

Bupa Care Homes (GL) Limited

# Harts House Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out unannounced comprehensive inspection of this service on 5 November 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to supporting staff by means of regular supervision and appraisal and maintaining accurate records of care delivered.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. Secondly we received concerns in relation to poor infection control practices and health and safety procedures not being followed. As a result this focused inspection also looked into those concerns. This

report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Harts House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At this inspection we found that improvements to record keeping, staff supervision and appraisals had been completed and the service now met legal requirements. We found no evidence to suggest that health and safety and infection control guidelines were not followed.

The service is registered to provide care for 61 older people some of which may have palliative care needs. On the day of our visit there were 41 people using the service.

# Summary of findings

There was a registered manager who had been in post since March 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who had attended relevant training and received regular supervision and annual appraisals. This enabled staff to keep up to date with practice and deliver evidence based care.

The leadership of the service had improved with a new manager and a supportive clinical lead. People told us that the registered manager was visible and approachable.

People's records were kept up to date and reflected their current health needs including any advice given by other healthcare professionals.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service followed safe infection control guidelines. We found no evidence to indicate that infection control and health and safety guidelines were not being followed. People told us that the service was always clean and that staff wore appropriate protective wear where necessary. We saw that substances hazardous to health were kept in locked cupboards in order to keep people safe.

Good



### Is the service effective?

We found that action had been taken to improve the effectiveness of the service. People told us that staff knew how to do their job. Staff were supported to deliver evidenced based care by means of regular training, appraisals and supervision.

Good



### Is the service well-led?

We found that action had been taken to improve the leadership of the service. People and staff told us the registered manager was visible. Records relating to care delivered were kept up to date and reflected people's current needs.

Good



# Harts House Nursing Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Harts House on 22 September 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 November 2014 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe? , Is the service effective? And is the service well-led? This is because the service was not meeting legal requirements relating to maintaining accurate records of care and supporting staff by means of appraisal and supervision.

The inspection team comprised of a lead inspector, a second inspector and an 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.

Prior to the inspection we sought feedback from the local authority and commissioners. We also reviewed the number of death notifications and safeguarding referrals we had received. During the inspection we spoke with 14 people and three relatives. We spoke with the registered manager, the clinical lead, an exercise coordinator, one domestic staff, two nurses and five care staff. We observed care during meal times and medicine rounds.

We looked at five care records and eight staff supervision and training records. We also looked at fridge and food temperature checks, and quality assurance audits.

# Is the service safe?

## Our findings

Prior to our visit we had received information that infection control and health and safety guidelines were not being followed in terms of manual handling and staff signing in and out. During our visit we observed that gloves and apron were readily available in all areas of the service. We observed staff wore personal protective equipment (PPE) where required and washed their hands. Staff told us that the PPE was always available. We observed that the sluice was kept closed at all times and substances hazardous to health were secured in a locked cupboard out of reach for people. The service was clean and odour free. People told us the service was always clean and that staff used gloves during personal care.

People told us they felt safe and that they trusted staff. One person told us, "I feel very secure here, in my room, if I felt unwell I only have to push the bell and someone will come

fairly quickly!" Another person who felt safe due to access to medical attention said, "If someone is not well the GP is called immediately – if it's something routine and non urgent – there is a weekly GP Surgery."

Staff were aware of the need to sign in and out in case of a fire and told us they did this everyday and we verified this by reviewing the signing in book. We saw notices relating to manual handling instructions specific to the hoists used within the service. Staff demonstrated an awareness of how to use the equipment and where to report it if faulty. Staff told us they always hoisted people in pairs and also used sliding sheets and had been trained on how to use both. They told us they checked before using any equipment so that it was safe to use and that there was no one in harm's way. We saw evidence that staff had received both classroom based and on the job training in health and safety and manual handling in order to minimise the risk of inappropriate moving and handling techniques.

# Is the service effective?

## Our findings

People told us that staff were attentive and knew how to support them. One person said, “` The staff try hard (some better than others) they are very attentive – and they ask each time for permission to do something personal.”

Another person commented, “Staff, within their capacity – make every effort to help people fit in.”

At our previous inspection on 5 November 2014 we found people were supported by staff who had appropriate skills but staff were not always supported to continue with their professional development. Although there were regular staff meetings staff said that they did not always get enough time to spend with people and that they were not always given recognition for the work they completed. Staff had not received appraisals. Two out of three care staff we spoke with had not had supervision. Care staff were aware of how to obtain consent to care but had not yet received training relating to Deprivation of Liberty Safeguards and were unsure about what this meant.

During this inspection staff told us they felt supported by the registered manager and their deputy. We saw evidence that regular supervision took place with individualised goals. The supervision files contained notes from probation reviews as well as group, clinical and individual

supervision. These also included a discussion about how the staff member was performing, what was going well or not well, how the managers could support them better. In addition training needs and timescales for any action were recorded in order to improve staff knowledge and the quality of care delivered.

Appraisals had been scheduled for 2015 for most staff with some already completed. There were a lot of newly recruited staff and we saw that they had been supported by a comprehensive induction which included medicine administration competencies and a preceptorship program for registered nurses. In addition some nurses had been trained and signed off as competent in taking blood tests in order to ensure that people’s treatment could be completed in a timely manner for those requiring regular blood tests.

Staff had an awareness and knowledge of important topics such as mental capacity, deprivation of liberty, safeguarding and whistleblowing. For staff who wanted to develop further we saw they had been enrolled on level two and level three social care qualification courses due to commence later on in the year. There was evidence that training had taken place and staff knew how to apply this in their daily role in order to deliver care effectively.

# Is the service well-led?

## Our findings

At our previous inspection on 5 November 2014 we found shortfalls in record keeping relating to reviewing and updating care plans. For example one care plan read that a person was self-medicating. However, in the care plan evaluation we saw that the person had not been able to self-medicate since February 2014. This showed that care plans did not always reflect the current needs of people who used the service. We also found several gaps in recording the medicine fridge temperature checks and two gaps in recording food temperature probing results. We informed the chef and the interim of our findings and the chef acknowledged that they had forgotten to record the food temperature probing and said they would be more vigilant about recording temperatures soon after checking.

During this visit we reviewed records relating to medicine fridge temperature checks dated August and September 2015 and found no significant gaps. Staff were aware of the procedure to take should the fridge stop working in order to preserve the potency of medicines stored. Similarly we reviewed food temperature probe checks and found they were checked and recorded consistently to ensure that people received food at the correct temperature.

We reviewed care plans and found that regular reviews took place and that advice recommended by other

professionals such as dietitian was taken on board and incorporated as part of the care plan. The nurses vacancies had now been filled so the named nurse system had been reinstated in order to ensure that there were named responsible individuals to ensure documentation was kept up to date. Care plans were up to date and reflected people's current needs and health care conditions.

People told us that they were happy with the registered manager and that they were visible within the service. One person said, "The management and staff are very encouraging." We saw that there had been a newly set up "residents association" with elected representatives to ensure the people's voice was heard.

We received anonymous information alleging that staff were not able to share concerns with management. We spoke to staff and they all told us that they were aware of the whistleblowing procedure and had no concerns but told us they would approach the registered manager and if that failed they would use the central number provided by BUPA. All staff spoke highly of the new registered manager and the Head of Clinical Care. They said that they listened and were very helpful. They feel confident in the new registered manager. One staff member said, "He told us that if we had concerns we can speak to him or the Head of Clinical Care. He talked about whistleblowing and safeguarding so that we report anything immediately."