

Bupa Care Homes (BNH) Limited

Havering Court Nursing Home

Inspection report

Havering Road, Havering-atte-Bower, Romford,
Essex, RM1 4YW
Tel: 01708737788
Website:

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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 

Overall summary

We carried out an inspection of Havering Court Nursing Home on 4 and 5 March 2015 and the inspection was unannounced.

The last inspection took place on 2 May 2013 and found that Havering Court Nursing Home was meeting the regulations in relation to outcomes we inspected.

Havering Court Nursing Home provides accommodation for up to 52 older people who have nursing and dementia care needs. There were 48 people living at the home

when we visited. The service has two floors which both have a kitchen, main lounge, games area and a quiet area. There is also a cinema room, smoking room, physiotherapy room and main kitchen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Medicines records were not always completed fully and accurately and we were not assured that appropriate arrangements were in place for the recording, using and safe administration of some medicines.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received regular training to ensure they had the skills to meet people's needs. Staff had regular supervision meetings in which their development needs were reviewed.

We reviewed paperwork that evidenced where possible people were involved in the planning of the care they received and were actively encouraged to do so. People told us that they felt cared for and respected by staff supporting them.

People told us that they felt safe living at Havering Court and that they were happy there. We observed staff being respectful, compassionate and inclusive when interacting with individuals and were able to meet people's needs.

The service had a warm, welcoming and inclusive atmosphere whereby there was an open and transparent culture which was regularly audited by the manager to ensure that the service provision was of a high quality.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines records were not always completed fully and accurately and we were not assured that appropriate arrangements were in place for the recording, using and safe administration of some medicines.

Comprehensive risk assessments and emergency plans were in place to ensure that people were kept safe.

There were enough staff at the service to help people to be safe.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults.

Requires Improvement



Is the service effective?

The service was effective. The home had comprehensive policies in place regarding Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff asked people for their consent before providing care and treatment.

Staff were qualified and regularly trained to provide effective care and treatment to people.

With the support from staff people were able to access both in house and community based health care services, this meant that people were supported to maintain good health.

People's nutritional needs were being met, we observed people being offered choices regarding their meal and supported to have items that were not on the menu at their request.

Good



Is the service caring?

The service was caring. People spoke highly of the staff and told us they felt confident staff could meet almost all of their needs.

People in the service had access to both external and internal advocates. People had nominated one person who used the service to become the 'house advocate' who spoke on other's behalf.

Staff interacted with people in a caring, compassionate and respectful manner, providing information about what was happening. Staff knew people well and from our observations had maintained meaningful relationships.

Staff were sensitive to the needs of those receiving end of life care and were supportive of relatives.

Good



Summary of findings

Is the service responsive?

The service was responsive. There were comprehensive assessments of people's needs which were reviewed regularly in line with company policy.

Care was delivered using a person centred approach, this meant that care was tailored to people's needs.

Complaints were documented and responded to appropriately and in a timely manner. This meant that people's concerns and complaints were acted upon quickly.

The service provided a wide range of activities for people both in-house and in the community.

Good



Is the service well-led?

The service was well-led. People were aware of the management structure in the service and felt the registered manager and clinical manager were open to ideas.

Comprehensive monitoring systems were in place to ensure the quality of service was routinely questioned. Identified improvements were acted upon and reviewed.

Good



Havering Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

The inspection took place on 4 and 5 March 2014 and was unannounced. The inspection was led by an inspector who was accompanied by a nursing specialist and 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 gathered information we held about the service to help plan for the inspection. This included notifications the service had sent us since the last inspection.

People in the service had access to both external and internal advocates. People had nominated one individual who used the service to become the 'house advocate' who spoke on other's behalf.

During the inspection we spoke with five people who used the service, five relatives, two nurses, three care staff, one domestic, the maintenance person, the chef, GP, the registered manager and the clinical manager. We observed care being provided in communal areas and the way in which staff interacted with people. We looked at six bedrooms which were personalised and contained photographs, paintings and personal effects. We looked at seven care plans, five medicine administration sheets, concerns and complaints file, maintenance file, health and safety records, policies and procedures, staff files, staff training files, supervision files and nurse's PIN dates. We also looked at the food menus, activity plans and different audit processes.

Is the service safe?

