Bupa Care Homes (AKW) Limited

Heathland Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service

Heathland Court Care Home is a residential care home providing personal and nursing care to up to 58 people. The service provides support to older people. At the time of our inspection there were 55 people using the service.

Heathland Court Care Home accommodates 55 people across four separate wings, one of which specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People did not receive a safe service as accidents and incidents were not always monitored and investigated. People were at risk of poor tissue viability as the service failed to ensure staff repositioned people in accordance with guidance set by healthcare professionals. Staff worked long shifts without prior authorisation of senior management and there were delays for people who had requested pain relieving medicines.

People did not always receive a service that was well-led. The manager failed to implement effective oversight of the service and audits failed to identify issues found during this inspection. People were at risk of receiving care and support from a service that had a closed culture where staff were reluctant to highlight poor practice through fear of reprisal.

The provider ensured robust recruitment procedures were in place to ensure suitable staff were recruited. The regional director ensured notifications were submitted to CQC in line with legislation. The regional director was keen to ensure partnership working sought positive outcomes for people. People's views were sought to drive improvement.

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 last inspection
The last rating for this service was good (published 02 March 2021).

Why we inspected
We received concerns in relation to staffing levels, record keeping, poor moving and handling techniques, poor tissue viability management and a closed culture within the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathland Court Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the staffing levels, risk assessments and good governance.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Heathland 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 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 two inspectors and a specialist adviser who was a registered nurse.

Service and service type
Heathland Court Care Home 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. Heathland Court Care Home 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people and one relative to gather their views. We spoke with 12 staff including, care workers, team leaders, the manager, unit manager and the regional director. We looked at five care plans and medicines administration records on two floors. We also looked at six staff recruitment files, and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection this key question has now changed to 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; Learning lessons when things go wrong

- People did not always receive care and support from staff that had clear guidance on how to mitigate identified risks.
- During the inspection we identified one person had been recognised as at risk of pressure sores however, the risk assessment failed to detail how and when to reposition the person. We also identified records detailing when the person should be repositioned throughout the day and night, however noted the person had only been repositioned on the 18 September 2022 and then previously on 15.09.2022 during the daytime.
- Records showed repositioning checks were inconsistent, with some people waiting longer than advised to be repositioned. This meant people were at risk of developing pressure wounds.
- During the inspection we identified not everyone who required a sliding sheet, to enable staff to safely move them whilst seated or in bed, had one available. A staff member said, "It happens a lot. [The sliding sheets] go to the laundry and never come back."
- One staff member told us there had been times where there was a shortage of staff, which resulted in some instances of staff hoisting people on their own, when there is a requirement of two staff. This meant people were at risk of harm from unsafe practices and staff were at risk of injury.
- Accidents and incidents weren't always recorded to monitor trends and patterns.
- Records showed one person had acquired a skin tear of unknown origin. The manager confirmed this tear occurred during the delivery of care, however there were no incident reports completed and no evidence to confirm lessons had been learned to mitigate repeat incidents.
- At the time of the inspection there was no evidence the service learned lessons when things went wrong.

The manager failed to deliver a safe service, these issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Notwithstanding the above, we identified other risk assessments gave staff guidance on how to mitigate risks in relation to, choking, eating and drinking, fire safety and smoking. These risk assessments were reviewed regularly to reflect people's changing needs.
- The regional director confirmed there had been a staff meeting immediately after the inspection to discuss the issues found in relation to ensuring people were repositioned in accordance with guidance from the tissue viability nurse. The regional director assured us these issues will continue to be addressed in the daily handover and the clinical risk meetings.

● The regional director confirmed that there were suitable systems in place to ensure accidents and incidents were monitored and investigated. However, the above-mentioned incident had been an oversight by staff. Systems in place ensured that all other incidents were regularly reviewed by allocated senior management to identify patterns and trends. We will continue to monitor their progress at the next inspection.
● After the inspection the regional director submitted comprehensive information detailing action that would be taken to address all concerns identified during the inspection. We were assured these matters were being addressed and will continue to monitor this at the next inspection.

Staffing and recruitment
● People did not always receive care and support from sufficient numbers of staff to keep them safe and meet their needs.
● During the inspection we reviewed the staff rota and identified there were occasions whereby night staff had worked a 12 hour shift and were then rostered to work the morning shift for an additional six hours. This meant people were at risk of receiving support from staff who did not receive adequate breaks and could be suffering from fatigue.
● We received mixed feedback in relation to staffing levels at the service. Comments from people included, "I know they are horribly short staffed so take a long time for anyone to respond to this call bell, can be anywhere from five minutes to half an hour. It depends on time of the day." And "There are staff and we have the bell to press. The staff come quickly if not attending to another patient."
● However, comments received from staff included, "We're short staffed, 90% of the time and they will use the night staff after working 12 hours and will let them work another six hours until 2pm." And "Sometimes when I come on shift there will be four staff on the floor and another floor will say there's only two on their floor, so we will need to help them."

