Bupa Care Homes (CFChomes) Limited

Hatfield Peverel Lodge Care Home

Inspection report

Crabbs Hill
Hatfield Peverel
Chelmsford
Essex
CM3 2NZ

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Date of inspection visit:
16 February 2021
24 February 2021

Date of publication:
22 April 2021

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
Hatfield Peverel Lodge Care Home provides personal and nursing care to up to 68 people aged 65 and over. The service is set in large grounds in a rural location close to Hatfield Peverel. There are two units, Kingfisher House in the main building and Mallard, which specialises in support for people with dementia. At the time of our visit there were 44 people using the service.

People's experience of using this service and what we found
Feedback from people and families was largely positive as there was a core staff team who knew people well. However, risk had not been well managed, in particular, there was not always enough information for temporary staff to support people safely if they had to cover in an emergency, such as an outbreak of COVID-19.

The registered manager and deputy manager had concentrated on managing risk over the last 12 months. They had often provided frontline care to ensure people's needs were met. As a result, some management tasks had not been completed effectively. This included ensuring care plans and other records were accurate and current, staff received regular supervision and quality checks were acted on.

Staff morale was low, and they told us they did not always feel supported or able to speak out. The provider had temporarily cut the number of nursing staff, which had impacted negatively on the service and had led to staff raising concerns with us. By the time of our inspection staffing levels had been reinstated and there were enough staff to support people safely. The provider was beginning to address concerns with morale. However, retention of nursing staff remained an issue.

The provider was aware the registered manager needed support and an area manager was spending time at the service providing practical assistance. The registered manager was positive and open to learning.

Staff worked well with external professionals to meet people's health needs. People received support to take their medicines as prescribed.

We found the provider and registered manager investigated safeguards effectively. Professionals told us the registered manager was open and transparent when there were concerns. 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.

There were processes in place to reduce the risk of infection from COVID-19. Gaps in audits and delayed repairs were being addressed following the end of the recent COVID-19 outbreak. The provider recognised the need to support people and staff affected by the pandemic.

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 27 November 2018).

Why we inspected
The inspection was prompted in part due to concerns received about management of the service and staffing issues. A decision was made for us to inspect and examine how well risk was being managed.

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 coronavirus and other infection outbreaks effectively.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

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 Care Act 2014.

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
An inspector, an assistant inspector and a nursing advisor visited the service on 16 February 2020.

An Expert by Experience rang and spoke with family members on 18 February 2021 to gather their views about the service. They also carried out a video call, where they 'walked' around the service with a member of staff, carrying out observations and speaking to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An assistant inspector made calls to staff on 18 February 2021.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We focused on speaking with people who lived at the service and observing how they were cared for. Where people at the service had complex needs, and 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 eleven members of staff including the area manager, registered manager, three nursing staff, five care workers and one administrative staff.

We reviewed a range of records. This included eight people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. We limited the number of records we looked at on site as we were minimising our time at the service due to the Covid-19 pandemic.

After the inspection
We arranged a phone call with the registered manager and area manager on 24 February 2021 to continue the inspection process. The registered manager and provider sent us information for review. We had phone, email or video contact with twelve family members, five people and four staff. We had contact from three health and social care professionals.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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
• There were gaps in some people's care plans around specialist needs and risks. For example, a person had complex needs around diabetes and their care plan did not provide staff with information to provide safe care. Although there was no serious impact when usual staff were providing support, there was a risk that temporary staff would not have enough information to care for people safely.
• Another person's care plan referred to a catheter, which had now been removed, and although staff were aware the person needed support to restrict how much they drank, this information was not in the care plan.
• Immediately after our inspection the care plans were amended to provide the necessary information. Following a recent audit, a review of all care plans had already been set up. Training to support staff in writing clinical care plans had been arranged.
• Staff were not always clear on required mattress settings and some care plans did not provide guidance on this. We found specialist mattress settings were at the wrong level for one person. Incorrect settings could lead to the mattress being too hard or too soft which could be detrimental to the person's skin integrity. The incorrect level was immediately corrected, and all other mattresses checked, and care plans amended following the inspection.
• Staff completed checks to monitor people's safety, such as how much people drank and specialist mattress settings. These checks were not always completed accurately, and senior staff did not have clear oversight of the information being gathered.
• Established staff had a good awareness of the support people needed to minimise risk. We observed a member of staff remind a person not to try and move without their frame. Staff communicated well with specialist professionals when people needed additional treatment.
• Staff provided advice to people to enable them to make decisions about their care, minimising restrictions to their freedom where possible. We observed a member of staff remind a person they were diabetic, so the person decided to only have a little syrup on their pancake.

