

Bupa Care Homes (CFChomes) Limited

Hatfield Peverel Lodge Care Home

Inspection report

Crabbs Hill
Hatfield Peverel
Chelmsford
Essex
CM3 2NZ

Tel: 01245380750

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07 December 2022
09 December 2022

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17 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hatfield Peverel Lodge Care Home provides personal and nursing care to up to 68 people aged 65 and over. There were two areas, Kingfisher in the main building and Mallard, which specialises in support for people with dementia. At the time of our visit there were 63 people using the service.

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

People were protected from the risk of harm. There were adequate numbers of suitably trained staff to provide quality care and meet people's needs. People received their medicines in a safe and appropriate way. Staff within the service were recruited safely and received suitable training to fulfil their role. The service had implemented good infection control practices, protecting people from the risk of infections.

The management of the service maintained good oversight through regular reviews and audits. Management were quick to respond to emerging concerns and investigated incidents thoroughly. Staff and relatives spoke highly of the deputy manager, who provided visibility and stability throughout a period of management change. The service worked well with external professionals to monitor and maintain people's health.

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 requires improvement (Published 22 April 2021)

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.

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 requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hatfield Peverel Lodge on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hatfield Peverel Lodge 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

One inspector, 1 nursing advisor and 1 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.

Service and service type

Hatfield Peverel Lodge 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. Hatfield Peverel Lodge 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 provider had recruited a new manager for the position and were completing pre-employment checks for suitability.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 07 December 2022 and ended on 20 December 2022. We visited the service on 07 December 2022, and 09 December 2022.

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 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 12 relatives about their experience of the care provided. Where people at the service were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with 9 members of staff, including the deputy manager, the regional director, and the head housekeeper.

We reviewed 5 people's care files, and 3 staff files in relation to recruitment. We also reviewed a range of documents relating to the management of the service, including policies, procedures, and a range of quality audits. After the inspection we received additional information from the provider, as requested.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Concerns were identified during the inspection regarding the storage of medicines. A medicines fridge had broken, and all medicines had been moved to a fridge on another floor. A new fridge had been ordered. This had been rectified on the second day of inspection.
- Staff were trained in medicines administration. Staff managed and administered medicines in a safe and competent way, ensuring all details were accurately recorded, and they sought peoples consent before administering.
- Medicines were audited weekly, and actions plans to correct any shortfalls were created and actioned by the clinical lead. The clinical lead told us the service had a non-blame approach to medicines management incidents, so staff could be confident in raising concerns.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One relative told us, "[Person] says she feels safe, we have got to know the staff, they are all really nice, she feels comfortable with them. There's no sign of abuse ever."
- The service had a safeguarding policy in place and staff had received training in safeguarding and how to keep people from risk of harm. All staff spoken with stated they would be confident to raise any concerns to management, or the nurse on duty and they would be dealt with appropriately.

Assessing risk, safety monitoring and management

- Peoples care plans were detailed and contained risk assessments tailored to each person. These directed staff how to keep people safe from the risk of harm.
- Care plans and risk assessments were regularly reviewed and updated, either on a schedule, or when people's needs had changed. There was clear documentation to show when these risks had been reviewed and reassessed. One relative told us, "With care plans they have resident of the day. They look at the care plan and we are invited to see them, medications are discussed and reviewed."
- Equipment within the service was regularly serviced, checked, and maintained. On the first day of inspection, a stair lift was found to be not working, this was repaired the same day. The lift on one unit was in the process of being refurbished, the provider had already installed a second lift to ensure people could still freely move about the service.

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.

Staffing and recruitment

- We observed there was enough staff to meet people's needs. The service had recently recruited more full-time staff to reduce the use of agency. Staff told us this was beneficial in creating better working teams. One staff member told us, "Now we have more regular staff, its forming a nice environment. Staff morale is definitely improving."
- Staff were recruited safely in line with best practice, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff training was up to date. Staff told us additional training was available easily, and they could request training if they wanted it.

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.

Visiting in care homes

- The service facilitated visiting without restriction, relatives and loved ones could visit people in their rooms, in communal lounges, or in specially designated visiting areas.

Learning lessons when things go wrong

- Incidents and concerns were investigated within the service, and notified to the local authority, and CQC if appropriate. Mitigations were explored and put in place to reduce the chances of recurrence.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The deputy manager, who was also the clinical lead, was highly visible throughout the service. All staff we spoke to stated, the deputy was approachable, and reliable, and had provided stability throughout the periods of management changes.
- Staff told us they had recently started working between the two separate units of the service. One staff told us, "They have started swapping people between units so that people can understand both units, and that will improve things."
- People's relatives and loved ones told us they were regularly asked for their input into people's care, and the service as a whole. One relative told us, "I have been to meetings and internal assessments, contacted and asked for my views, I chose to do this by phone." Another relative told us, "Any problem is always dealt with, staff are caring, and very good. I feel that the Home is well managed."

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

- There was no registered manager at the service. However, the provider had recruited to the position, and was awaiting employment checks for the new manager. The deputy manager was being supported by the area manager and regional director to ensure the service was well maintained.
- The deputy manager was fulfilling the regulatory requirements of submitting notifications to CQC. This was supported by the area manager and regional director.
- Complaints received were thoroughly investigated and responded to in a timely manner. Where appropriate the service would apologise and explain what steps would be taken following the complaint.
- Staff had a clear understanding of their roles and responsibilities and worked well together to meet people's needs.

Continuous learning and improving care

- Monthly reviews of incidents looked for themes and trends to help create action plans to improve systems and services. The electronic system used for audits and monitoring created notifications of actions. This allowed management to know who held responsibility for those actions, and what the timescales were for completion.
- Concerns around consistent care were raised by staff earlier in the year, due to high agency staff usage.

The service had since completed a large recruitment drive to maintain high permanent staff levels. This had reduced the usage of agency staff and improved staff working conditions.

- Changes were made to service preadmission procedures following a complaint received. Additional information was requested from family and other support systems to give a better view of a person before they are admitted to the service. This allowed the staff to ensure they were able to support the person well.

Working in partnership with others

- The service regularly engaged with external professionals, such as Occupational Therapists, Tissue Viability Nurses, and district nurses. Regular contact with people's GPs helped monitor people's health and welfare.

- The service worked with the local authority to investigate concerns raised and provide information about the service.