Bupa Care Homes (ANS) Limited

Havelock Court Care Home

Inspection report

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Stockwell
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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

About the service
Havelock Court Care Home is a care home providing personal and nursing care for older people. The service can support up to 58 people. There were 47 people using the service during the inspection. The provider is Bupa Care Homes (ANS) Limited and the home is situated in the Brixton area of London.

People's experience of using this service and what we found
People told us living at the home was enjoyable, and a nice experience. The staff thought it was a good place to work. People using the service and staff we spoke with thought the home was also a safe place to live and work in. People had any risks to them assessed, which enabled them to take acceptable risks and enjoy their lives, whilst living safely. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. There were suitable numbers of appropriately recruited staff to meet people's needs. Medicine was safely administered.

The home met people's equality and diversity needs, and people said they had not experienced discrimination against them. At the last inspection the mental capacity assessments, carried out by the service, were not completed appropriately and a recommendation was made. At this inspection we found the mental health capacity assessments were appropriately completed.

Staff who were well-trained and supervised, spoke to people in a clear way that they could understand. Staff encouraged people to discuss their health needs, and people had access to community-based health care professionals, as well as the staff team. People were protected, by staff, from nutrition and hydration risks and they were encouraged to choose healthy and balanced meals that also met their likes, dislikes and preferences. At the last inspection call bell alarms were not responded to in a timely way and a recommendation was made. At this inspection call bell alarms were responded to in a timely way. The premises were adapted to meet people's needs and transitioning between services was based on people's needs and best interests.

The home had an atmosphere that was warm and welcoming. Staff were friendly and provided care and support in a way that people liked. The staff we spoke to were caring, compassionate and we saw positive interactions taking place between people and staff throughout our visit. Staff respected people's privacy, dignity and confidentiality and encouraged and supported them to be as independent as possible. Advocates were available to people, as required.

Staff provided people with person-centred care and their needs were assessed and reviewed with them and their relatives. They did not experience social isolation, had choices, and pursued their interests and hobbies. People were provided with information, to make decisions and end of life wishes were identified and respected. Complaints were investigated and recorded.

The home's culture was open and honest with transparent management and leadership. There was a clear

organisational vision and values. At the last inspection we found that the quality assurance processes in place were not always effective and the concerns we identified were not found during the auditing processes. At this inspection service quality was reviewed, areas of responsibility and accountability established, and any quality shortfalls were identified and actioned. Records were kept up to date and audits regularly carried out. Good community links and working partnerships were established and registration requirements met.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update
The last rating for this service was requires improvement (published 14 February 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Havelock Court Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection
We spoke with nine people, 12 care and nursing staff, the regional support manager and the deputy

manager and heads of departments. The registered manager was on leave during the inspection. We looked at the personal care and support plans for six people and eight staff files. We contacted the health care commissioners to get their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We requested additional evidence to be sent to us after our inspection. This included the staff training matrix, home and organisational audits and details of activities. We received the information which was used as part of our inspection.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The home employed enough staff to flexibly provide care to meet people's needs. Staffing levels matched the rota on the day and the staff allocation sheets for the previous two weeks also demonstrated this. This enabled people to safely follow activities and their needs to be met.
- The staff recruitment process was thorough, and records demonstrated that it was followed. The process included application form, short-listing and interview questions that were scenario-based to identify prospective staff skills and knowledge of providing care and support. References were taken up, work history confirmed and Disclosure and Barring Service (DBS) security checks carried out prior to staff starting in post. There was a six-monthly probationary period.
- Staff received quarterly supervision, an annual performance review and there were regular staff and clinical practice meetings.

