

Bupa Care Homes (ANS) Limited

Havelock Court Care Home

Inspection report

6 Wynne Road
Stockwell
London
SW9 0BB

Tel: 02079249236

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Havelock Court Care Home is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people and people with a learning disability and autism. At the time of our inspection there were 51 people using the service.

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

The service was not able to demonstrate how they were meeting some of underpinning principles of right support, right care, right culture.

Right Support:

People did not always benefit from an interactive and stimulating environment, or frequent support to take part in activities, so they did not have fulfilling and meaningful everyday lives. Staff supported people with their medicines in a way that promoted their safety and independence and achieved the best possible health outcome. Staff supported people to maintain their health and access healthcare services.

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.

Right Care:

The service had enough staff to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it. The service worked with other agencies to do so. Staff received training and an induction to help them support people.

Right Culture:

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. The provider had a clear vision for the service based on a culture of improvement to enhance people's quality of life.

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 31 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Havelock Court Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. We have made recommendations in relation to risk assessments, staffing levels and activities.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Havelock 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a Specialist Advisor who was a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Havelock Court Care Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Havelock Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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 work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with ten people and nine staff, including care workers, a registered nurse, the chef, the registered manager and the regional director. We also spoke with two visiting healthcare professionals. We looked at eight care plans, four staff recruitment files, fire safety, incidents and accidents and other records relating to the management of the service. After the inspection we requested further records in relation to the management of the service, including audits and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- People did not always receive care and support from staff that had sufficient information on how to mitigate identified risks.
- Records showed that potential risks to people were not always suitably assessed and managed as well as they could be. One person's records noted that they could exhibit behaviours to signify they were distressed or overwhelmed. Whilst there was guidance for staff this was not specific enough in detailing how staff should respond.
- Risk assessments required additional detail to ensure that staff were able to respond to specific individual needs. We raised this with the registered manager who confirmed this matter would be addressed.

We recommend the service review their risk assessments and update their practice accordingly.

- Notwithstanding the above, staff confirmed they would raise any changes in people's presentation with the registered manager to ensure risk assessments were updated swiftly.

Staffing and recruitment

- People received care and support from adequate numbers of staff to meet their basic needs, however there were insufficient numbers of staff allocated to support people to undertake activities of their choosing in a meaningful manner.
- People told us although they felt there were sufficient staff deployed, they would often have to wait long periods of time for staff to respond to their call bells. We reviewed the call bell analysis and found there were instances whereby staff had taken up to 15 minutes to respond to the call bell.
- We shared our concerns with the registered manager who confirmed audits of the call bell logs were regularly undertaken to identify any patterns and trends.
- During the inspection people were observed spending time in their rooms with minimal interaction with staff, who were often hurried.
- Staff also confirmed what people told us, however stated management would support to deliver care on the floor when staffing levels were short.
- A visiting healthcare professional said they had concerns regarding the turnover of registered nursing staff at Havelock Court Care Home.

We recommend the service review their staffing levels and update their practice.

- People continued to receive support from staff that underwent recruitment checks to ensure their suitability for the role.
- Recruitment files contained an application form, suitable references, photographic identification and a Disclosure and Barring Services check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse, as staff understood how to recognise the signs of potential abuse and knew how to escalate and report any concerns, including whistleblowing to the relevant authorities.
- People told us they felt safe living at the service, comments included, "Yes, [I feel safe] because there is always someone around, day or night" and, "Yes, [I feel safe] because there's always someone to talk to about any worries I have."
- Records confirmed safeguarding incidents were shared with the local authority safeguarding team as required.

Using medicines safely

- Peoples medicines were managed safely and as intended by the prescribing GP.
- We observed the medicines round and identified the registered nurse followed best practice for administering medicines.
- People were encouraged to self-administer their medicines where safe to do so. One person told us staff ensured the correct medicines and dosage was present and they then administered their own medicines.
- Medicine Administration Records (MAR) were completed accurately with no gaps or omissions. Stocks and balances tallied.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service ensured that current government guidance and best practice was adhered to, to ensure people visiting the home did so safely.

Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned when things went wrong, this was confirmed by a visiting healthcare professional who told us, "Things are improving but there have been significant dips. The [registered manager] takes on board what I've said [and implements 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were receiving care in a service that was undergoing a refurbishment in the communal areas. Areas for people to sit, outside of their rooms were limited. (moved from the paragraph below).
- At the time of inspection this impacted on the areas people were able to access for activities and dining. We shared our concerns with the management team who confirmed they were trying to ensure all disruptions were kept to a minimum. The provider informed us after the inspection that people had access to the newly refurbished café area and could dine there. We will review this at our next inspection.
- We observed that the first floor had a significant malodour with areas of uncleanliness. Areas for people to sit, outside of their rooms were limited. We shared our concerns with the management team who confirmed they would address this immediately.

Staff support: induction, training, skills and experience

- People did not always receive support from staff that had received regular supervisions to enable them to carry out their roles. Records confirmed staff did not always receive supervisions in line with the provider's policy and procedures.
- One staff member told us, "I haven't had a supervision this year." Another staff member said, "I don't remember [having a supervision], I don't know [if I have]."
- We shared our concerns with the registered manager who told us they would ensure everyone received a supervision. After the inspection the registered manager sent us copies of newly completed supervisions and confirmed all supervisions would be completed by November 2022. We will continue to monitor their progress at the next inspection.
- Notwithstanding the above, staff told us they could approach the registered manager for guidance and advice at any time.
- Newly employed staff underwent an induction to familiarise themselves with people, the service and the provider's expectations. Staff confirmed they found the induction beneficial and shadowed more experienced staff for a period of time, prior to working without direct support.
- The induction processes followed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received on-going training, both in-house and classroom based. Staff confirmed they could request additional training should they feel this was required and it would be provided.
- Training covered all aspects of staff's role, for example, moving and handling, first aid, medicines, safeguarding and dementia.

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

- People had access to a wide range of food and drink that met their nutritional needs and preferences.
- There were clear guidelines where people had been assessed by Speech and Language Therapy. For example, where one person was at risk of choking and aspiration, care records detailed suitable actions to monitor them including seating position, timeliness and action to take in an emergency.
- We received mixed feedback about the food provided at the service. Comments received included, "The food is all good, we can have snacks and extras", "The GP told me I should lose weight to help my blood pressure so the staff have been helping me with my food choices, for example, yoghurt instead of cake and custard" and, "It`s pretty terrible and boring."
- During the inspection we observed food being prepared which was presented well. The Chef had a clear understanding of people's nutritional needs and confirmed where people required specialist diets, for example, diabetic, allergies and for religious reasons, this was catered for.

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

- Prior to living at the service, a pre-admission assessment was undertaken to ensure the service could meet people's needs.
- Pre-admission assessments were clear in following local authority assessments to guide the care delivery required.
- People's needs were assessed in line with best practice guidance, such as the use of the Waterlow score in assessing skin integrity.

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

- People were supported to access healthcare professionals. Staff told us that they would liaise with senior workers when they identified a change in people's needs.
- Visiting healthcare professionals told us, "There have been concerns in the past and I think there have been the right changes, the staff team are okay and there's no one I worry about. They take suggestions on board" and "I always recommend this home as I meet with the consultants weekly."
- People continued to have access to healthcare services to monitor and maintain their health and wellbeing.
- People confirmed they could request a visit from the service's GP should they wish.
- Staff were aware of the importance of raising any concerns in relation to people's health and presentation swiftly, to ensure medical intervention was addressed
- A healthcare professional confirmed guidance provided by them was implemented into the delivery of care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood their role and responsibilities in line with legislation and how this applied to their role.
- We found that records in relation to best interest decisions were of a mixed quality. For some people, these were comprehensive, detailed how decisions were reached and next steps. For others, these were incomplete or missing in their entirety. We were not fully assured that enough information was available to staff.
- Despite our findings, records showed the registered manager had applied for standard DoLS with the local authority DoLS team in a timely manner.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be supported by staff that were compassionate and respected their diverse needs.
- People told us staff treated them with kindness. Comments included, "I'm very happy here, they [staff] always look after me well", "[Staff] take good care of me" and, "They [staff] are my family."
- During the inspection we observed staff interacting with people in a friendly and respectful manner.
- People's faith and cultural needs were documented in their care plans. People were encouraged and supported to follow their faith if they expressed a desire to do so.

