

Bupa Care Homes (CFChomes) Limited

Heathgrove Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 16 October 2015. Breaches of legal requirements were found. We rated the service as Requires Improvement, and we served an enforcement warning notice on the provider and manager in respect of safety breaches because of the potential impact on people using the service. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report mainly covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathgrove Lodge Nursing Home on our website at www.cqc.org.uk.

Heathgrove Lodge Nursing Home is a nursing home for up to 36 people. There were 31 people using the service when we inspected, and we were informed that their maximum practical occupancy is 33. The service's stated specialisms included dementia care. The accommodation is purpose-built with passenger lift access to all floors.

There was a registered manager in place at the service at the time of our inspection. 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.

We found that the provider had followed their plan to address our previous concerns, and so they were now meeting legal requirements in support of ensuring appropriate care and treatment of people using the service.

Care plans were now promptly set up for new people using the service, to help ensure their safe care and treatment.

Where anyone had wound care needs, action was taken to monitor and address the needs effectively.

Records of care and treatment delivery such as repositioning charts for people at risk of pressure ulcers were now kept up-to-date and were used effectively.

The service provided good support of people's health and nutritional needs, and worked in partnership with community healthcare professionals.

There was good overall feedback, from people using the service and their representatives, about the services provided.

Where people or their representatives were unhappy with any aspect of the service, or raised a complaint, timely action was taken to try to improve matters. Further staff training had been completed in support of this.

The provider had effective systems in place to monitor service quality and identify care and treatment risks.

People overall received personalised care and treatment that was responsive to their needs and preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. We found that action had been taken to improve safety. Care plans were now promptly set up for new people using the service, to help ensure their safe care and treatment. Records of care and treatment delivery such as repositioning charts for people at risk of pressure ulcers were now kept up-to-date. We also noted that people's medicines were adequately managed, and appropriate infection control systems were in place to protect people.

Is the service effective?

Good ●

The service was effective. We found that action had been taken to ensure that where anyone had wound care needs, action was taken to monitor and address the needs effectively. The service provided good support of people's health and nutritional needs, and worked in partnership with community healthcare professionals.

Is the service responsive?

Good ●

The service was responsive. We found that action had been taken to ensure that where people were unhappy with any aspect of the service, action was taken to try to improve things. Further staff training had been completed in support of this. People therefore received personalised care and treatment that was responsive to their needs and preferences.

Is the service well-led?

Good ●

The service was well-led. We found that action had been taken to ensure that the concerns we found at the previous inspection had been addressed. The provider had systems in place to continue monitoring service quality and identify care and treatment risks, which were now working effectively. The service was also promoting a positive, open and person-centred culture.

Heathgrove Lodge Nursing 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. The inspection took place to check that improvements to meet legal requirements planned by the provider after our 16 October 2015 inspection had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led? This is because the service was not meeting some legal requirements.

Before the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority.

We undertook this unannounced focused inspection on 5 February 2016. The inspection team comprised of two inspectors and an expert by experience which is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit, we spoke with 13 people using the service, four people's relatives and representatives, four staff members, the registered manager, and the deputy. We observed care delivery in communal areas, and we looked at selected areas of the premises.

We looked at care records of six people using the service, along with various management records such as quality auditing records. The registered manager sent us further documents on request after the inspection visit.

Is the service safe?

Our findings

At our previous inspection of 16 October 2015, we found that care plans were not promptly set up for new people using the service, which may not have ensured their safe care and treatment. Additionally, records of care and treatment delivery did not consistently demonstrate safe care and treatment of people. This meant the provider was in breach of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the breaches of regulations. We saw that care plans were now promptly set up for the newest people using the service, in support of ensuring safe care and treatment. This included care plans for communication needs, safety matters, skin integrity, and nutritional needs. There were also pain assessment tools in use alongside the setting up of a plan for pain management where needed for specific people.

A '72 hour care plan checklist' was used to audit that appropriate and safe care plans had been set up for new people. Recent such checklists had been filled out in a timely manner. Where they identified that aspects of the care plan had not been completed for the new person, there was an updated record to check that the identified issues had been promptly addressed.