Systems and processes to safeguard people from the risk of abuse

- People's body language was relaxed and positive which indicated that they felt safe. People also said they felt safe at the home.
- Staff were trained to safeguarded people. They were aware of how to identify abuse, the action to take if encountered and how to raise a safeguarding alert. There was no current safeguarding activity.
- Provider safeguarding and abuse policies and procedures were available to staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed by trained staff and measures were in place to minimise risks, with directions for staff. This included all aspects of people's health, daily living and social activities that were regularly reviewed and updated as people's needs, and interests changed.
- People who displayed behaviours that challenged at times had clear records of incidents and plans in place to reduce them. Records showed that action was taken, and the advice of specialist professionals sought when these occurred.
- The staff handover included a person by person break-down and staff checked on people frequently to ensure they were safe, during our visit.
- People were advised by staff how to keep safe and areas of individual concern were recorded in people's files and care plans.
- The home's general risk assessments were regularly reviewed and updated. This included equipment used to support people which was serviced and maintained. There were fire safety plans for staff about what to do in the event of an emergency. They included a register that detailed the person's name, room number, unit they were on and level of mobility. Fire drills were held regularly.

Preventing and controlling infection

● Staff work practices demonstrated that they had infection control and food hygiene training. The premises were clean. We observed staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques. These included protective gloves and aprons.

● Regular infection control audits took place.

Learning lessons when things go wrong

● The home-maintained accident and incident records and there was a whistle-blowing procedure that staff said they were happy to use. Incidents were analysed to look at ways of preventing them from happening again.

● People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents. Falls were recorded, and the registered manager analysed them to look for patterns and trends.

● Quarterly staff and management lessons learnt meetings took place.

Using medicines safely

● Medicine was safely administered, audited weekly and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people were encouraged and supported to self-administer their medicines.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection some aspects of the service were not effective. The staff team were not always working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found the mental health capacity assessments were appropriately completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At this inspection consent to treatment of people or their appointees was obtained, and principles of the MCA were being followed.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- All people that required them had up to date DoLS authorisations in place or they had been applied for and were awaiting the outcome of assessment decisions.
- The home used a DoLS tracker system to monitor the progress of the assessments.
- Mental capacity assessments and reviews took place as required.

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

At the last inspection people used a call bell to request assistance but the call monitoring system was not always operated appropriately as stated in the organisation's policy. At this inspection the call bell assistance monitoring system was operated in line with the organisation's policy.

- Where there was a commissioning body, before a new person moved in it was required to provide the

home with assessment information. Information was also requested from any previous placements.
● The home, person and relatives also carried out a pre-admission needs assessment together. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and which they were comfortable with. One person told us, "I was involved in choosing to live here."
● People had their physical, mental, emotional and social needs assessed. Their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies.
● People could visit the home as many times as they wished, before deciding if they wanted to move in. They were able to meet people and share meals, to help them decide. During these visits' assessment information was added to.
● The home provided easy to understand written information for people and their families.

Staff support: induction, training, skills and experience
● Staff supported people in a way that met their needs well. This was made possible by the induction and mandatory training staff received.
● New team members were able to shadow more experienced staff, as part of their induction. This improved their knowledge of people living at the home, their routines and preferences. A staff member told us, "I'm new and get very good support from the team, to help me learn."
● The induction and probationary period was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
●The home's training matrix identified when mandatory training required refreshing and that this happened on time. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included dementia and cognitive issues, stress and distress and pressure care awareness.
● Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the quality, choice and variety of meals. The menus and meals we observed reflected this. One person said, "I really like the food here, plenty of variety."
● People considered mealtimes a social event with conversation and laughter with staff and each other taking place throughout the meals we observed. Staff were attentive to people, but not intrusive with people encouraged to eat their meals at the speed they were comfortable with. People had their choices explained and this was repeated for people who required more support to understand.
● People's care plans contained health, nutrition, and diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated, to maintain people's health. Nutrition and hydration audits took place to make sure this information was up to date.
● Staff encouraged a healthy diet and made sure people were eating properly by observing, and assisting them and recording the type of meals people ate. Whilst encouraging healthy eating, staff made sure people had meals they enjoyed. One person told us, "Very nice meals." Staff went around with drinks to make sure people remained hydrated.
● A weekly meal and dining experience audit also took place to ensure people had balanced diets and the meals were to their satisfaction.
● Meals accommodated people's cultural and religious needs, activities, their preferences and they chose if they wished to eat with each other or on their own. One person decided they did not wish to eat in a dining area and chose to have their meal in an annex next to it.

