Bupa Care Homes Limited

The Hornchurch Care 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place took place on 15 August 2017.

Hornchurch Care Home is registered to provide nursing care for 55 older people some of whom may have dementia or palliative care needs. On the day of our inspection, 51 people were using the service.

At our last inspection on 17 August 2016, we found the provider at the time did not meet legal requirements to ensure the service was safe because there was not always enough staff on duty, people's care needs were not being met on time and records were not always up to date. The provider wrote to us to let us know what action they were taking to meet these requirements. However, since our previous inspection, the service transferred to a new provider. This was the first inspection under the new provider.

We saw that improvements had been made and the service was now safe. There were enough staff working in the service to meet people's needs during the day and at night.

The service had a registered manager in post. 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.

People told us they felt safe living at Hornchurch Care Home. The service has three units, with people living on a unit that was best equipped to meet their needs.

The premises were safe, clean and regularly maintained. The registered manager had arranged for refurbishments to be carried out externally and internally, including a new outdoor garden patio and a therapeutic indoor sensory garden.

Risks to people were identified and managed to ensure they remained safe.

Staff received training on how to keep people safe and were able to describe the actions they would take if they had any concerns about people's safety. The provider also had a whistleblowing policy which staff were aware of and they knew how to report on concerns they had.

The provider had safe recruitment procedures in place and carried out checks on new employees.

Staff were supported with regular training, meetings and supervision. Staff work performance was reviewed on a yearly basis and they were encouraged to develop their skills.

The provider had systems in place to support people who lacked capacity to make decisions for themselves. Staff received training in the Mental Capacity Act 2005 and were knowledgeable of the processes involved in

assessing people's capacity.

Staff ensured people had access to appropriate healthcare when needed and their nutritional needs were met.

Staff were aware of people's preferences, likes and dislikes. People were treated with dignity and their choices were respected.

People received personalised care and support, to ensure their individual needs were met. They were encouraged to participate in activities and remain as independent as possible.

People and relatives were able to make complaints and have them investigated. Disciplinary action was taken by the registered manager when required to ensure staff conducted themselves appropriately.

Staff felt supported by the management team. The registered manager had systems in place to monitor the quality of the service provided to people. They were supported by regional managers and they worked well together to ensure improvements were made.

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. Staff were aware of the steps to take to report any allegations of abuse.

Risks were assessed and managed to keep people safe.

Medicines were managed safely. Staff who were trained administered them to people appropriately.

The provider had a safe recruitment procedure. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff had good knowledge and understanding of the Mental Capacity Act (2005). They were supported with training and received regular supervision.

People were supported to eat a balanced diet and their nutritional needs were met. They had access to healthcare professionals when required and their health was monitored.

Is the service caring?

Good

The service was caring. Staff knew people well and provided care with dignity and kindness.

People's rights and choices were respected. They were able to express their views about how they wished to be cared for.

People were treated with respect and were able to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they moved into the service and care plans were developed.

People's care plans were person centred and contained detailed information about their lifestyle preferences.

People were encouraged to participate in activities of their choice and staff were supported to engage with them.

People and relatives' complaints and concerns were investigated by the management team and they were notified of the outcomes.

Is the service well-led?

Good

The service was well led. There was an open culture in the service. People, relatives and staff felt supported by the management team and were encouraged to provide their feedback.

Quality assurance audits took place regularly to ensure the service was safe and people's needs were being met.

The registered manager was committed to making improvements and developing the service.

The Hornchurch 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

This unannounced comprehensive inspection took place on 15 August 2017 and was carried out by two inspectors 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.

Before the inspection, we reviewed all the information we held on the service such as previous inspection reports and notifications. A notification is information about events that by law the registered persons should tell us about such as safeguarding alerts and serious incidents. We also obtained feedback from the local authority for their views on the service and the local Healthwatch.

During our inspection we spoke with six people and with five relatives. We made observations of care being provided. We spoke with five nursing and care staff, the registered manager, the deputy manager and an activities manager.

We looked at ten care plans and other records relating to people's care, such as turn charts and medicine administration records. We also looked at accidents and incidents records, ten staff files, training records, quality assurance audits, health and safety information and other records kept in the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "Yes, it is very friendly here." Another person told us, "Oh yes, I don't feel unsafe at all, I have a buzzer, which makes me feel safe." Other comments from people included, "Yes, very nice staff" and "I feel safe because I look out for myself day and night."

