

Bupa Care Homes (GL) Limited

# Harts House Care Home

## Inspection report

Harts Grove  
Woodford Green  
Essex  
IG8 0BF

Date of inspection visit:  
05 July 2017

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26 July 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 5 July 2017 and was unannounced. At our last inspection in September 2015, we found the provider was meeting the regulations we inspected.

Harts House Nursing Home is registered to provide care for 61 older people some of which may have palliative care needs. On the day of our visit there were 46 people using the service.

There was a registered manager in post at the time of the inspection. They were not available on the day of the inspection. The deputy manager, interim manager and area manager facilitated the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and relatives commented that the service was a safe place and they did not have any concerns regarding how it was managed. However, we identified shortfall in how medicines were administered to people who used the service.

There were enough staff on duty to meet people's needs and the staffing level was kept under review as people's needs changed. The provider carried out checks on all new employees before they started working at the service and this helped to ensure people were 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 said they would not hesitate to use.

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

Staff had a good understanding of how to support people who lacked capacity to make decisions for themselves. 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 in a number of other areas to ensure they had the skills to look after people who lived at the service.

Staff received regular support through one to one meetings with their line managers. Their work performances were reviewed on a yearly basis.

People were treated with dignity and their choices were respected. Staff encouraged people to be as independent as possible. People received personalised care and support, to ensure their individual needs were met.

The provider had systems in place to monitor the quality of the service provided to people. People and their representatives were able to raise concerns or complaints if they needed to.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. People who used the service did not always receive their medicines as prescribed by their doctors.

People were supported to take positive risks. Risks were assessed and well managed to keep people safe.

There were policies and procedures for safeguarding people who used the service.

The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs.

### Is the service effective?

**Good** ●

The service was effective. Staff received training to help them in their roles. They were supported through regular one to one meetings.

Where people did not have the capacity to consent, the staff acted in accordance with legal requirements.

People were supported to eat and drink sufficient amounts to meet their needs. They were able to make choices about their food and drink.

Staff monitored people's health and wellbeing and sought advice or guidance from healthcare professional as needed.

### Is the service caring?

**Good** ●

The service was caring. Staff knew people well and they provided care with kindness and compassion. They interacted with people in a professional manner.

People were able to express their views and were involved in making decisions about their care and support.

People were treated with respect and their independence was promoted.

### Is the service responsive?

**Good** ●

The service was responsive. People's needs were assessed and plans of care were developed to meet those needs. Care plans contained information about each person's condition and were reviewed regularly.

People were encouraged to pursue their hobbies and interests.

People and their relatives felt confident their concerns would be taken seriously and would be addressed.

**Is the service well-led?**

**Good** ●

The service was well led. People, relatives and staff felt the service was managed well.

Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. There were systems in place to seek the views of people, relatives and staff.

Staff commented there was as open culture within the service and the management team was available for advice and support.

# Harts House 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 5 July 2017 and was carried out by three inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held on the service such as notifications. A notification is information about events that by law the registered persons should tell us about.

During the inspection, we spoke with seven people who used the service, nine members of care staff, four nurses, five relatives, the activity coordinator, the head of kitchen, the deputy manager, the interim manager and the area manager.

We looked at a range of records, which included ten care plans, accident and incident records, daily logs, menus, communication logs, healthcare appointments, capacity assessments, staff files and staff training records. We also looked at other records relating to the management of the service including health and safety records, staff rotas, audits, and medicine administration records.

# Is the service safe?

## Our findings

People felt safe at the service and did not raise any concerns with us. Relatives were also happy with the way staff looked after their loved ones.

The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. However, we found staff were not always adhering to the instructions on how people should receive their medicines. Two people were prescribed a medicine to be taken 30 minutes before food in the morning. When we asked the staff the time they had their medicines, they told us they had them with their breakfast. This showed staff were not always following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people. One member of staff commented they were just following what other staff members had been doing and mentioned they had not read the instructions on the medicine administration records. This could have a negative impact on people's health. Some medicines need to be taken "before food" or "on an empty stomach". This is because food and some drinks can affect the way these medicines work and make them less effective.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were kept securely and were disposed of appropriately. There were regular checks to ensure people had received their medicines and people had sufficient medicines. Staff who administered medicines had been trained to do so. We saw people's allergies were clearly identified.

