. Hand disinfectant was easily accessed by staff to minimise the risk of infection.

There was a robust process in place to monitor incidents and accidents occurring. Incident details were logged into a system which provided rating on how serious the incident was and guided staff on the actions they had to take, for example if the incident had to be reported under the Reporting of Injuries, Diseases and Dangerous Occupancies Regulations (RIDDOR). The regional director had automatically sent an email regarding the incidents recorded for reviewing the actions taken and to ensure people's on-going safety.

The service ensured that people had the necessary support in the event of fire. We saw fire procedures displayed for staff to follow in case they had to support people to leave the building quickly. Fire exits and equipment were clearly marked and easily accessed by people if needed.

We saw batteries for wheelchairs and hoists being charged in communal areas which was a hazard for people with mobility difficulties. We discussed this with the management team who immediately removed the batteries and told us they will look into a more appropriate place for the batteries to be charged.

Good

Is the service effective?

Our findings

People told us that staff had the necessary skills for the job. One person said, "[Staff] are very good. Lots of training I think." Another person told us, "[Staff] are very good at what they do." A relative commented, "Oh [staff] are well trained here." A healthcare professional said, "My experience is that [staff] have been able to manage [my patient's] care and the patient has been grateful and describes feeling supported."

Equipment was used to promote people's independence where possible. People had call bells in their rooms to call staff for help if needed. People and their family members told us that staff responded to calls in good time as necessary. Comments included, "[Staff] are very quick if you push the bell. I never wait too long", "I push the bell and [staff] appear quickly", "[Staff] come to the rooms very quickly. [Staff] are always busy but they seem to manage each resident well time wise" and "[Staff] assist [my relative] very quickly. If there is a wait there is usually a very good reason like someone has an emergency. I never hear bells going all the time." Staff used manual handling equipment to hoist people and attended training for this regularly to ensure they moved people safely.

Staff were supported to undertake training to ensure they had knowledge and skills to carry out their duties as necessary. Staff received training internally and had a trainer coming into the service to facilitate the training courses for them. The management team had also looked into the external resources available and were in the process to book training dates with the local authority and college. The service used a system to monitor the training courses attended by staff. The system indicated if staff were due for a refresher course. The management team told us that some staff were overdue for the refresher courses and they had worked to reduce the backlog. Records showed that the majority of staff were up-to-date with the mandatory training courses and those who required a refresher course had a date booked for it. Records showed that staff were provided with appropriate training courses, including manual handling, safeguarding, medicines management, dementia and Mental Capacity Act (2005).

There were new systems in place to ensure that staff had received regular supervision and appraisal meetings. The management team told us that previously supervision and appraisal meetings were not carried out regularly. Therefore, monitoring systems were introduced to record a date when the supervision meeting took place and to book staff for the next meeting. The supervisions were carried out by the unit managers and the management team had regularly checked if the supervision took place on the day it was booked for. The management team told us they aimed to complete all the appraisal meetings by the end of May 2018. Records showed that supervision and appraisal meetings had started taking place to support staff in their role as necessary.

People were provided with a choice of what to eat and drink. Comments included, "I like the food and you can choose from a couple of things and smaller things like baked potatoes, omelettes, sandwiches" and "I do like that we have a choice and there is plenty." People told us they had access to a drink when they wanted it. One person said, "I have a jug in my room and I can reach it on my table anytime." Another person told us, "We are always being asked if we would like a drink and we can choose from lots of things." Family members commented, "There is always a drink station or tea trolley around and [staff] make tea anytime"

and "[The relative] can always reach a drink and if [staff] see that [the relative] hasn't been drinking much they encourage and help."

We observed people getting the necessary assistance during their meal times. People were asked where they would like to sit in the dining room. There was a menu plan on the table to remind people of their meal choices and staff read the menu to those people who required assistance. Staff were patient and encouraged people to eat independently. People had a choice to eat in their rooms if they wanted to. Staff told us they did not administer medicines to people during their meal times to ensure people were not rushed and enjoyed their food.

Initial assessments were carried out when people were first referred to the service. Information regarding people's healthcare needs was collected to decide if the service was able to provide a person with the support required. People and their relatives were encouraged to visit and explore the home's suitability for them. A post admission review was undertaken soon after the person had moved in to the home to find out how they were settling in.