We found there were enough staff to ensure people received the care and support they needed. People and relatives told us they were happy with the staffing levels. Each unit had a manager and a nurse's station at the centre of the corridor and we saw staff were available at each station. There were enough care staff and nursing staff on duty to respond quickly to the needs of people living in the units. When the service was short of staff, processes were in place for cover staff to be called to provide care to people. During our inspection, we looked at staffing rotas and saw staff were available on each shift. Staff told us there were enough of them to care for people at the service and they did not express any concerns.

The deputy manager explained that the staffing levels were dependent on people's needs and the current occupancy of the service. They gave us an example where one person was currently having one to one support from staff due to changes in their behaviour. This helped to ensure the person was safe as well as other people around them. Staff who worked for the provider on a permanent basis always tried to cover sickness or absences to ensure people's needs were met. The deputy manager explained that they also used agency staff at times, but always made sure agency staff knew people well and had worked at the service previously.

The provider had systems to ensure only suitable staff were recruited to work with people who used the service. We looked at ten staff files which detailed their employment history, qualifications and previous experience. A number of checks were undertaken before staff started working at the service. This included, obtaining references, checking if they had any criminal records and checking their identification and immigration status to see if they were allowed to work in the United Kingdom. The registered manager told us, "I take responsibility for our recruitment. We have employed really good staff. They are caring, do their work to a high standard and work hard."

The provider had systems in place for staff to recognise and respond to any allegation of abuse and this helped to ensure people were safe. There was information displayed around the staff areas on each floor about how to report any allegations of abuse and what action staff needed to take if they suspected abuse taking place. Staff were aware of different types of abuse people may experience and the actions they would take to protect people from harm. They had an understanding of their responsibilities and said they would report abuse if they were concerned about a person. They were also aware of the whistle blowing procedures. A whistleblower is a person who raises a concern about wrongdoing in their workplace. This meant staff knew how to report any unsafe practice. All staff had received safeguarding training which was refreshed annually. New staff received the training as part of their induction. One member of staff said they would report any concerns to their line managers and they felt confident they would be listened and action would be taken to keep people safe. The provider had policies and procedures in place for staff to refer to if

they had any concerns about people's safety. The deputy manager told us that safeguarding was regularly discussed during staff meetings. This was confirmed by staff, we spoke with.

Staff had assessed potential risks to people's health and welfare and there was guidance in place on how to manage these. For example, where people needed support with transferring from bed to chair or vice versa, there was detailed guidance in place for staff to follow to ensure people were safe when they were being transferred. This helped to ensure people were cared for and supported in a way to promote their safety as far as possible. We saw risk assessments were reviewed and updated on a monthly basis or when the needs of the person changed.

The premises were situated on high ground which had a slight slope at the rear of the building, where the garden was. During this inspection, we found work had been carried out to ensure people were safe whilst using the garden, which had been redesigned and landscaped. The interior of the building was clean and well decorated. There was on going redecoration of people's rooms and of some empty rooms, which were to be used for new people to move in.

Prior to our inspection, we received information that the service did not follow procedures to ensure hygiene and cleanliness was maintained to ensure risks of infections were prevented. We did not see this was the case during our visit. Staff received training in infection control. They followed infection control procedures and used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risk of infections spreading. One person told us, "I see them [domestic staff] cleaning once a day. They also polish surfaces."

The maintenance of the service included water, refrigerator and freezer temperature checks. Records were available to ensure they were kept at suitably safe settings. Equipment, such as hoists and wheelchairs were maintained and serviced as per the manufacturer's recommendations. The provider ensured the health and safety of people, staff and visitors to the service. For example, we saw checks were carried out on fire safety equipment on a regular basis and water temperatures were monitored to make sure they were within recommended levels. There were also checks done on the gas and electrical systems. The provider had a business continuity plan in place to deal with emergencies such as where people would be moved to in the event of a fire. The plan was readily available to all staff and was kept in the reception area.

The provider had systems in place to ensure peoples' medicines were managed safely on all units. We saw medicines were stored securely in locked cabinets and appropriate measures were in place to make sure medicines were kept at the manufacturer's recommended temperatures. Staff monitored the room as well as the fridge temperature where medicines were stored. Each person had a medicine administration record (MAR), which contained the medicines they were prescribed and the time they needed to have them. We looked at medicine records and found people had received their medicines as prescribed by their doctors. For example, if people needed to have their medicines with food, staff ensured this happened. Furthermore, if a person persistently refused to take their medicine, staff recorded this and took necessary action to address the situation by involving their doctors in reviewing their medicines. Where people had difficulty taking tablets, they were prescribed liquid medicines instead. When people were prescribed medicines on an "as required" basis, we saw there was guidance in place for staff to follow on when to administer such medicines. This helped to ensure staff administered medicine to people safely.