Our findings

One person told us, "Everything's nice and secure here". Another person told us "I feel safe here because there are a lot of people about".

There was evidence of good practice regarding the storage, disposal and administration of medicine on the lower floor. The fridge that housed medicine was temperature checked daily. Records showed that different types of medicine including controlled drugs and found that all medicines in the audit were accounted for and recorded correctly. People who were prescribed controlled drugs received their medication as prescribed and in accordance with the provider's policy for controlled drugs management. We saw that two qualified nurses administer the controlled drugs to minimise the risk of error occurring.

On reviewing the medicine administration records on the ground floor we found there were instances of medicine that could not be accounted for and medicine that had not been signed for on the Medicine Administration Recording (MAR) sheets. We carried out a random stock check of five medicines where we found four tallied with the stock balance and one did not. We spoke with the registered manager who told us that they would be putting additional plans in place to ensure that the risks were minimised. We recommend that the service consider current guidance on safe administration of medicines and take action to update their practice accordingly.

We were told by a nurse and the manager that one person required their medicine to be administered covertly. Covert medicine is medicine that is placed in either food or drink without the knowledge of the recipient. In order to administer covert medicines robust legislation must be adhered to. The manager had ensured that the appropriate steps in accordance to legislation were followed and we saw evidence of this. We spoke with the nurse on duty who demonstrated good knowledge, skills and understanding about medicine administration.

The service used pressure-relieving mattresses to reduce the risk of people acquiring pressure sores. We looked at ten pressure relieving air mattresses, and found that those that six required manually setting according to people's weight. Four of those mattresses that were regulated according to weight were not correctly set. This meant that mattresses were not effective in relieving pressure and left

people at risk of acquiring pressure sores. We observed good practice in relation to the recording of pump showing people's weight and what the accurate pressure should be, however, some of the information on the label did not actually represent the accurate mattress pressure. We recommend that the service consider current guidance on the management of pressure relieving mattresses. During the inspection the registered manager and clinical manager told us that the pressure mattress recording charts were no longer used by the service, however re-introduced these during the inspection. This meant that both manual and automatic pressure mattresses would be assessed daily and any rectified accordingly.

The provider operated effective recruitment procedures to ensure staff were suitable to work with people in need of support. We looked at staff files and found that the necessary pre-employment checks had been completed which included two written references, criminal record checks, nursing PINs and evidence of their identity. This meant that people were being supported by suitable staff.

One person told us "There's a lot of people about", when referring to the staffing levels. The service had sufficient staff on duty to ensure that people's needs were met. The registered manager used consistent agency staff to ensure that people were supported by the same staff who knew them well. We looked at the rotas which corroborated what people told us about the staffing levels. The registered manager told us that the service was actively recruiting new staff.

Staff told us that they could approach the registered manager and clinical manager if they had any concerns relating to the delivery of care being provided. One staff member told us "I feel safe working here".

One staff member told us, "I feel safe and I will investigate any case of suspected abuse and will report it to the manager". The service provided staff with training on whistleblowing and safeguarding. Staff were able to demonstrate good knowledge and awareness on how to protect people from abuse. Staff had good knowledge of the different types of abuse. This meant that people were protected from abuse.

People told us that staff responded as quickly as they could when call bells sounded. We reviewed the call bell

Is the service safe?

response records for the last three months and found that on average calls were answered between one and two minutes. This meant that people were attended to promptly and not left waiting.

The service had comprehensive risk assessments in place to minimise both known and unknown risks to individuals. For example, we found risk assessments relating to mobility, eating and drinking, medication, fire and pressure sore management. This meant that people were protected against known risks.

The service had comprehensive health and safety documentation in place to ensure the premises were safe at all times. The service employed a full time maintenance person who is on site Monday to Friday, outside of these times we saw a list of external organisations to contact in the event of an emergency. We reviewed the maintenance records and found they were all up to date and checks were completed regularly in line with company policy. For example, we looked at legionella testing, fire safety, call bell system, emergency lighting, gas safety, hardwiring and electrical, hoist and lift servicing records. We also reviewed the minutes of the Health and Safety Committee, which met bi-monthly. These minutes demonstrated effective reporting procedures and actions from requests from staff, people and their relatives about maintenance and safety of the premises.