People and their relatives told us that staff had contacted healthcare professionals quickly when people required a check-up. One person said, "[Staff] arrange all that for me. I haven't had to do a thing. I have new glasses and new teeth." Another person told us they talked to a staff member if they were not feeling well and they called "the doctor immediately." Family members said they were notified if people's health needs had changed. Comments included, "[Staff] call me if [my relative] is ill or anything. Even when [my relative] scratched themselves" and "Everything is done and arranged by [the service]. [Staff] call me if they think [my relative] needs the doctor who comes the same or next day usually. [My relative] has a podiatrist, hair done, teeth and eyes looked at. It's all well managed and [staff] keep me informed." Staff were aware of the emergency procedures and how to access medical advice or assistance if they required it.

The home facilities provided for people were meeting their care and support needs. Communal areas were appropriately furnished and comfortable for people to use and spend time with their visitors. There was enough space for people to move around with the walking frames and wheelchairs. People had space to stay on their own if they wished to. Staff encouraged people to move around freely and where necessary staff supported people to access different floors so they could socialise and build relationships. People had access to the garden and spent time on the patio relaxing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records showed that mental capacity assessments were carried out where people's capacity to make a specific decision was doubted, followed by best interest meetings if it was decided that a person had lacked capacity to make a decision. For example, in relation to bed rails. Staff told us they involved relevant health care professionals and families in the best interest meeting to gather everyone's views on the best outcome for the person. There was a robust system in place to monitor DoLS authorisation requests submitted by the service to local authorities and to ensure that the service had enough time to renew the submitted applications.

Good

Is the service caring?

Our findings

People liked living at Heathland Court Care Home. One person said, "The staff are so friendly, I like living here." Another person told us, "This is home and it's wonderful." A relative commented, "It has got better and better over the years. [The care home] has a lovely, home like feel."

People told us they received assistance from the staff members that were caring and kind to them. Comments included, "They help me to look after myself and they are kind" and "They are very good to me. I feel very well looked after." One relative said, "[Staff] are very good, always giving full attention when they care and they are tactile." Another relative commented, "[Staff] do care for people very well. Everyone is treated as an individual and given time." One other relative told us, "[Staff] are marvellous and they are kind too. They are always holding someone's hand, stroking their arm even if they are in a group, everyone is acknowledged, spoken to. [Staff] are very tactile. It is lovely."

People made decisions about their daily routines and chose when to go to bed and get up in the morning. Comments included, "I like to have a lay in and that is fine", "I get up about half six and this is the same time all my life" and "I can go to bed when I like really." People chose how they wanted to be supported with their personal care. One person said, "I have a bath because I don't like to get my hair wet and about once or twice a week. I have very good washes." A family member told us, "[My relative] chooses all of that and has a similar routine as when [they] were at home which is nice. There is no pressure on [my relative]. It really is good, home from home."

People told us that staff had time to listen and have conversations with them. One person said, "They have a chat about my day and tell me what they are in my room for." Another person told us, "[Staff] pop in for a natter." One other person said, "I am rather fond of [staff]. They make me laugh, keep me on my toes." A family member told us, "[Staff] are very good at never walking by the door without acknowledging [my relative]." We observed staff starting conversations with people when they were passing by and also having discussions with people about the important events to them, for example their relatives coming to visit.

People's relatives felt welcomed at the home. One person told us, "[Staff] let my sister to join in and that's lovely." Another person commented, [Staff] know I like to sit with my friend and we do that all the time." A family member said, "[Staff] invite us for lunch too. I like this because it means I can still have meals with [my relative]." This meant that people had visitors when it suited them and their daily routines.

Staff were aware of their responsibility to enhance people's independence at all times. People's comments included, "[Staff] know how I like things and try the best they can to assist me to do things myself", "[Staff] make me feel safe and help me to do things for myself. I am always busy" and "[Staff] help me with the things I find hard but they do encourage me to try."