The provider ensured the environment was safe for people, staff and visitors. We saw regular environment and equipment safety checks were completed, such as fire safety and electrical equipment. The provider also had a business continuity plan in the event of an emergency, such as a power failure. There were clear instructions for staff to follow. During our visit, we noted two fire doors were propped open by wedges. This was brought to the attention of the interim manager, who was reminded to ensure staff adhered to fire regulations for the safety of everyone in the service.

There was a system in place to record accidents and incidents within the service. We saw records of investigations and actions that had taken place following any incidents, which were carried out by the management team.

Care was planned and delivered to keep people as safe as possible and risk assessments were in place, which were based on the needs of the person. The assessments identified what the risks might be to them, such as with their mobility, risk of falls and pressure sores. Steps that were needed in order to reduce the risk, were in place. We found that risk assessments were reviewed and updated to reflect any changes in people's needs.

There were sufficient numbers of staff to meet people's assessed needs. The provider had a system to ensure there were enough staff on duty depending on each person's care needs. People and their relatives

felt there were enough staff available in the service. The deputy manager informed us that they did employ agency staff to cover sickness and emergencies. However, the agency staff knew the people who used the service well as they worked at the service on a regular basis. This was confirmed by staff we spoke with. Staff told us they were happy with the numbers of staff working on each shift. One relative told us, "The day staff always have enough time to sit and chat with people, night staff less so, which [my family member] has commented about."

The provider had a system in place to ensure only suitable staff were recruited to work with people who used the service. We looked at staff files and found 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 legally allowed to work in the United Kingdom.

The provider had policies and procedures in place to protect people from the risks of harm or abuse. Staff were able to recognise possible signs of abuse and knew who to report any concerns to. They received training in this subject which was also discussed during staff meetings or during one to one meetings staff had with their line managers. The management team and staff understood their responsibilities to protect people from the risk of harm.



## Is the service effective?

### Our findings

People were happy with the way staff looked after them. One person said, "The staff are very nice to me, they look after me very well."

The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. From the training records, we saw staff had access to a range of training and completed a number of training courses in areas such as nutrition and hydration, food safety, Mental Capacity Act 2005, fire safety, food and hygiene, infection control and safeguarding. Staff told us the training courses were good and they learned skills which helped them in their roles. One member of staff said, "The training is good." However, the deputy manager felt that the training in some clinical areas such as venepuncture and male catheterisation could be improved upon. We discussed this with the regional director who informed us they were aware of this and more training courses were being put in place for nurses.

Staff received regular one to one meetings with their line managers to discuss their work and any issues they might have. They also received a yearly appraisal where their work performance was reviewed and any areas for development were identified. Staff felt supported by the management team and told us it was a good place to work. New staff received a comprehensive induction programme when they started working at the service.

People were supported to have sufficient amounts to eat and drink. Staff were aware of people's likes and dislikes and if they had any special dietary requirements. For example, the head of kitchen informed us that some people needed a soft diet and others did not eat certain meats because of their religious beliefs and these were provided. We saw records were kept of what people had eaten each day. There was a set of menus for each day of the week, which people were made aware of. People chose what they would like to eat the day before. However, if they did change their mind, they could have something else of their choice. A copy of the menu was clearly displayed in corridors and dining rooms.

During our inspection, we observed a lunchtime service on one of the units. Meals were served on tables that were set appropriately with cutlery, napkins, drinks and condiments. People were able to have their meals without assistance. A person told us they were happy with the choice of food and drink. They said, "I like the food, it is what I like." Another person said, "The food is very good here, I like my glass of wine with my dinner." People were provided with a balanced and nutritious diet.

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

The provider had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. Staff were familiar with the processes and principles of the MCA and DoLS. We saw records of how people's best interests were assessed if the person lacked capacity to make certain decisions about their care and support. People gave their consent to care being provided to them and signed consent forms.

People's health care was monitored and staff supported them to attend healthcare appointments. Records of visits from health professionals and referrals to them were logged, along with any recommendations for treatments. We saw that healthcare professionals, such as their GP visited the service weekly to check on people's health.