Emergency plans were in place to ensure staff knew how to respond effectively during situations such as if there was a fire. The home had equipment in place to enable those who had mobility difficulties to be safely evacuated during an emergency. This meant that people were protected against the risks of fire.

Adaptations were made in the premises to ensure that people with mobility needs were supported to access all areas of the service. For example, specialist baths were in communal bathrooms which meant that people could choose to have a bath or a shower, the dining room tables were height adjustable, this meant that people could eat

their meals at the table using both their wheelchairs or a dining room chair. The service also had radiators that were located on the ceilings so that people were not at risk of burning themselves on wall based radiators.

The service was well decorated, clean and free from unpleasant odours on the lower floor. However on the ground floor where the smoking room is situated we were able to smell cigarette smoke when someone entered or exited the room. One person told us "When the door opens, it all comes out. All in the corridors". We recommend that the service seek advice and guidance from a reputable source, about ventilation systems.

During the first day of the inspection we identified potential risks in the fire room which included plastic bin liners and papers on the noticeboard. On the second day of the inspection the registered manager showed us they addressed our concerns. The service had removed all flammable items from the room.

Accidents and incidents were recorded and appropriate action taken to learn from such incidents and prevent them from reoccurring. All accidents and incidents were reviewed by the registered manager to ascertain if patterns emerged. We noted that action had been taken as a result of incidents to ensure people's safety. For example, additional lighting had been installed in the car park.

Staff showed good understanding on infection control and how to minimize the spread of infection. For example, items were kept separate in the person's room and not shared with others. The service had aprons, gloves and red bags kept for use during personal hygiene care. Staff were aware of the infection control policy as a guide to the prevention and management of infection.

We found that there were no identifying information for staff to be made aware of people who had contagious infections. However this was addressed by the registered manager during the inspection and this has now been rectified. This meant that staff were aware of those who had infections at the beginning of their shift and therefore people were protected against the risk of cross infection.

Is the service effective?

Our findings

One person told us, "The staff look after me well, they [all staff] know what they're doing". Another person told us, "They [staff] are very kind and know how to help me when I need them to". One staff member told us "I have the right training to perform my job role".

The service had comprehensive policies on Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), all staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. MCA and DoLS are laws protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. At the time of inspection there were no active DoLS in place and the manager evidenced that authorisation DoLS request forms had been submitted to the local authority and were awaiting authorisation. The manager and staff had a clear understanding of MCA and DoLS, which meant that people were protected against the risk of being unlawfully deprived of their liberty.

Staff undertook an induction which included shadowing experienced staff to gain comprehensive understanding of their roles and responsibilities. The registered manager told us that the period of induction varied depending on the needs of the individual staff member. For example, some staff may require a longer settling in period to enable them to effectively fulfil their role. This meant that people were being supported by staff who were competent to effectively meet people's needs.

We looked at staff training records and found that staff undertook regular training to support them in their role. The training included staff development, effective communication, equality and inclusion, person centred support, health and safety, fire safety, nutrition and hydration, safeguarding, moving and handling, Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS), bedside rails and pressure ulcers. We saw that registered nurses were also required to attend varied training which included medicine and pressure ulcer management. This meant that people were supported by knowledgeable and skilled staff who could meet their needs.

Staff were supported in their work through regular supervision and appraisal meetings. Records showed that staff development needs were considered as part of these.

All staff received a comprehensive handover when coming on shift which included information sharing of those who have specialist needs such as percutaneous endoscopic gastrostomy (PEG) feeds (whereby a tube is inserted directly into the stomach), difficulties with communication, catheter care, people's mobility levels were highlighted according to the level of risk.

Staff had the necessary equipment to manage people's needs. For example, people who required a hoist to move from one position to another had slings and hoists that were in good working order and serviced regularly.

People's nutritional needs were being met. We reviewed the new menu plan that had been introduced throughout the provider's homes and we saw that the menu offered choices which included vegetarian and halal meats. People told us that they were pleased with the food. One person said, "Good food, good choice is what we have." We observed that food was balanced, nutritious and well presented. A lighter meal was offered between 6.30pm and 6.30am. Drinks were provided throughout the day and people had access to drinks in their rooms.