People felt they had support to enhance their dignity. Comments included, "[Staff] knock on my door and they always ask if they can assist with personal care", "You can talk to [staff] about anything and it is handled discreetly and sensitively" and "[Staff] are good listeners and they whisper to you if they think you need the

loo." A family member said, "[My relative] still has dignity here. Each person is treated as an individual and has freedom of speech." People felt their privacy was respected. One person said, "There is a lock on my door that I know how to use and [staff] stand outside and wait for me to finish." Another person told us, "The carers know I like to be private about things and they respect that." The service respected people's religious beliefs. People had a priest visiting weekly and on request to give them communion if they wanted to.

Good

Is the service responsive?

Our findings

Staff were aware of people's care needs and preferences as necessary. One person said, "[Staff] know how I like things done and make everything easier for me." Another person commented, "[Staff] know my quirks and I think they work well as a team to look after us all." One other person told us, "[Staff] know us as a family and welcome us and our thoughts." Family members' comments included, "[Staff] know how and where [my relative] likes to sit and they keep [my relative] comfortable, the way [my relative] prefers" and "I like that [staff] know [my relative] and me so well. [Staff] really make the effort." A healthcare professional said, "The staff have always been helpful and they have had a good sense of [my client's] needs.

People had support to discuss their care plans and their wishes were recorded as required. One person said, "[Staff] talk to me about my care that I have and if I want any changes; [Staff] write it down." Another person told us, "I know [staff] write everything down and they give me choices. [Staff] ask me if I agree with things they write in the file. I had a sore on my hand and [staff] drew it in a body map and asked me if I thought it was in the right place." A family member told us, "[My relative] is asked about their opinion all the time and [staff] record [my relative's] wishes in the file." Another family member said, "We have discussed [my relative's] life plan and the wishes have been recorded. [Staff] made this an easy thing to do as they were kind and sensitive." Family member's told us they were invited to attend meetings related to people's care planning. Comments included, "I come to meetings and updates about [my relative's] care and progress and [staff] update me each time I come in. I'm very well informed" and "We are asked if we can attend reviews and we do. If for any reason we can't they will update us by phone or letter. I feel very involved."

People's care plans were up-to-date and provided information on the assistance people required to stay safe. "A health care professional told us, "Staff have been proactive in understanding [my client's] issues." Staff used this information to support people as necessary, for example they were aware of the support a bed bounded person required to stay comfortable. Care plans included personal information about people living with dementia which meant that staff had access to data about people's life histories and preferences when their dementia progressed.

People were encouraged to participate in a wide range of activities which occupied their free time and helped them to develop relationships. People's comments included, "I like painting and drawing. I like gardening and we do go out there too and do a few bulbs and things. I like animals visiting. I go to singing once a week at the church", "I have been to cafes and singing and I like walking to the park in my chair" and "There is always something going on if you want to do an activity". A family member told us, "There is always something going on and [staff] plan ahead. They had a BBQ for the open day, go to the common and local National Trust places. They have exercises, singing and dancing, Tai Chi. There is always something and [my relative] gets hair and nails done." Another family member said, "There is no pressure to do things and [staff] give 1-1 activities in [my relative's] room like the crossword they do together, listening to music, singing. They are always jolly and singing here."

People and their relatives had support to provide feedback about the quality of the services provided. People told us they talked to the managers if they wanted to make changes to their care plan. People's

relatives were confident that if they had any concerns they were addressed appropriately. A relative said, "[The managers] deal with anything as quickly as possible." Another relative told us, "There are lots of opportunities to give feedback. [Staff] ask regularly what you think or if you have any suggestions."

Posters for raising complaints were easily accessed by people should they need it. There was a suggestion box in the hallway for people, their relatives and staff to use if they wanted to provide feedback. People and their relatives were asked to complete feedback surveys to share their experiences about the service. They also attended meetings to discuss the service's achievements and actions required to make improvements where necessary.

People's care plans had information on the monitoring and interventions required to support people at the end of their lives. A policy- 'Care during the Last Days of Life' provided staff with guidance and listed their responsibilities where they were involved in the care for people at the end of their life. The management team told us they used Bupa Early Warning Score (BEWS) to help staff to identify deteriorating people quickly. Any changes to people's conditions were reported to the nurse in charge who then escalated the concerns to the management team and healthcare professionals as necessary. Staff worked in partnership with healthcare professionals to monitor and observe people's vital signs making sure the required support was in place to assist people to stay comfortable for as long as possible. People's care plans had updated Do Not Resuscitate (DNR) forms for staff to use to support people in respect of their wishes.