Staff working with other agencies to provide consistent, effective, timely care

● Staff built up solid working relationships with external health care professionals such as GPs, speech and language and physio therapists.

● The home used the 'Red bag' system when a person using the service went into hospital. This provided hospital staff with information such as health and care records, medicine records and resuscitation and end of life wishes. Staff accompanied people on health and hospital visits, as required. When people had a hospital stay a pre-discharge assessment was carried out by a home senior staff member to establish changes in care needs before people returned to the home. Liaising with the hospital took place regarding a discharge date.

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

● The home was appropriately adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture to the home, provided it would fit into their private accommodation.

● The home was embarking on a refurbishment project that would take 26 weeks to complete. The project was well planned and had taken into account the wishes and needs of people and aimed to cause the least disruption to them and their lives as possible.

Supporting people to live healthier lives, access healthcare services and support

● People received regular health checks and referrals were made to relevant health services, when required.

● People were registered with GPs and dentists and had access to community-based health care professionals such as chiropodists, physiotherapists, opticians and had regular check-ups. People's oral hygiene was checked on a regular basis and included in their care plans.

● Health care professionals did not raise any concerns about the quality of the service provided.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they felt relaxed in and enjoyed the company of staff and each other. This was also reflected in their positive body language and what they said. One person said, "Staff are brilliant and do the things for me that I need." Another person told us, "This [the home] has such a friendly atmosphere."
- We observed staff making an effort to talk with people, approaching them with a smile and friendly words rather than congregating around nursing stations.
- The home held HIV 'Positive voices talks' for people using the service and staff about living positively with HIV that was provided by a HIV charity.

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff showed passion and commitment to the care they provided and the people they provided it for. It was delivered in an empowering and thoughtful way. One person said, "Nice people [staff] they care about me." Another person told us, "Like a big family including us [people using the service]."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. Staff reflected this in their inclusive care practices with no one being left out. Staff treated people with respect and as adults, not talking down to them.
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly, within an enjoyable environment. Staff were caring, patient and friendly during our visit providing support that respected people's privacy.

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

- People were supported, by staff, to make their own decisions regarding their care, how it was delivered and the activities they did. Staff checked that people understood what they were saying, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go, who with and supported them to do the things they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff had a thorough knowledge of people. This meant they were able to understand what words and gestures meant for people who had difficulty vocalising and people could understand them. This enabled staff to support people appropriately, without compromising their dignity, for example if they required the toilet. Staff were also aware that this was someone's home and they must respect this accordingly.
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

● There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff met people's needs and wishes in a timely manner and in a way that they liked and were comfortable with.
- Each person had an individualised care plan that recorded their interests, hobbies and health, communication and life skill needs. This was as well as their wishes, aspirations and the support required to achieve them.
- People had their care and support needs regularly reviewed, re-assessed with them and their relatives and updated to reflect their changing needs. Staff encouraged people to take ownership of their care plans and contribute to them, as much or as little as they wished. The care plans were audited monthly.
- The registered manager and staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One person told us, "They [staff and the registered manager] are always available if there is something you need to talk about."
- There were daily registered manager and clinical staff walk rounds.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand, in their first language. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- People who were non-verbal were supported to express their views through staff understanding their gestures and non-verbal methods of communication. This knowledge was built up by people using the service and staff forming relationships, bonds and staff experience of people.
- Staff explained to us what people's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans.

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 could choose individual and group activities, at home and in the community and were kept informed of upcoming activities and events. One person commented, "I have plenty to do." Another person

said, "I enjoy the bingo, yoga and my daughter comes and we go out." The range of activities available to people included seated yoga classes provided by an external teacher, therapy dogs, 'Dancing Mind' virtual reality experiences and monthly visits from local entertainers.