People told us that they were given the choice as to where to have their meals. For example, we saw some people chose to eat with others in the main dining room whereas others chose to eat their meals in their rooms.

People who required support to eat their meals were supported in a dignified manner. Staff were attentive to people's eating patterns and encouraged people throughout to be as independent as possible. Staff were patient and respectful offering people choice throughout mealtimes. People who for medical reasons required PEG feeding were supported during lunch by qualified and knowledgeable nurses in accordance with PEG guidance.

Care records showed a clear system of pain management was in place for those who required it. These were reviewed alongside care plans on a monthly basis or when changes had taken place. There was a clear method of assessing pain and staff recorded whether pain was controlled. For instance, one person who had multiple pressure ulcers received pain relieving medications before their dressings were changed. Medicines records showed that the person's pain was reduced during dressing change and after dressing. This was confirmed by the person when we spoke with him. The person told us "The pain is now totally under control and the wounds are healing well".

Is the service effective?

Care records demonstrated involvement of external professionals in the management of different types of ailments. For example, we saw dietitian referrals and recommendations for those on PEG feed. General practitioners were involved in the management of ailments such as urine infection, chest infection and medication reviews especially pain relieving medicines. Two nurses we spoke with demonstrated good understanding and skills of preventing and managing pressure ulcer. Both nurses

understood the importance of seeking advice from the specialists. We saw evidence of the tissue viability nurse in the management of pressure ulcers, evidence from two service users who had multiple pressure ulcers showed that people were referred promptly to the tissue viability nurse for advice on how best to manage the wound. We also saw evidence of regular optician visits for those requiring eye examinations. This meant that people were supported to access health care professionals.

Is the service caring?

Our findings

People told us they were happy with the level of care and support provided at the home. One person told us, "They do everything for you." Another person told us, "The staff that work here are fantastic". One relative said, "I can't speak highly enough of the staff here".

During the inspection we spoke with the GP who was visiting. The GP told us, "The staff really do care, they try their best and are very good at what they do." We also spoke with one person who used the service that had become the appointed service representative. A representative is someone that is appointed to speak on others behalf with their consent. The person told us that, he would raise people's concerns or requests with the manager on a daily basis.

We saw staff interacting with people in a positive, kind, caring and compassionate manner. Staff communicated in a way that people could understand which showed that they had a clear understanding of the people they supported. We observed staff explaining to people what was happening and asking if they wished to join in the planned activity. We observed staff and people laughing and enjoying each other's company throughout the two days of the inspection which created a positive and welcoming environment.

Staff we spoke with displayed enthusiasm for their role within the service and spoke with respect and empathy for those they supported. Staff confirmed what the registered

manager told us that when there are days out planned, staff would work one of their days off to ensure that everyone who wishes to attend can do so. This showed that the staff team were willing work additional hours to support people in their care.

There was a low turnover of staff which meant that people were supported by familiar, consistent staff who they knew.

Staff told us that they encouraged people to be as independent as possible, however they were always on hand to support people should it be required. We saw evidence of this during an activity session held in the service whereby staff were observed encouraging people to engage.

We spoke with one relative who described the care and sensitivity with which staff supported her relative and their family during the end of life process. The relative told us, "They've been very sensitive all the way along." End of life plans for those who had chosen in place with current and up to date 'do not attempt cardiopulmonary resuscitation' forms in place. Evidence from the care records showed that most of the do not attempt cardiopulmonary resuscitation forms were signed by the GPs and families. There were written end of life care plans reflecting the people's wishes.

We saw staff maintaining people's equality and diversity by ensuring that people were treated equally. For example, we observed staff supporting people with activities and encouraging all to take part regardless of people's differences and level of ability.

Is the service responsive?

Our findings

One person told us "The staff get things done, they always ask if they can help".

The service operated a person centred approach to the delivery of care, this meant that people were at the centre of the care provided and were supported to make informed decisions about the care they received. We saw evidence of person centred planning in people's care plans which included information about their likes, dislikes, areas they required support and their strengths.

Care plans were reviewed regularly taking into account people's changing needs, planning of documents was completed where possible with the input of the person, the nurse and the registered manager or clinical manager. The clinical manager held a weekly meeting for all nursing staff to review people's needs and discuss any changes that had taken place or changes needing to be made to the delivery of care. This meant that people received appropriate care that was responsive to any changes in their needs.