## Is the service caring?

### Our findings

Most people told us the staff were kind, caring and respectful. They told us staff treated them with dignity. One person told us, "Yes, they are very sweet and caring. The [Head of Care] is lovely." However, another person said, "Some staff are good, some are not that good." A relative said, "I would say the staff are very good and caring on the whole but they could do a bit better with some things. But it's a very nice, comfortable and clean home."

We saw that people were appropriately dressed and ready for the day by the morning. Staff promoted people's independence as much as possible. People and their relatives felt comfortable around staff and knew who the senior staff were. One person told us, "They [staff] are very lovely here, and very gentle."

Staff knocked on people's doors before entering their rooms and addressed them by their preferred names. Staff treated people as individuals, respected their rights and allowed them to make decisions. For example, one person had a preferred first name which was written in their care plan and used by all members of staff. This showed that staff respected people's wishes and preferences.

We observed care staff attending to people's needs in a way that was caring and patient. People were able to call for assistance by pressing a call bell attached to their beds. Records of response times showed that most staff were able to respond and assist people within two to five minutes. This meant that staff were attentive and did not wait too long before checking to see what help a person required. Where staff were occasionally unable to meet the target response time of eight minutes, a report was sent to the management team to investigate.

Some people were supported with palliative care, which meant they had a terminal illness and were reaching the end of their life. We found that staff ensured people were comfortable and any pain was managed sensitively and carefully by regular visits from Macmillan nurses. They provided advice and support to people, relatives and staff on pain and symptom management for those on end of life care.

People had DNA (Do Not Resuscitate) and CPR (Cardiopulmonary resuscitation) forms where applicable, which meant that they confirmed they did not wish to be resuscitated should they fall into cardiopulmonary arrest.

## Is the service responsive?

### Our findings

People and relatives told us the service was responsive to their needs. One person said, "I feel ok. The staff are nice and they listen." A relative told us, "Most of the staff are good, but sometimes they need to be reminded of things we have asked for. That might be a management issue." Another relative said, "The service is very good. They look after [my family member] very well and it is always nice and welcoming. They have good activities and the staff listen to relatives."

Before people started to use the service, an initial assessment was carried out. We saw that care plans were reviewed and updated to reflect people's changing needs. Care plans were personalised and were titled My Day, My Life, My Details which was a template devised by the provider. It included areas such as the person's lifestyle preferences, their choices and decisions over their care and wishes for a healthy and happy life.

Staff completed daily records, which contained details about the care that had been provided to each person and highlighted any concerns or issues. There was an initiative called 'Resident of the Day', which was delivered by key working. This meant that care staff were allocated responsibility of a person's individual preferences and care on a particular day.

The premises had a large, green outdoor patio area and garden, which meant there was a plenty of space for people to sit outside in suitable weather and for events to be staged by the provider. We saw there was a programme of activities in the service, which was organised and devised by an activities coordinator. They told us, "We provide two sessions a day; one in the morning and another after lunch. We organise things like music, quizzes and singing. I also visit people individually to find out what they like doing." One person told us, "I love it here. I raised six kids and want to rest so I love to sit in my chair and look out the window at the lovely garden."

During our inspection, we found that most people enjoyed the activity sessions and were happy to engage and participate with a musician who was playing in the lounge. Other activities included cultural, spiritual and religious days, outdoor events and external services. A summer fete was scheduled for people and relatives later in the summer and the service also arranged casino evenings, for people to enjoy playing cards and games. The activity coordinator showed us how they planned the events and explained that risk assessments were carried out to ensure they were safe for people. For example, animals and pets were often taken into the service and activity staff noted if people had any particular allergies.

The provider responded to feedback from people. These included having more films to watch, more day trips, art therapy sessions, meetings and theatre events. Activity staff listened to these requests for particular activities and we saw notices which showed that the provider was able to arrange for the requests to be met and what progress was being made.