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

- People's views were sought and where possible, supported to make decisions about the care they received.
- During the inspection we observed staff asking people if they wanted support with various tasks for example, eating and drinking. Staff were respectful of people's decisions.
- Regular questionnaires and discussions with staff enabled people to share their views and have their voices heard.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted and where possible, people were encouraged to remain as independent as possible. Comments from staff included, "Sometimes it depends on what people are able to do for themselves. [We must] be patient and give them time, it doesn't matter if they do it the right way or not but they're trying. We try not to deskill them."
- One staff member told us, "We knock on the door, introduce ourselves, we let them know we're there for personal care and their choices e.g. what they want to put on. We treat each one of them as an individual."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant people's needs were not always met.

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 did not always receive sufficient activities to meet their social needs and preferences.
- We received mixed feedback about the activities provided at Havelock Court Care Home. Comments included, "We do nothing", "I would like to read but [staff] give me nothing [to read]" and "There's not enough to do in the day."
- During the inspection we identified that although some people were participating in board games others were left with periods of time with little to no interaction from staff.
- Staff confirmed their workload meant there was limited time to interact with people. One staff member said, "The work is very heavy, so we don't otherwise get time [to chat to people]. Usually on my breaktime I will talk to them."

We recommend the service review their activities programme and update their practice accordingly.

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

- People's care and support needs were documented; however, care plans were not as personalised as they could be.
- People's views were sought and where possible, supported to make decisions about the care they received; however, sufficient information was not provided consistently in relation to people's daily routines and how they wished to spend their time."
- Notwithstanding the above, care plans detailed people's health, medical, social, dietary and mobility needs. Care plans were reviewed regularly to ensure they reflected people's changing needs.
- Staff confirmed any changes to people's needs was shared amongst the staff team at the beginning of each shift and care plans updated accordingly by senior staff.

End of life care and support

- People's end of life wishes were not always clearly recorded within people's care records. We found that on some people's records there was a note for this to be completed, however this was not consistent amongst the records we reviewed.
- Where people had a Do Not Attempt Resuscitation in place, these were in date and signed by the GP.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff knew how to effectively communicate with people in their preferred method and in a way they understood.
- The service had a communication policy, which detailed how people including those with a sensory impairment were to be supported to have accessible information. For example, large print, braille, audio or translated into a foreign language.

Improving care quality in response to complaints or concerns

- People were aware of how to raise concerns and complaints and felt comfortable in doing so.
- Records showed complaints received by the service were clearly documented and investigated to seek a positive outcome for those involved. Complaints also focused on mitigating repeat occurrences by learning lessons and information being shared with staff.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; 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

- Quality oversight of the service was not sufficient in ensuring people using the service received a consistently good standard of person centred care. We identified improvements were needed to risk assessments, the personalisation of care records and the detail in relation to best interest decisions.
- We identified improvements were needed to risk assessments, the personalisation of care records and the detail in relation to best interest decisions.
- Staffing levels were not always adequate in ensuring staff had ample time to meaningfully engage with people, staff did not receive regular supervisions to reflect on their working practices and people's end of life wishes were not always documented.
- Activity provision required improvement to ensure people had enough stimulation throughout the day.
- Management had not consistently ensured records were always contemporaneous and clearly reflected people's needs to ensure staff had all the information they needed to care for people. Some of these issues had not been identified prior to our inspection."

The failure to ensure the service was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good Governance.

- The managers were responsive to the issues we found. After the inspection the registered manager sent us documentation in relation to the risk assessments, we were satisfied with their response and will continue to monitor their progress at the next inspection.
- The registered manager understood their duty to share information in an open and honest manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff spoke positively about the service and told us it was well-led.
- Staff were positive about the support they received from the registered manager. Comments included, "The door is always open, she's [registered manager] 100% approachable and you can go in anytime" and "If we have anything wrong with life or the residents, she [registered manager] will listen."
- Staff confirmed they could raise any issue with the registered manager and put suggestions forward to improve the service.

- The provider sought feedback from people and staff and used the feedback to improve the service. For example, through frequent questionnaires.
- We reviewed the most recent completed questionnaires and found responsive received we positive in relation to, communication, staff, food, being treated with dignity and respect and decision making.

Working in partnership with others and Continuous learning and improving care

- People received support from a service that was keen to work in partnership with healthcare services to drive improvements.
- A healthcare professional told us, "There have been concerns in the past and I think there have been the right changes. The service takes suggestions on board, but I do need to tell them these things."
- The registered manager told us, "We [work in partnership] with skilled professionals, we have a lot of skilled staff and everyone shares those skills. It means we're always improving and learning."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The failure to ensure the service was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good Governance.