The manager failed to ensure suitable staffing arrangements, these issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014

● We shared our concerns with the regional director who confirmed the excess hours worked by staff had not been authorised by senior management and action had been taken to swiftly address this. The regional director also confirmed an additional 500 hours per week had been approved and prospective staff were currently going through the rigorous recruitment process and will be added to the rota. We will monitor their progress at the next inspection.
● We reviewed staff recruitment files and found these contained a completed application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment.

Using medicines safely
● People did not always receive pain relieving medicines in a timely manner.
● During the inspection, we observed two people requesting pain relief medicines. On both occasions people were not provided with the pain relief medicines swiftly. As staff were focused on completing task-based activities.
● One relative told us, "There are trained nurses here and they [administer] my relative his medicines. I don't know what medicines he's on, they [staff] don't explain what or why he's taking them."
● Notwithstanding the above, we observed staff administering medicines and this was done in accordance with the prescribing GP's instructions. Medicine Administration Records (MARs) were completed accurately with no gaps or omissions. Stocks and balances were accurate.

Systems and processes to safeguard people from the risk of abuse
● People were protected against the risk of abuse.
● Staff understood how to raise concerns of suspected abuse. Records showed staff had received on going safeguarding training in order to enable them to identify and respond to safeguarding concerns.
● At the time of the inspection there was one safeguarding being investigated by the local funding authority.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● Staff had an adequate understanding of their responsibilities in line with legislation.
● DoLS authorisations reviewed during the inspection were on file and in date.

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's infection prevention and control policy was up to date.

Visiting in care homes
● The service ensured that current government guidance and best practice was adhered to, to ensure people visiting the home did so safely.

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- People did not always receive care and support from a service that had a positive culture.
- Prior to the inspection we received information of concern in relation to the overall management of the service and culture that had developed, whereby staff did not feel confident in reporting inappropriate staff conduct for fear of reprisals.
- During the inspection we spoke to staff who confirmed there was a closed culture within the service. Staff also confirmed some staff referred to their colleagues using derogatory and racially offensive language.
- Comments included, "There is a clique amongst staff", "[Staff member name] is controlling and isn't very nice to other staff." "There is one staff here, the other staff ganged up on her on her first night shift" and, "[Staff member name] and the manager single out staff and instigate other staff to target another staff member."
- We received mixed feedback about the management of the service from staff. Comments included, "I can always approach the manager but some staff feel differently" "A lot of people are scared of the manager", "The manager hasn't spoken to me in a year, she's only spoken to me today because you're here" "Management have always supported me" and, "The manager can rely on me and I on her."
- The visions and values of the provider were not embedded within the service with a clear divide amongst some members of the staff team.

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

- Systems and processes in place were not robust in identifying issues found at this inspection. The manager failed to ensure effective oversight and monitoring of the service.
- Audits undertaken failed to identify staff were not repositioning people as required in their care plan, staffing levels were not adequate to meet people's needs and records were not easily accessible or indeed in place. For example, incidents and accidents weren't always recorded or investigated.
- During the inspection we spoke with the manager who was unable to give us a satisfactory response as to why issues had not previously been identified. The manager did not understand the gravity of our concerns and made no attempt to address our concerns.

The provider failed to ensure the service was well-led, these issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

● We shared our concerns with the regional director who immediately spoke with staff on duty providing them with his direct telephone number and email. After the inspection the regional director confirmed decisive action had been taken to address our concerns and an investigation was underway to address the closed culture.
● The regional director also informed us of the actions taken to address the concerns identified during this inspection. We are confident the responsive steps being taken by senior management will have a positive impact on the culture and oversight of the service. We will continue to monitor this at the next inspection.

Continuous learning and improving care
● People did not always receive care and support from a service that continuously learned and improved their practices.
● Issues identified during this inspection had not been previously identified by the manager. We shared our concerns with the regional director who after the inspection sent us comprehensive information in relation to the action that has and will continue to be taken in addressing our concerns. We will monitor their progress at the next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People told us, they could share their views however not everyone felt these were listened to by the manager and staff. One person told us they had shared concerns with the staff team that they cannot turn the lights on and off in their room and nothing had been done about it.
● We shared our concerns with the regional director who immediately after the inspection confirmed a 'touch' light had been ordered, enabling the person to turn their lights off independently.
● People's views were regularly sought to drive improvements. We reviewed the July and August 2022 survey results and identified there were 14 responses received. The questionnaire looked at all aspects of people's care for example, satisfaction with the survey, staff, activities on offer and food provided.
● 57% of people stated they were extremely happy with the service provided. 71% said they were extremely satisfied with the care and support they received from staff and 50% of people said staff communicated with them very well.

Working in partnership with others
● People continued to receive support from a service that sought partnership working with healthcare professionals to improve the service. The regional director was keen to ensure partnership and transparency developed the service and improved outcomes for people.
● Records showed partnership working included, the GP, district nurses, tissue variability nurses and speech and language therapists.

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 regional director was aware of their responsibilities in line with legislation and notified us of reportable incidents.
● The regional director understood the importance of apologising when things went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to deliver a safe service. Regulation 12 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to deliver a service that was well-led. Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient staff were deployed to keep people safe. Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014 - Staffing.