Systems and processes to safeguard people from the risk of abuse
• Staff had training in safeguarding and advocated well for people. However, some staff told us they were reluctant to speak out due to lack of confidentiality and lack of confidence that their concerns would be taken seriously. This has been further discussed in the well-led section of this report, and these issues formed part of the providers plan for improvement.
• There were systems to investigate and take action to protect people from the risk of abuse. We found concerns and alerts were investigated fully, however senior and care staff were not working well as a team to safeguard people from harm.

• The local authority and health professionals told us the registered manager worked well with them to investigate safeguarding concerns. A health professional told us, "The (registered) manager has always been open and transparent with us, and I have felt assured that the residents have been kept safe at all times."

Staffing and recruitment
• We had received concerns there were not enough staff to support people safely. The registered manager told us there had been a recent trial when nursing staff had been reduced in the Kingfisher unit, although overall numbers had been maintained. However, this trial had not been successful, and the decision had been reversed.
• There were now enough staff to support people safely. We observed staff respond quickly and kindly to requests for help. The atmosphere was calm, and staff took appropriate time when caring for people.
• Relatives told us staffing was generally adequate, though they told us there were some issues at weekends. A relative said, "I think there is enough staff. They could do with more at weekends as staff are run ragged sometimes."
• People told us there were enough staff, "They come quite quickly when I press the buzzer. Someone always comes." We spoke to people who had isolated in their rooms due to COVID-19 and they described in detail the support they had received.
• Staffing continued to be recruited safely. Staff we met during our visit to the service had the necessary skills and knowledge for their role. A member of staff told us they had remained focused on people, despite the stresses. They said, "We never cut corners and we always ensure the residents are safe and cared for at all times."
• The service had used agency staff to manage staffing during the pandemic. Where possible familiar agency staff were used, which provided people with consistent support. An agency staff we spoke with during our inspection had been coming to the service regularly and had a good knowledge of people's needs and the systems in place.

Preventing and controlling infection
• We were somewhat assured that the provider was preventing visitors from catching and spreading infections. When we arrived at the service, checks were not carried out in line with the provider's policy. When we discussed this with the registered manager, they showed us a different entrance which other visitors used, and where checks were carried out safely. Families described safe processes when they visited the service.
• We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning processes had been increased during the pandemic. There were some areas in the property which required repair, and which were hard to maintain. The registered manager told us this was due to the recent COVID-19 outbreak when they restricted visitors, including maintenance staff, to the service and showed us the plans for repair which were in place.
• We were assured that the provider was meeting shielding and social distancing rules.
• 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 accessing testing for people using the service and staff.
• 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.

Using medicines safely
• People received personalised support with their medicines. Nursing staff knew people well and could describe in detail the support they provided each person.
• We received information that recent staffing reductions had impacted on medicine administration.

Medicine errors had been investigated and concerns resolved by increasing nursing staffing as outlined above.

• Staff had written guidance on the support people needed with their medicines. We found this information was not always person centred, however there were plans to address this as part of the overall improvements in care planning.

• There was guidance in place for most people about their prescribed medicines which were to be taken as required. We found one example where there was insufficient guidance in place for a person with epilepsy. Although the nursing staff could describe verbally the support required, there was a risk should the person be supported by staff who did not know them well. This was addressed immediately after our inspection.