People's care files included assessment of risk for matters such as pressure ulcers, malnutrition, falls, bed-rails and pain management. These assessments were generally updated monthly. Many people were identified as at risk of falls and so bed-rails were commonly used, however, where people were not identified as at significant risk, we saw that rails were not used.

We noted that the care plans of two people who had been using the service for many months had not had a review of pressure care needs for two months, contrary to the provider's monthly expectations. We informed the registered manager of the care and treatment risks this may present to the individuals involved. The registered manager undertook to attend to the matters promptly. We noted, however, that care file audits took place for some people each month, which helped the provider identify and address issues such as these for the people selected.

One person told us that the service's deputy manager assessed their needs before they moved in, and that the care and support agreed "was adhered to when I arrived." We noted that risk assessments had not been completed for someone who moved in 36 hours before our visit, when the provider's expectation was for these safety precautions to be in place within 24 hours. The registered manager and the deputy explained that this process had not been promptly completed as they had had to unexpectedly prioritise the doctor's round taking place a day earlier than usual, on the day before our visit. In support of that, we noted that the diary included a reminder for senior staff to work on the assessments for this person. We also checked on the new person and did not see any obvious safety concerns for them in their room. For example, their assessment records recorded a risk of developing pressure ulcers, but pressure relieving equipment was already in place on their bed and chair despite the pressure care risk assessment not yet being completed.

We found that records of additional monitoring of people were now accurate and complete, and were kept up-to-date throughout our visit. This included hourly safety checks, repositioning charts, and fluid and food monitoring charts. A running total was kept of fluid intakes in support of monitoring sufficient overall intake for individuals. Charts were now kept in folders relating to the floor people resided on, and stipulated exactly what monitoring each person was assessed as needing, including some people who were assessed as needed no such monitoring. Charts were checked and signed off by nursing staff at each handover, to help ensure that people received the care and treatment advised by the charts. We also saw that the registered manager recorded occasional checks of the charts. This all helped to ensure that people received safe care and treatment.

One person told us, "During the night they are very good and every three hours turn me and give me my medication; they never let me down." We noted that repositioning charts for the prevention of pressure ulcers were in use for a small number of people. These now stipulated the expected frequency of repositioning for both night and daytime, and we saw that these frequencies were followed. This helped to demonstrate care and treatment that addressed pressure care risk where people were assessed as being at risk.

People had no concerns about staff remembering to provide support with topical medicines. One person told us, "When the creams run out they bring more; the medicine comes on time." Another person said that, in respect of medicines, staff "always check that I have taken it." We saw a recent document from the provider informing all its care services that topical medicine records were to be made only on medicines administration records (MAR). The specific topical medicines charts that were kept in people's rooms at the last inspection had therefore ceased being used. Nursing staff instead checked with care staff that the specific topical medicines had been provided to specific people as required that morning. We saw that MAR were kept up-to-date, including for topical medicines, which helped to demonstrate safe care and treatment of people.

One person's care plan included a medicine prescribed for use as-needed in relation to when they displayed significant anxiety. We checked and found that the plan was being followed and the person was not receiving the medicine excessively. Staff and the registered manager worked with the person during our visit to reassure the person when needed. We were also shown that the service had acquired the current list of prescribed medicines for someone who had moved in since our last inspection, to help ensure that the person was promptly receiving all prescribed medicines upon moving in. This helped assure us that people's medicines were managed and administered safely.

People told us they felt safe and secure in the service. Comments included, "Oh yes I feel safe here. Always someone to help you and I have the bell" and "Yes I feel safe and I feel comfortable to talk if I wasn't." This matched what we saw.

We noted that communal areas and people's rooms were kept clean and did not have obvious safety hazards. We also noted that the local food standards agency had recently rated the service as 5-star, the highest rating, in respect of kitchen hygiene. These matters indicated good standards of infection control at the service.

Is the service effective?

