

Healthcare Homes (LSC) Limited

Bedhampton Nursing Home and Specialist Care Unit

Inspection report

55 Hulbert Road
Havant
Hampshire
PO9 3TB

Tel: 02392475125
Website: www.healthcarehomes.co.uk/

Date of inspection visit:
11 April 2023
12 April 2023

Date of publication:
22 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bedhampton Nursing Home and Specialist Care Unit was providing personal and nursing care to 35 people at the time of the inspection. The home can support up to 49 people. The home is purpose built across two floors which can be accessed by stairs or lift to support older people and younger people who may have a sensory impairment or physical disability.

People's experience of using this service and what we found

Risks to people's health, safety and well-being had not always been assessed or where they had, the risks had not always been managed safely and this had placed people at risk of harm. Short term care plans for wounds did not always include detailed information to guide staff on how to provide care and support and this had placed people at risk of not having their needs met.

The home had a medicines policy and safeguarding policy in place, but these had not always been followed.

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. This had led to shortfalls found during the inspection. Staff did not always feel supported, and supervisions did not take place as planned. A staff member told us, "Things could be improved if we had a registered manager, but I believe we are looking after residents well."

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.

People told us staff were kind to them, staff spoke knowledgeably about how people preferred their care and support to be given. The building was designed to enable people to access care and support in a clean and well-equipped environment that met their physical needs. People and their relatives were able to personalise their bedrooms.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us on 14 July 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 6 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and governance of the service.

We have made a recommendation about safeguarding within the home, a recommendation about activities and a recommendation about the home's complaints process. The provider was responsive to address the shortfalls found within this inspection and took immediate action.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bedhampton Nursing Home and Specialist Care Unit

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Bedhampton Nursing Home and Specialist Unit is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bedhampton Nursing Home and Specialist Unit is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service had a regional home manager who was managing the service and they were in the process of recruiting a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the home and contacted the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 9 people and 2 relatives about their experience of the care provided.

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.

We received feedback from 11 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the home on behalf of the provider. We received written responses from 3 health and social care professionals.

We reviewed a range of records. This included 3 people's care and support records and 4 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were not always assessed to ensure they were safe from avoidable harm. For example, people had not always been assessed for the risks associated with having bed rails in place, this had placed them at risk of unnecessary restraint and limb entrapment.
- Staff had not always been provided with treatment plans to reduce the risk of harm or where they had, had not always followed them. People with wounds did not always have treatment plans in place. We reviewed 1 person's record who did have a treatment plan in place and found staff had not followed this. This had placed people at risk of their wounds not healing.
- Environmental risk assessments to ensure the safety of the people using the stairs were not always in place.
- Accident and incidents records were not always completed, this had placed people at risk of not having their care needs identified or risks of harm identified to prevent a reoccurrence. Lessons learnt had not always been identified or shared with staff to prevent reoccurrence.

Systems were either not in place or robust enough to demonstrate risks to people were identified, assessed, and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by reflecting on concerns and reviewing care and support plans.

- Maintenance information and record keeping of contractor visits were accessible.
- Processes were in place to ensure fire safety within the home. People had fire evacuation plans in place, which detailed the support a person required to leave the home in an emergency.

Using medicines safely

- People did not always receive their medicines safely.
- The service had a medicines policy in place. However, the policy was not always followed. Staff had not been assessed as competent to administer medicines safely.
- Checks for medicines which required stricter controls by law, known as controlled drugs, were stored correctly in a separate cupboard. However, checks of controlled drugs had not always taken place as planned.

The provider could not be certain medicines were administered safely. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

- Since the inspection the provider held a meeting with all staff trained to administer medicines and arranged for the regional lead nurse to conduct a full audit.
- Medicines were ordered, stored and disposed of securely.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place; however, this had not always been followed. There were some incidences where people had been at risk of potential abuse and a safeguarding referral had not been made.. This meant external scrutiny was not possible to ensure people were safeguarded from abuse.
- We have signposted the provider to consult the local authority 'safeguarding adults policy' to minimise the risk of abuse to people living at Bedhampton Nursing Home and Specialist Care Unit.

We recommend the provider ensures their system to identify, manage and record safeguarding concerns is robust and follows local safeguarding procedures to ensure referrals to the local safeguarding team are appropriately made.

- People told us they felt safe living at Bedhampton Nursing Home and Specialist Care Unit, comments included "I feel safe, it's secure here and nice and relaxed, not tense at all. You couldn't ask for better people" and, "I am safe as they lock the doors at night and there are people around."
- Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and told us who they would report concerns to both internally and if action was not taken, externally to the police and the Care Quality Commission.
- Whilst policy was not always adhered to around processes, staff felt confident in reporting incidents One member of staff said, "If someone was being abused, I would report straight away to management, whether that be acting manager at the moment, regional manager or directors if I felt I wasn't being listened to." Another member of staff told us, "If I have concerns, our nurses always listen."