• Medication was safely stored in a locked room and there was no excessive stock. It was well organised, which enabled staff to find medication when it was needed.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

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

• The registered manager had worked through the whole pandemic and described an exhausting and challenging time. They and their deputy had stepped in to provide care when they were short staffed. They acknowledged some systems, in particular, quality checks, recording and staff supervision had not been maintained effectively.

• Where checks had highlighted actions were needed, we found some had not been addressed in a timely manner. The registered manager told us this was because of the COVID-19 outbreak. However, some concerns, such as repairs and gaps in key care plans, had not been fully risk assessed and prioritised.

• The provider had recognised the registered manager required additional support and plans were already in place for an area manager to be based temporarily at the service. It was positive they had picked up the need to take action in advance of our inspection, however it was too early to measure the impact of this additional support.

• Retention of nursing staff was poor. This meant people did not always get consistent clinical support. The registered manager described the challenges of agreeing roles and responsibilities with nursing staff, especially when flexibility was needed during the pandemic.

• We signposted the registered manager to the local authority's innovation team who were providing training and guidance on supporting services to manage and retain nursing staff. The registered manager was open and enthusiastic about the benefits of this learning opportunity.

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

• Staff morale was low, largely due to the devastating impact of the COVID-19. We found senior and care staff had focused on keeping people safe, however there had been an impact on their own wellbeing. A member of staff said, "The carers work really hard to make sure the residents are well looked after but the staff are the ones that are not looked after." The area manager told us the provider had specialist staff who focused on supporting services, particularly after an outbreak.

• Staff told us lack of confidentiality was an issue. A member of staff said, "There has been a couple of incidents with my colleagues when they have taken [member of management] in confidence then whatever gets discussed is known by the rest of the staff." We discussed this with the registered manager who told us

concerns about confidentiality had already been raised in staff surveys and formed part of their improvement plan.
• We had mixed feedback about how well the service communicated with relatives. Some relatives told us communication during COVID-19 could have been more pro-active. One relative said, "It might have been nice to have had updates from the home. I know it has been a nightmare with Covid but little regular emails on my family member would have helped."
• All relatives agreed staff let them know as soon as there were any incidents or concerns about their family members. One relative told us, "They contact us quickly on medical issues. We are well informed about urine infections and positive COVID-19 tests."
• Professionals described a positive working relationship focused on people's wellbeing. They told us the registered manager responded positively to advice and acted on feedback. They told us, "Our team have been carrying out virtual assessments online with senior staff and apart from some minor concerns around evidence required we are not aware of anything concerning."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• During our visit there was only one activity coordinator on duty. They did not work on Mallard as staff did not move across units, due to the COVID-19 pandemic. This was in line with government guidelines, to help minimise the risk of spreading infection.
• People and staff were extremely affected by the high level of bereavement following the recent COVID-19 outbreak, in particular on Mallard. Although care staff were allocated to provide activities, we found a less positive culture on this unit as compared to the Kingfisher House, with limited input to actively support wellbeing. After the inspection the provider told us a new activity coordinator had been appointed and external staff had been arranged to support people with their experience of loss.
• Staff supported people to take part in familiar events, such as pancake day and to maintain contact with relatives and friends. A new unit manager spoke of their enthusiasm and passion for supporting people with dementia and their plans in place to provide a more stimulating environment based on best practice.
• Visits were arranged in line with government guidance. Some families told us they had not been offered video calls, but others told us they had received support to keep in touch. One relative said, "I do Zoom with [Person]. They get bored but at least I can see them and that is nice."
• Feedback from relatives was mainly positive. Eleven out of the twelve relatives we spoke to were largely positive about the service their family members received, describing a caring environment. One relative said, "Care is very good, [Person] always looks smart and clean and tidy, I have got no complaints, staff are very good talking to them and seem very caring."
• During our inspection a health professional told us, "The manager is of the ethos that residents come first at all times." We found the focus on people's needs was reflected throughout the service.
• Every member of staff and management we spoke to was person-centred and spoke of people warmly. They demonstrated a passion and commitment to prioritise the needs of the people they supported, despite the stresses of the past year. This included supporting people who had experienced bereavement during the COVID-19 pandemic.