Good

Is the service well-led?

Our findings

People and their relatives told us the managers were approachable and had an 'open door' policy so people could talk to them if they needed support. In particular, people had complimented the resident experience manager and told us, "He has time for me, we talk about the news and weather", "He is very good and welcoming. They keep you informed" and "I like him a lot. He sits and has a chat and asks if I'm happy and can he do anything for me." A relative told us, "The managers are brilliant, very proactive." The healthcare professionals told us there were changes in the management team recently, but they continued working in partnership and responded to their requests as necessary.

There wasn't a registered manager in post at the time we inspected the service. The last manager had left in April 2018. The provider was in the process to recruit a new manager and meanwhile there was an interim manager to support the staff team until the new manager was allocated. We saw a clear management structure in place which included regional managers, interim manager, clinical service manager and resident experience manager. A unit manager was available on each floor and at any time of the day to support and supervise staff as necessary. We observed the management team working together well and making a lot of changes to improve the services provided for people. We saw changes implemented in the processes used to support staff and monitor care provision. The management team had shared responsibilities and knew well what was expected of them in their role. People and their relatives told us the resident experience manager was in regular contact with them to find out their views on the activities and food provided for them and where possible made improvement as suggested.

There were changes made in how the service supported staff in their role to ensure they provided effective care for people. One staff member told us, "We like a family here, we call each other by name and I enjoy working here." The provider had recently introduced new processes to support staff's morale and strengthen the team working practices. Staff were nominated for an 'Employee of the month' award based on their performance. We saw a staff party being organised to encourage staff's interactions in an informal environment. Staff were asked to provide regular feedback and the service had recently asked them to complete a staff survey questionnaire, but the results were not available at the time we inspected the service. Unit mangers were allocated 12 hours weekly to do paper work which meant they had time to review people's records as necessary. The provider had employed an 'Engagement partner' whose responsibilities included weekly visits at the service to advice staff on work related matters should they required it.

We had mixed responses from staff about the support they received from the management team. Three out of seven staff we talked to told us that communication between the managers and the staff team was not always effective. Two staff members told us they were not aware of the management structure at home and wouldn't know who to talk to if they had any concerns. One staff member told us they were not always notified in good time about the important events taking place at the service, for example a new person being admitted to the home. However, the other four staff members told us it was a good atmosphere at the service and the staff team worked well together. One staff member said, "Managers listen and respond straight away even if they are busy. I discuss my concerns with the unit manager, it was different when they

were not here." Another staff member told us, "There is a good team spirit and we are free to talk to managers about the issues and concerns we have. They listen and support, for example if I need training they provide it."

We discussed this with the management team and were told that few weeks ago all staff were provided with an information pack on the management responsibilities and roles. Regular meetings were used to ensure effective communication between the team, which included morning meetings to discuss the necessary actions for the day; Clinical team meetings to address people's changing health needs and care; and Handover meetings between the shifts to pass on information to staff about the events that took place during the shift. The management team said they worked to improve communication and there had been a lot achieved in this area.

There were systems in place to monitor the care being delivered to people. The regional managers were responsible for completing internal quality audits which covered staffing, care files and safety of the services provided for people. The interim manager had a responsibility to review people's care plans and they aimed to look at 30% of them monthly. The management team had also shared responsibility to carry out un planned audits, which included night visits to inspect staff's performance. Systems were in place to check if people's medicines were managed safely. Actions identified from any of the audits carried out by the service were put into one action plan that had been weekly reviewed by the regional managers for progress.

Information was shared with other agencies to ensure effective communication. The management team told us they took part in meetings facilitated by the provider to share experiences and best practice for making improvements where required. This included regional meetings and managers' meetings. The managers also attended providers' forums and seminars to get up-to-date information on changes taking place in legal requirements. Records showed the service being in contact with external agencies, including local authorities and clinical commissioning groups to share information and work in partnership as necessary.