Our findings

At our previous inspection of 16 October 2015, we found that reasonable actions to address wound care needs were not always being taken, which may not have ensured safe care and treatment. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the breach of regulations. Wound care plans were in place for relevant people, and we saw instances where wound care plans were no longer needed as the wounds had healed. Reassessments of wounds were now recorded as taking place within the planned timescales. Nursing staff told us that they were reminded about this through nursing handover sheets and via each person's medicine administration chart as dressings were recorded on these charts with reminders on when each new dressing was needed. This all helped to demonstrate that effective wound care treatment was being provided to applicable people.

Records showed that one person had had tissue viability nurse support arising from increasing skincare needs. Feedback on file from that professional indicated that the service worked in co-operation with them, and that the person's increased needs had been outside of the control of the service. Assessments and plans for the person were being kept up-to-date in support of the person's care and treatment, indicating that the joint working was helping to address the person's needs.

A few people spoke positively of the community health support provided in the service. Comments included, "There is a doctor that comes every fortnight and I can talk to him and sort it out. We have an optician and a podiatrist who comes every eight weeks." We saw records indicating that the doctor had undertaken basic health checks of new people shortly after they moved into the service, in support of the service helping them to maintain good health.

People spoke positively of the food and drink provided. Comments included, "The food and drink are good and the chef is a good chef" and "I like the food as I can eat it. I have variety every day. It is quite nice with a sweet after too. Tea and cake at 15:30 in the sitting room, I look forward to that." We noted that the service kept records of consenting people's weights on a monthly basis, to check for significant gains and losses. Where someone was losing weight, community dietitian advice was sought. The advice included weekly weight monitoring and regular prescribed fortified drinks, for which we saw up-to-date records indicating that the advice was followed. This helped to demonstrate that people were supported to eat and drink enough and have nutritional risks addressed.

People spoke positively about the service's overall effectiveness. Comments included, "All the staff are excellent" and "I would recommend this establishment to friends and family; visitors are made to feel welcome." A relative told us, "They are handling <their relative> very well; I am very trusting of them." A staff member told us, "Generally, the majority of all residents and their families are satisfied with the care. We treat residents as extended family and we get to know their social needs. This is their home."

Is the service responsive?

Our findings

At our previous inspection of 16 October 2015, we found that some complainants' experiences and inconsistent staff training demonstrated that an effective complaints system was not always being operated at this service. This meant the provider was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the breach of regulations. Since our last inspection, there was one formal complaint relating primarily to staff approach. The complaint was escalated to the service's area manager, who sent the complainant a holding letter whilst the complaint was being investigated. The area manager also arranged a meeting between the service's management team and the complainant where the complaint itself was recorded as resolved with no outstanding actions. We also saw records of informal concerns where verbal feedback was recorded and acted upon. This included feedback about the shower in one person's en-suite room not draining properly, which had been reported to the maintenance team. Feedback from the registered manager and the maintenance worker clarified that this was an issue in a few rooms, and so quotes were being gained for refurbishment work to address the issues.

Since the last inspection, complaint training has been scheduled for all staff. The training itself consisted of one classroom session and a workbook for completion after the session to demonstrate sufficient knowledge. Records showed that the training had been completed and that the registered manager was following up on the staff whose workbooks were still outstanding. The registered manager confirmed that complaint handling was now included as a module in the provider's new staff induction programme, so that new staff would become quickly aware of how to respond to concerns and complaints. We also noted that the provider's complaints procedure was displayed in the entrance hall along with leaflets that explained the procedure and enabled a complaint to be made. This all helped to demonstrate that the service had responsive systems to recognise, address and learn from concerns and complaints.

People told us they were happy with the service they were receiving and felt confident that they could speak up if needed. They said that staff responded to them well. Comments included, "No problem talking to the staff, they are all willing", "They have certainly looked after my needs, they really are excellent and work very hard", and "I talk to the staff, we laugh and joke and we all get on. All the staff are approachable." One person said, "I did have a problem with the bell so told the maintenance man and whilst I was away at afternoon tea he came to my room and it was working properly when I returned."