● The home had signed up to an external company that promoted meaningful and engaging activities for people using the service. There was also a network that was formed with three other Bupa homes, which met quarterly to discuss activities and share what worked well. The intention was to plan cross service events and outings during the summer. There was an activities survey carried out to ensure that the activities provided mirrored what people wanted. There were also staff 'Engagement' champions and engagement meetings took place.

● Other activities included a monthly DJ party where people's requests were played, beauty treatment, hand massage, movie club, personal shopping and cookery club. One person told us, "I like to dance." They had the opportunity during our visit. There was also a performance by a theatre group and another performance was planned for the summer.

● The home ran a person of the day programme on both floors, where two people using the service were focussed on by providing any special meals or activities they would like. It was also used to check that care plans and reviews were up to date as part of the auditing system.

● Staff were aware of the danger of social isolation for people and made efforts to prevent this. The activities co-ordinators did one to one sessions with people, in their own rooms, each day if they could not join in with the group sessions. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished.

Improving care quality in response to complaints or concerns

● People said they were aware of the complaints procedure and how to use it. One person told us, "I know who to talk to if I'm not happy." The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

End of life care and support

● Nursing and other staff had received end of life training provided by a local Hospice that included virtual support input.

● People were supported to stay in what they felt had become their own home for as long as their needs could be met. This was with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans and there were advanced care plans in place.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection some aspects of the service were not well-managed. Regular quality assurance checks were carried but improvements required were not always identified as necessary. At this inspection the home and organisation had robust quality assurance systems that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. If areas were identified as requiring improvement this was acted upon.

● Audits were carried out by the registered manager, regional manager, staff team and the internal quality team. They were up to date. There was also an audit action plan, that enabled identified short falls to be addressed.
● The audits were daily, weekly, monthly and quarterly depending on their nature. Staff and managers were made aware of their responsibilities regarding audits at all levels. The audits included clinical governance reviews, monthly home report, health and safety, infection control and internal quality compliance based on the CQC 'Key Lines of Enquiry methodology (KLOE). The regional manager visited monthly as part of their audit review.
● Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
● The home's previous rating was displayed and available on the organisation's website.
● The registered manager and deputy conducted spot checks at different times including night visits. There were daily 'ten at ten' department heads meetings, two o'clock clinical staff meetings and staff focus meetings and shift handovers with written handover sheets where risks, concerns, upcoming events and good practice were shared.
● The home also had a suggestion box.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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
● The home's culture was open and positive. This was due to the contribution and attitude of the staff and management team who listened to people and acted upon their wishes. One person said, "They do listen." People told us the registered manager operated an open-door policy. A staff member said, "I get plenty of

support."
● The organisation's vision and values clearly set out and staff understood and bought into. They were explained during induction training and revisited during staff meetings.
● Staff reflected the organisation's stated vision and values as they went about their duties.
● The home had clear lines of communication and specific areas of staff responsibility, regarding record keeping.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others
● The home built close links with services, such as speech and language therapists, GPs, the St Christopher's Hospice and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
● The home actively engaged with the local community including a local primary school choir. The school pupils also attended the home for kindness week, reading stories and singing to people using the service. A disability advice service visited and provided ball games indoor and outside in the park when the weather permits. People from a church visited weekly and were present during the inspection with people joining in vociferously with the singing. A Mosque also visited when people using the service requested a visit. Staff were also available to take people to a Mosque if they wished.
● The home held regular meetings for people and their relatives, with a meeting for people using the service taking place during our visit. Ten people attended and confirmed this was a regular occurrence. Surveys were carried out and questionnaires were sent out. These included meeting the chef to discuss menus. Staff also received questionnaires.
● The home had fully consulted with people and their relatives regarding the proposed refurbishment of the home. This took place during people's communal meetings. People were engaged in choosing colour schemes, fabrics, furniture, choice of curtains and flooring. They were also given the option of not having their bedrooms refurbished if they preferred not to.
● The home worked with local charities, and fund raised to support charities. Last year people took part in an Alzheimer's walk, Macmillan coffee morning, and Children in need.