There were records kept when medicines had been received from the pharmacy and when they were returned for disposal. We checked the stock of two controlled drugs and found they matched the records being kept. Staff carried out daily checks to see if people had received their medicines as prescribed and to identify any gaps in the MAR records. This helped staff to monitor that all medicines had been administered

safely. Staff received training before they were able to administer medicines to make sure they knew the procedures to follow to keep people safe. Their competencies were assessed on a yearly basis to ensure they were able to maintain these standards. This meant medicines were managed safely by staff who were trained and competent.

Good

Is the service effective?

Our findings

People told us staff understood their needs and they performed their jobs well. One person told us "The staff know how to look after my needs." Other comments about the staff and the service included, "Good", "Excellent" and "I think this is a very good home." We observed staff assisting people appropriately. They were aware of people's preferences and mobility support needs. A relative said, "I like them, they do a good job." Another relative told us, "They do their best" and a third said, "First class home. Otherwise my [family member] would not be in here."

Staff had a good knowledge of what the needs of people were and ensured they met them accordingly. They received relevant training to help them. For example, staff had received training in how to care for people who suffered from certain medical conditions. Staff told us they were able to access the training they needed for their roles and undertook regular refresher training sessions to keep themselves updated with the latest guidance and practice. We viewed a training schedule and we saw staff had completed a number of training courses in areas such as nutrition and hydration, Mental Capacity Act 2005, dementia care, safeguarding adults and behaviour that challenges. Some staff had achieved diplomas in Health and Social Care to become qualified in certain skills.

Staff told us the training was helpful and provided them with the necessary skills and knowledge they needed to carry out their role. One member of staff said, "The training is very good." New staff received an induction when they started working in the service. One staff member told us, "Yes I had an induction when I started. It lasted for four days and it was very helpful."

The provider had policies and procedures in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and the deputy manager demonstrated a good understanding of the MCA and DoLS. We saw they had made applications for people where there were indications they may be deprived of their liberty for their own safety. This meant people were not being restricted without the required authorisation. We found staff had good knowledge of the MCA 2005 and DoLS. They understood that when people had the mental capacity to make their own decisions, this should be respected. They knew what to do when this was not the case, such as involving relatives or other health professionals to make a decision in their 'best interest' as required by the legislation. We saw records of capacity assessments and when decisions were taken in people's best interest. People were involved as far as they were able to, in decisions about their care and support needs. Staff always made sure they sought people's consent before providing

care and support. They respected their choices. For example, people could choose to spend their time in their rooms or in the communal areas.

Staff felt supported by the registered manager and senior colleagues within the staff team. They said a number of topics were discussed during their one to one meetings with their line managers, such as training needs, policies and procedures, and any concerns they had about people who use the service. They confirmed they received regular supervision. We saw up to date records of supervision sessions between staff and their line managers. This meant people were supported by staff who had received guidance and support to carry out their roles effectively.

Staff supported people to have sufficient amounts to eat and drink in order to maintain a balanced diet. People were able to choose what they wanted to eat and drink. There was a four-weekly menu in place for people to choose from. A copy of the menu for the day was displayed next to the dining rooms on each floor. If people did not want what was on the menu, they were able to request a different meal. We noted people's cultural and religious dietary needs were catered for, such as halal meals. People told us they were happy with the choice of meals provided. One person said, "I get to choose lunch. I look at the menu beforehand and choose." Another person told us, "I choose food from the menu and if you want something different the day before, you usually get it the next day." We observed a lunch service during our inspection and saw that food was well prepared and easy for people to eat. We noted that mealtimes were quiet, which meant there were less distractions and people could have their meals in peace. They were assisted by staff, who offered them enough to drink. Staff also offered people additional helpings of food before a dessert was served.

Staff knew what people's dietary preferences were and demonstrated a good understanding and awareness of people's specific needs. For example, how to assist people who were risk of chocking whilst eating. People's nutritional needs were monitored. If staff had any concerns about a person who was at risk of malnutrition, they sought advice from relevant health professionals. For example, they sought advice from a dietician on how to promote one person's nutritional intake. Food and fluid charts were used to record how much people ate and drank so their nutrition and hydration could be monitored.

Records showed people were supported to maintain good health and had access to healthcare services, when required. Their health care needs were monitored on a daily basis and referrals were made to healthcare professionals, such as requesting a GP visit when people were not well. For example, we saw one person was prescribed a certain medicine recently by their GP after staff contacted them out of concern for their health. Staff had a good knowledge of people's health conditions and responded to changes in their conditions. All visits from health professionals were noted and the outcomes recorded. Any advice received, was acted upon. The staff worked closely with health and social care professionals to ensure people's changing needs were met. One person said, "Yes, I am sure the staff would call someone and they would attend if I was ill." Another person told us, "The doctor comes on a Tuesday and Thursday."