Staff demonstrated a good knowledge of the needs of people in their care and were able to explain to us individual people's care needs. We saw and heard people asking for support, and staff attending to them attentively so as to address their needs and requests. Staff were responsive to people even when they had other responsibilities. For example, a staff member who was assigned to work entirely with one person noticed another person becoming distressed. They immediately attended to that person without losing sight of the person they were assigned to work with, which showed care and responsiveness.

A relative of one person explained how they had initially had to remind staff about a particular preference the person had, but that the preference was now always respected. We noted that one new person was assessed as needing staff support to eat meals, and that they had expressed a preference for same-gender support. We saw that at lunch, the person received this support. We also saw in their room that their particular needs around accessing the call-bell for staff attention had been addressed. Whilst there was a small amount of feedback that the service was not responsive to all aspects of new people's needs and preferences straight away, feedback and our observations indicated that the service strived to get this right and took action where shortfalls occurred.

We observed a group activity during our visit. The instructor was supportive and engaging, and provided people with stimulating physical and mental activities. We saw that people enjoyed the activities, including those who appeared quieter. A relative later told us they thought the instructor was very capable, as they found ways to meaningfully involve their relative who did not easily engage. The service had an activities programme that was updated weekly and was circulated to people along with being available in the entrance hall as a leaflet. This all helped to demonstrate that the service provided involving activities to people.

Is the service well-led?

Our findings

At our previous inspection of 16 October 2015, we found that the provider's systems of governance had not identified and addressed the foreseeable concerns and the consequent risks to the health, safety and welfare of people using the service that we identified during that inspection. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the breach of regulations. This was because the provider had addressed all the concerns we found at the last inspection, and their system of governance was independently identifying and addressing quality and risk matters.

Staff we spoke with were positive about the changes that had taken place in the last few months. One staff member said, "The changes are working well" and "As a group we all came up with ideas for the action plan and we went for it." Another staff member commented, "Management is trying to improve everything" and "The nurses are all the time reminding us of procedures." We noted that staff had pride in the service they provided to people. We were told, for example, "I think we give excellent care. The nurses are devoted and the carers are respectful and mannered."

The registered manager confirmed that staff had been involved in planning to address the shortfalls identified at the last inspection. These meetings and group supervisions had also been used to help staff understand why certain actions had to occur, for example, in documenting care and treatment at the time it was provided rather than later on. We saw records confirming this. The registered manager also referenced good support from both the provider and the local authority's quality improvement team in helping to address the identified issues. This helped to demonstrate that the service was promoting a positive, open and person-centred culture.

The registered manager told us that the latest survey of people's views on the service, as carried out by an independent organisation, took place shortly after our last inspection. Results of this had already been analysed and so an action plan was in place to address the weakest areas of feedback in a timely manner. Minutes of the latest residents and relatives meeting showed that the results had been discussed.

It was evident that many people using the service recognised the registered manager and felt they could talk with her. Some people asked her for a cup of tea or pain-relief, which she acknowledged and ensured was addressed. One person told us that the registered manager and the deputy "are both approachable and listen and react to my needs." The registered manager confirmed that she spoke with people around the service on a daily basis, which enabled people to feel comfortable in raising minor concerns. A recent example was someone saying their towels were cold in the morning, which had resulted in daily changes of towels.

We saw the daily management meeting taking place in the service mid-morning. This included any emerging health concerns amongst people using the service, reviews of call-bell response times, and maintenance matters that had and were being addressed. This process helped to ensure the service's care

delivery quality.

Audit and oversight tools we saw in use at the service at this visit included audits of health and safety matters and care files, and the area manager's monthly monitoring visits at the service. We saw that action plans arose from these, which the registered manager signed off and dated when each action was completed.

The registered manager continued to complete a monthly tool that considered data relating to key risk factors such as weight loss, pressure ulcers, excess use of antipsychotic medicines, and unplanned hospital admissions. This enabled trend analysis across the last six months, and therefore scrutiny of service delivery by the registered manager and provider. We noted that the data indicated that everyone's care plans had been reviewed since our last inspection, in support of ensuring that our previous concerns were addressed. This helped to demonstrate good governance of the service in support of ensuring people received appropriate care and treatment.