The provider had an effective system in place for receiving and responding to complaints. We saw that there had been an increase in complaints in June, particularly after the provider organisation had received some negative publicity. The interim manager told us, "This was to be expected. People are concerned about their

loved ones and worried about what is going on when we're not here". We saw that complaints were acknowledged and responded to in a compassionate, detailed manner. Only one complaint remained unresolved at the time of our visit, and an investigation had been undertaken and a meeting arranged with the complainant.

## Is the service well-led?

### Our findings

People told us they thought the service was well-led, although their feedback recognised that there had been changes in management in the last six months. One person told us, "Oh the manager is a lovely person. [The manager] is new but seems quite nice and knows my name." A relative said, "The changes in management haven't impacted on the quality of care [my relative] receives. I didn't know until one of the carers told me."

Despite the changes in management in the last six months, the service had an open and transparent culture in which staff felt they could raise any issues and they would be addressed. The interim manager, who had worked at the service for only a few weeks at the time of our visit, was supported by the head of care/ deputy manager who had been in the role for around 15 years and was very familiar with all of the people who used the service and their relatives. Staff spoke very highly of the support offered by the deputy manager, with one nurse telling us, "The deputy manager is lovely, so supportive. I know everything will be alright when I come to work because [deputy manager] is here." Another nurse told us, "The care is better here than at other places I have worked, and I think it is down to the deputy."

People and their relatives also told us that any issues they had raised had been addressed to their satisfaction. One relative said, "It's only ever been little things really, but they have been addressed quickly." The provider held monthly 'residents and relatives meetings', including an activity such as wine and cheese tasting and held at different times of the day throughout the year to facilitate attendance for the most people.

There was also a 'residents committee' who met quarterly, and we could see that action had been taken as a result of the feedback they had provided. For example, the committee noted that the chairs in the formal lounge on the ground floor were too low for comfort, and the service had provided raisers to lift the chairs. The service also had a 'You said, we did' noticeboard to note feedback and actions taken.

The provider had a system in place to check the quality and safety of the service people received. Within the last two years, the provider had introduced an oversight and checking system called 'Operations Essentials', which consisted of 27 folders with a different focus, grouped into the areas of care, systems, people and life. These ensured that all of the quality and safety checks undertaken by the managers were clearly defined and easier to manage. To facilitate the use of these for the management team, the area manager had set up a series of pigeonholes labelled by the day of the week with the audits and checks required for each day easily visible.

We looked at records of these checks and saw that each had been completed as required, with actions arising from each. The deputy manager told us they filed each of these checks only after all of the actions had been completed, and we saw this was the case. The checks included a 'monthly home review' covering all aspects of service delivery, weekly and monthly medicine audits, health and safety, nutrition, people's personal care and support records, clinical risks, and 'meeting residents needs' which checked that people's dependency levels had been checked and their care planned and delivered in an appropriate manner. The

management team also conducted random checks of the service at all times of the day and night, which were recorded and appropriate action taken as a result.

The area manager told us that the provider organisation recognised that there were gaps in their clinical governance systems, and were about to introduce a similar system known as 'Medical Essentials' to provide a more comprehensive overview, and to improve accountability, for heads of care.

The service had a clear vision and values, with a different value the focus for each day of the week. These were caring, courage, passionate, extraordinary, accountable, authentic and open. There were guidelines for staff about how each of these could be enacted in their day-to-day work, and we saw examples of these throughout our visit. The provider organisation also had a dedicated phone line to report poor practice, and staff told us about their positive experiences of whistleblowing when they had used this phone line. They told us that action taken was "instant, as I was really concerned about residents' safety. I really felt like I was looked after for doing the right thing."

Staff were clear about their roles and responsibilities within the service and the management team had a clear plan for improvement. People, their relatives and staff told us about how the beauty of the environment prompted them to take pride in the service and in the care they delivered. The interim manager told us, "The staff are very dedicated, and many have been here for a very long time. The beautiful environment gives you a real lift. It's not hard to come to work here every day."

The provider organisation had a system for rewarding staff for positive feedback from people and their relatives, and staff told us they felt valued. One care worker told us, "I have worked here my whole working life, and I wouldn't want to work for anyone else."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care was provided in a safe way through the proper and safe management of medicines. Regulation 12(1) and (2) (g).</p>