Good

Is the service caring?

Our findings

People told us they were treated with dignity and respect and that staff were caring and considerate. One person said, "I enjoy it here. I have no trouble here, it's very friendly." Another person told us, "Fantastic! I was in another care home but as soon as I knew I could come here I was happy, fantastic." Other comments included, "The carers, helpers and nurses are very caring. They respond with care when I need help."

Staff treated people as individuals, respected their human rights and ability to make decisions for themselves. People and staff engaged in positive, kind, caring and respectful interaction. One person said they enjoyed having the company of staff. We observed staff interacting with people in an appropriate manner. For example, we saw a member of staff positively intervene to reassure a person who became distressed. They took time to comfort the person.

Staff and managers knew people well and we found the service to be peaceful and quiet. People and staff did not raise their voices with each other. Staff were attentive and did not wait too long before checking to see what help a person required. People could call for assistance by pressing a call bell attached to their beds. One person told us, "If I buzz, it takes no longer than 5 minutes for someone to come." We saw that care and nursing staff attended to people after they called for assistance.

Staff knocked on people's doors before entering their rooms and spoke to them politely. They ensured people's privacy was protected when providing personal care. One person said, "No problem there. They respect my privacy but I get on with everybody and talk with everybody." One relative told us, "The staff are very caring, all of them. Some go out of their way and they look after my [family member] until I arrive at 11.00am. They stand by the window and wave." Another relative said, "The days I am not here, the staff use distraction as [family member] asks for me. This helps to ease their worry."

People's care files contained individual care plans. They were supported to remain independent as much as possible or according to their health needs. People and relatives told us they were involved in developing and reviewing the care plans and we saw they were completed with their help. The plans outlined people's choices, preferences and needs. They were reviewed and updated monthly or when people's needs changed. People and their relatives were involved in discussions about the care they received. One person said, "We have meetings together. If there are any problems about the care we discuss it with the staff." Another person told us the staff were "approachable" and that "if you want anything, the staff come up with it."

People's wishes for end of life care were respected. These were expressed in their care plans and staff ensured people were comfortable and any pain was managed sensitively and carefully. When required, advice and support was provided to people, relatives and staff on pain management for those on end of life care. Some people had DNAR (Do Not Attempt to Resuscitate) forms where applicable, which meant that they confirmed they did not wish to be resuscitated should they fall into cardiopulmonary arrest.

Staff were respectful of people's cultures, beliefs and backgrounds. They treated personal information in

confidence and did not discuss people's personal matters in front of others. People's confidential information was kept securely in the office.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. People received care from staff who were aware of their individual care and support needs. Staff ensured people were offered choices and activities. One person said, "They give you activities, there is an activities person." Another person told us, "Yes they listen to me, absolutely."

When a person started to use the service, a care plan was developed to meet their individual needs. This included information such as their background, what their needs were, their likes, dislikes, interests and how they preferred to be supported. Care plans were put together in a document called My Day, My Life, My Portrait. For example, one person described their lifestyle preferences as enjoying watching television, singing and reading newspapers. Each person had their own room with en suite bathrooms or had the required adaptations in place according to their needs. People's rooms were tidy, clean and had been personalised with their pictures and belongings.

We noted care plans were reviewed and audited regularly. Staff completed daily records of what care and support people had received. They also used turn charts to record when they changed the position of people who were unable to do so by themselves and needed support. We looked at some of the records and noted they were not always completed as there was a missing entry for one person. This was brought to the attention of the registered manager. They assured us that the person's position was changed and that there was a one off error. The registered manager told us they would ensure staff completed these records more accurately.

People were allocated a member of staff to be a keyworker who took responsibility for arranging their care needs and preferences. Records showed keyworkers met weekly with people to review their care needs and discussed things they wanted to do. Some people had a 'memory box' fitted near the door outside their room, which contained personal photographs and a picture of their keyworker. This helped people to identify their rooms and their keyworker. A member of staff said, "I love the job and like looking after people here." One person told us, "I am allowed visitors and if they ring I tell them to come at a particular time, all very good."

People took part in activities in the service and an activities coordinator checked who was interested in participating in them. The coordinator told us, "We have all sorts of activities like exercise club, reminiscence, coffee mornings, hairdressing, music and games. We have the summer fete coming up as well." We noted that the fete was to take place the weekend following our inspection and saw leaflets and posters around the building to inform people and relatives about the event. A relative said, "My [family member] is usually very bubbly and loves all the staff and they love [person]. [Family member] does activities, sings and dances."