Staffing and recruitment

- People were supported by staff that were recruited safely. The provider's recruitment process required staff to follow an application process including an assessment of their history, character and relevant qualifications to ensure they are suitable to work with people living at Bedhampton Nursing Home and Specialist Care Unit.
- Staff files contained valid Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels met people's care needs. The provider used a dependency tool, which enabled them to assess people's needs and ensured the home was staffed correctly to meet those needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The home operated in line with current government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Instructions from medical professionals were not always recorded in people's care plans or communicated to staff. This meant people were not always receiving the most up to date support to meet their health needs.
- During the inspection we identified changes to people's fluid intake and weight were not being always being monitored. The provider responded immediately and on day two of the inspection provided us with evidence of referrals to relevant health and social care professionals.

Staff support: induction, training, skills and experience

- Staff told us they did not always feel supported in their role due to the absence of a registered manager, however we did not identify any impact to people using the service and the nominated individual updated us on the progress of ongoing manager interviews throughout the inspection.
- The provider acknowledged competency checks, induction progress reviews and team meetings had not taken place as planned.
- Supervision had not taken place as outlined in the provider's supervision policy. Staff did not always have the opportunity of one to one time to discuss any concerns or support needs. A staff member informed us "There are no regular supervisions and the last one I received was a generic one given out." Another staff member stated, "My induction was very good. Supervisions I am not so sure about."
- Care staff had the correct level of skills and training to undertake practical responsibilities of their role effectively. One health and social care professional told us, "The staff are keen to engage with any update training that we provide."

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

- Specialist health and social care professionals had been involved in assessments and planning of care. This included district nurses, physiotherapists and occupational therapists. One health and social care professional fed back "Staff are working hard. They are engaged in doing all they can to support this person. On occasions it has been difficult to find the allocated nurse to hand over to at that exact moment but have been able to speak with someone else."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us there was a choice of food at Bedhampton Nursing Home and Specialist Care Unit. We

observed staff and people communicate about what was on the menu and what alternative options were offered, such as higher calorie foods and lighter meals available. People told us, "You can choose what you want to eat, it is ok" , "the food is standard" and, "Food is first class, good variety. If you are not keen on something they can make me something else."

- Staff served hot and cold drinks throughout the day or people helped themselves.
- There was guidance in place to support people to eat safely when they were at risk of choking or needed their food to be a certain consistency. Staff we spoke with demonstrated they understood how to support people with this.
- A health and social care professional told us, "Staff contact the Nutrition Nurses in an appropriate time frame to report any issues with feeding tubes, so that a resolution can be achieved promptly."

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

- People and their relatives were able to personalise their rooms with photographs and furniture.
- The home was accessible. There was level access to the secure gardens and outdoor spaces.
- The service provided a comfortable environment for people, that was clean, spacious and provided a choice of where people wished to spend their time. A relative informed us, "They give [person's name] a choice if they want to stay in bed or come downstairs each day. It gives me peace of mind, and I need that."

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

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent to care and treatment was obtained and recorded.
- Staff spoken to knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions.
- The admission procedure to the home and the pre-assessment included consideration to any advanced decisions or known wishes.
- Staff received training in the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind to them. One person described Bedhampton Nursing Home and Specialist Care Unit as, "A very caring community here."
- Staff knew people well, their life history, interests and hobbies and were focused on people's respecting personal preferences. People and relatives told us, "I am sure staff show me dignity and respect" , "I would talk to staff if I was not happy" , "I can't fault the staff but they are very, very busy" and, "I am really happy with the care. They bend over backwards; they look after me remarkably well. You couldn't ask for better people, we have banter and fun."
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it. One staff member stated, "We provide a level of care and respect to our residents that make them feel safe and valued."
- Compliments about the home shared online included: 'Most friendly group of people who all will put themselves out to help you at any time of the day or night' and, 'Very friendly, homely and clean. Good food.'

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

- We observed staff offering choices and giving people time to make decisions about their day to day lives. During the mealtime observed, staff asked people where and with who they wished to sit.
- Staff told us they focus on the well-being of people at Bedhampton Nursing Home and Specialist Care Unit. One staff member informed us, "Sometimes a listening ear and a kind word goes far." Another stated, "We all work so hard to achieve the best care for the residents. I would not work in a home where I felt poor care was being given."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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 were not supported to participate in a range of social, educational or leisure activities. Whilst there were some events which people enjoyed, these took place two or three times a week for limited periods of time. Records showed people participated in activities infrequently. The provider was seeking to recruit an activities officer during the inspection.
- People told us there was a lack of activities on offer at Bedhampton Nursing Home and Specialist Care Unit. Comments included, "We don't have activities at the moment" and, "There is not enough to do, no stimulation."
- People's needs were not always met in a personalised way. Staff interactions with people were limited and often task based. A staff member commented, "I feel most of my time is taken up with paperwork rather than spending time with the residents."
- There were some signs and notice boards within the home. However, these had not been completed or information on them was out of date. This was not in line with best practice and meant people did not have information about what was happening each day and may cause distress or confusion to people unable to access the correct information.