The service employed a physiotherapist based at the home. The physiotherapist provided support on both a one-to-one basis and a group session twice a week. We saw people were receiving one to one sessions and 13 people who chose to participate in the group physiotherapy session. This meant that the service was responsive to people's needs and received physiotherapy immediately rather than having to wait long periods of time for community based sessions.

Both staff and the registered manager told us that there was no set time for people to get up and that some people preferred to sleep later in the morning than others, this was observed throughout the inspection. This meant that people were listened to and could choose when they wanted to receive personal care and could spend their day as they wished.

People knew who to talk to if they needed to raise an issue and were aware of the process. For example, one person told us they would talk to the registered manager if they had any concerns and another person said that depending on the nature of the query they would contact the head nurse for health concerns, and the registered manager for other concerns. The service had two notice boards on each level which contained information about complaints and

concerns and how to raise this. Following the inspection the manager had implemented an easy to read complaints form which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint.

We reviewed the concerns folder and saw that appropriate, timely and comprehensive action had been taken to resolve concerns raised by staff. Where concerns had been raised by people, their relatives or external health care professionals detailed minutes and action plans were in place to demonstrate the process and outcome. This meant that people's concerns were listened to and acted upon following company policy.

People told us that there were a variety of activities to participate in if they wanted to. This was confirmed when we observed in-house activities taking place. The service provided various activities which included art and crafts, gardening, computer games, cinema club and external entertainers. They also supported people to access the local community for shopping trips, pub lunches and day trips. We observed seven people playing computer games in the communal area with the support from staff, we could hear laughing and people appeared to be enjoying this. On the day of inspection two activities co-ordinators were providing activities for different groups.

During the inspection the registered manager and clinical manager told us that the pressure mattress recording charts were no longer used by the service, however re-introduced these during the inspection. This meant that both manual and automatic pressure mattresses would be assessed daily and any rectified accordingly.

During the first day of the inspection we identified potential risks in the fire room which included plastic bin liners and papers on the noticeboard. On the second day of the inspection the registered manager showed us they addressed our concerns. The service had removed all flammable items from the room.

We found that there were no identifying information for staff to be made aware of people who had contagious infections. However this was addressed by the registered manager during the inspection and this has now been rectified. This meant that staff were aware of those who had infections at the beginning of their shift and therefore people were protected against the risk of cross infection.

Is the service well-led?

Our findings

One person told us, "He [registered manager] gets things done. He knows what he is talking about. He's just what we need here".

The registered manager told us that he operated an open door policy which was confirmed by staff that we spoke to. This meant that staff could approach the manager at any time to discuss any areas of concern. Staff had a clear understanding of their roles and responsibilities within the service, and were fully aware of who to contact if they had any concerns or complaints.

A staff member told us "The manager always informs us about changes that are taking place". The registered manager cultivated an open, transparent and inclusive environment within the home. Throughout the inspection we saw the registered manager interacting with people who use the service, their relatives and staff in a respectful and approachable manner. Staff told us that the registered manager was approachable and on hand to support them at all times. This was observed during the inspection when staff sought guidance from the manager regarding care provision.

The registered manager and the clinical manager told us that they worked closely together to ensure that people's needs were met. They said that they co-ordinate their time

off to ensure that there was always a manager present within the home to oversee the smooth running of the service. This meant the registered manager and the clinical manager were hands on and contactable,

We looked at records relating to concerns, complaints and compliments and found that the manager carried out audits to gain people's views of the care they received. For example, we looked at the 'resident customer satisfaction survey' which was carried out yearly. This covered people's views on staffing, food, activities, cleanliness, health and wellbeing, the building and surroundings, staff interaction, quality of care, information sharing and choices given. The completed questionnaires were then submitted to head office and given a rating in each area. The registered manager said that by having the feedback the service identified areas for improvement. For example, comments relating to the variety of food provided had been addressed. This means that people's views were listened to and acted upon.

The service also carried out audits of the medicine, health and safety of the service, training, activities and fire safety.

We reviewed records that the service kept on all aspects of the care provision for example, care plans, MAR sheets, maintenance, referrals, risk assessments, dietary needs and health care professionals. All records were maintained in accordance with company policy and reviewed regularly.