The registered manager encouraged care staff to become more involved with "helping with resident engagement." This followed some changes made to staffing and their roles. The activities coordinator had taken on a more senior role to not only arrange activities but support staff to develop activities and engage

with people as well. We saw this in practice during our inspection and observed some staff spending time sitting with people engaging and helping them with games, such as dominoes and puzzles. We saw logs of 'activity and engagement' between staff and people who used the service. One person said, "Oh the activities co-ordinator is very good. I do activities with [them]. They go up and down the home and gets residents in one place."

The premises had a recently refurbished outdoor area which meant there was space for people to sit outside in suitable weather. An external patio, which the registered manager told us was previously unsuitable and unsafe for some people, had new flooring laid. New garden furniture had also been purchased, such as chairs, parasols and tables for people to relax and socialise. One person told us, "If the weather is nice we can sit outside or go out." The registered manager had recently designed a "sensory garden" within the building, which had artificial grass, flowers, benches and a washing line. People enjoyed sitting in the sensory garden. It was created to evoke memories for people of their own gardens and offer a therapeutic environment. The registered manager said, "I spent a whole day doing it. I am proud of it and I think people will enjoy the garden."

Staff listened to any concerns or complaints people had and reported them. People and relatives were also able to directly make formal complaints if they wished. The provider had an effective system in place for receiving and responding to complaints. We saw that complaints were acknowledged and responded to appropriately in detail and with explanations by the registered manager. We saw that two complaints were recently investigated and resolved at the time of our visit. People and relatives were satisfied with how the management team dealt with any complaints. One person told us, "I would talk to the staff, they are very helpful." Another person said, "The staff sort out any problems. We can talk to them."

Good

Is the service well-led?

Our findings

People and relatives were happy with the management of the service. One person said, "I like the managers." Another person told us, "I do not know much of the full manager but they walk around. The deputy is very nice." Another comment was, "They keep the place nice, you don't feel like they [staff] think you need help."

Staff told us they felt supported by the registered manager and the deputy manager. They were aware of their roles and responsibilities and told us they were happy working in the service. One staff member told us, "The managers are very supportive. I have worked here for a few years and I am really happy." Another said, "The manager is excellent. One of the best. We provide holistic care and we have really improved."

Staff felt they worked well as a team and were supportive towards each other. Staff meetings were held regularly and helped to share learning and best practice, so they understood what was expected of them and what their responsibilities were. Topics of discussion included concerns, complaints, updates on previous actions, 'resident' involvement, audit results and training.

The registered manager told us, "I think staff morale is much better now. It has been really good, very positive." A member of staff said, "It is really nice place to work. We have a good team. We have recruited really good people to work here." We saw there was a staff recognition initiative and a notice board with compliments about individual members of staff from colleagues. Staff received certificates for exceptional work or progress and received points that they could convert into reward tokens. This showed that the management team were keen to develop and encourage staff and establish a positive and open culture.

Annual questionnaire surveys were sent to people and other stakeholders such as relatives. We looked at the results from the most recent survey and noted comments were mainly positive. Results of the survey had been analysed and used to highlight areas to make improvements. We also noted that the management team compiled ideas from people about what would make them feel better living in the service. One person wanted to have another person to spend time with chatting and another wanted "a cowboy hat for the summer fete." We saw that these requests were met. A relative told us, "The [staff] make you feel very close. They don't treat you differently and they talk to you about things."

The provider had systems in place to monitor the quality of the service and to drive further improvements. Spot checks of day and night staff were carried out regularly and helped to ensure that people were safe and appropriate care was being provided. For example, we saw that disciplinary action was taken following a spot check of night staff, when staff did not adhere to the provider's policy on conduct and professionalism.

Daily, weekly, monthly and quarterly audits of all care, health, safety, training, infection control measures, activities, night staff and day staff checks were available and up to date. The management team monitored the service through observations and discussions with people, staff and relatives. A regional manager visited the service monthly to carry out internal quality assurance checks and we saw that the systems in place had rated the service as Green. This meant the service was complying with the provider's own monitoring

systems.

The registered manager was aware of their responsibilities and notified the CQC of any important events that occurred in the service. Shortly after out inspection, we received information that the registration of the service was to change and that a new provider would be taking over. The registered manager assured us that, "I'm reassuring staff. There will be a change in policy and care plans under the new provider. However, the basic fundamental care standards will not be much different."