We recommend the provider refers to good practice guidance to ensure people are able to carry out person-centred activities and encouraged to maintain hobbies and interests.

- The provider informed us they were actively recruiting a second activities officer.
- People's relatives are invited to participate in activity sessions. One staff member stated, "I encourage residents to do activities and lead them. [Person's name] wants to do a talk to other residents."
- During the inspection we observed a reminiscence activity, all in attendance engaged and appeared to enjoy the session.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. However, the provider confirmed the home was not using the most current version as it did not provide people details of how to escalate their concerns externally, to the health and social care ombudsman and CQC.
- The provider informed us a record of each complaint investigation and outcome should be kept, However, the provider had not always followed or completed this process. This meant the provider could not assure themselves complaints were dealt with in line with their policy and to the complainant's satisfaction.
- Most people and their relatives told us they would make a complaint to staff on duty should they need to, but were not sure who to inform if they were not satisfied with the staff member's response.

- Staff members told us, "Things are not always followed up." and, "I don't always feel confident that issues and concerns are dealt with quick enough."

We recommend the provider follow their complaints policy and ensure information is accessible to people, relatives and visitors to Bedhampton Nursing Home and Specialist Care Unit.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people's preferred methods of communication and this information was recorded in people's care plans.
- People were supported to wear communication aids including hearing aids and glasses where appropriate.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff spoke knowledgeably about people's needs and care preferences, including what their interests and life histories. One staff member told us, "I am learning to crochet online so I can do it with a resident."
- At the time of the inspection the provider was not providing anyone support with end-of-life care.
- The home received a recent compliment from the relative of a person who had recently passed away. The relative commented, 'We would like to express our heartfelt gratitude to each one of you for all you've done looking after our beautiful loved one [name]. You made their last few weeks safe and special, and we will be eternally grateful. We're all in awe of your comfort, compassion, poise and love.'

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems did not always operate effectively. Weekly and monthly audits, for example of medicines and infections, were not always completed or robust.
- Requested documentation was not always available at the time of inspection. Some documents were requested and received electronically after our site visit.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support for staff from managers was inconsistent due to a lack of a registered manager at the time of our inspection. The cover arrangements organised by the provider and nominated individual did not always ensure consistent leadership. However, during and immediately after our inspection the presence of a senior manager on site was increase to aid stability.
- The provider arranged a location visit by the quality assurance lead and regional nurse to update the service improvement plan. The provider stated that there will be further improvements following a whole service audit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff did not always feel supported and empowered and this put people at risk of poor outcomes. For example, staff did not always feel they could raise concerns about record keeping with management, and this meant people were at risk of not having their needs met.
- Staff did not always feel appreciated, involved or listened to. Staff told us, "I wouldn't say I feel valued as an employee. I tend to keep my head down, do the job to the best of my ability and learn from any mistakes" and, "I do feel proud of the job we do but I'm frustrated that concerns are not followed up and that paperwork isn't filled in or even read."
- The nominated individual told us they would be working towards improving staff morale by arranging for senior managers to meet with the staff team following the inspection.
- The provider's management team had a meeting with the staff team during the inspection and planned further meetings. Through these meetings, they aimed to improve working relationships within the team

and communication with people living at Bedhampton Nursing Home and Specialist Care Unit.

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; Continuous learning and improving care

- The home had a policy in place to respond to complaints, incidents and when things went wrong, however this was not always followed.
- Concerns reported to the provider had not always been investigated so the provider could not be certain the requirements of the duty of candour, (that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm,) had been completed or whether lessons learnt had been shared to prevent recurrence of the incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Bedhampton Nursing Home and Specialist Care Unit routinely sought feedback from people and relatives.
- The provider had a range of policies and procedures which reflected good practice guidance and legislation. The nominated individual told us their plan revisit these policies with staff to embed good practice.
- Visiting health and social care professionals stated, "In my experience during visits to the home the staff are always caring and have a good understanding of each patients' individual needs" and, "I don't feel I could comment on leadership at the home as I have not experienced that myself, although the staff seem to be organised with nursing staff in charge."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not in place or were not robust enough to demonstrate risks to people were identified, assessed and effectively managed.

The enforcement action we took:

Issued warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved.

The enforcement action we took:

Issued warning notice.