

Bupa Care Homes (GL) Limited

Harts House Nursing Home

Inspection report

Harts Grove
Woodford Green
Essex
IG8 0BF
Tel: 020 8502 9111
Website:
<http://www.bupa.co.uk/care-services/care-homes/hart-s-house-nursing-homewoodford-green>

Date of inspection visit: 5 November 2014
Date of publication: 27/04/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection on 5 November 2014. At the last inspection on 9 January 2014 we asked the provider to take action to make improvements in supporting staff. At this inspection we found that, although some improvements to staff supervision had been made the provider was still in breach of this regulation. No appraisals had been completed for care staff and there were shortfalls in training. We also identified a breach in regulation 20

which relates to maintaining accurate records of care. People were not always protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record. Other records such as fridge temperature checks and food probe checks were not up to date. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 34 people using the service.

Although there was a registered manager in place, at the time of our visit the manager had been on authorised absence for over eight weeks and CQC was made aware that a regional manager was covering for them in their absence.

‘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 told us that they were treated with dignity and respect and that they were involved in planning their day. The service had an “everyday hero award” aimed at encouraging staff to put people’s feelings at the centre of care. Relatives of people receiving end of life care thought staff were caring and supportive towards them and the needs of their loved ones.

People were safeguarded from harm because appropriate guidance in relation to infection control, medicines management and health and safety were followed. There were systems in place to safeguard people from abuse.

We found that people were supported to eat a balanced diet and had access to health care professionals as and when needed. Staff had some knowledge of the Mental capacity Act (2005) and could demonstrate how consent was obtained from people before delivering care. The manager and staff were aware of how to obtain a Deprivation of Liberty Safeguard (DoLs) when required.

There were systems in place to monitor the quality of care provided, maintain the premises and obtain feedback from people who used the service. There was evidence that management responded and actioned people’s requests such as changes to the menu. However, we saw care records were not always up to date and accurate.

The service was not always well led. This is because staff were not always supported by means of regular appraisals and relevant training such as the mental capacity training.

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 was safe. There were procedures in place ensure that people were protected from harm and that infection control and medicine administration procedures were followed. Individualised risk assessments were in place and described action to be taken to protect people.

Staff were aware of how to respond to emergencies, report any accidents and incidents as well as take action to prevent further incidents from occurring and harming people who used the service.

Good



Is the service effective?

The service had an ineffective system in place that did not always ensure that staff training appraisals and supervision were up to date. This meant that people were cared for by staff who were not supported to deliver evidenced based care.

People were supported to eat and drink a balanced diet including social drinking. Where people did not have mental capacity to consent appropriate guidance was followed.

Requires improvement



Is the service caring?

The service was caring. People were treated with compassion and respect and were involved in planning their day. People and their relatives were supported during end of life care to ensure people were comfortable and pain free.

Good



Is the service responsive?

The service was responsive to the needs of the people. People's care plans were individual and their personal activity preferences were accommodated. People were aware of the complaints system and told us they could approach staff about any concern they may have.

Good



Is the service well-led?

The service was not always well led. Records of care were not always accurate. People and staff told us that the management was not always visible, staff morale was low and was impacting on the quality of care delivered. There was evidence that quality of care, people's feedback and risks were monitored.

Requires improvement



Harts House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 5 November 2014 and was unannounced. 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 Redbridge Local Authority, Redbridge Commissioners and

Healthwatch Redbridge. We also reviewed the number of death notifications and safeguarding referrals received relating to the service. During the inspection we spoke to 16 people using the service and five relatives. We spoke to two managers, the cook, one domestic staff, a nurse and three care staff. We observed care during meal times and medicine rounds.

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 looked at five care records including daily care records and five nurse appraisal records, supervision and training records. We also looked at maintenance records, and quality assurance audits.

Is the service safe?

Our findings

The service was safe. All the people said that they felt “safe” in the care of the staff of the home. Comments from people using the service included: “We get very good care and I would say that is safe”; “I have never been spoken to in an unkind way”; “I have no fears living here, the staff are all likable and behave well to me”. One person told us, “I sold my home and came here to live and I have made a very good decision, as I am independent, live in comfortable surroundings and cared for by compassionate staff.”

Relatives of people using the service also told us their family members were receiving “safe” care. One commented, “A family member is here every day and that is not because, we fear mum may get harmed, but because she is having palliative care.” Another relative said “From my observations they do a very good job and will not abuse the people they care for in anyway.”

There were procedures in place to safeguard people from abuse. Staff were aware of the different types of abuse and told us they would report it and document it as an incident. Staff said they would document bruises on body maps and would report any other incidents to the manager as well as document on incident forms. They were aware that the manager would report any suspected abuse to the local authority and the Care Quality Commission. Staff told us they were able to express any concerns about the care delivered to the current manager or the senior staff on duty and were aware that there was a whistle blowing policy which they could follow when required.

There were risk assessments in place to protect people from avoidable harm such as falls and pressure ulcers. Staff were aware of the procedure to take in an emergency and in the event of a fire. There were red, amber and green rated notices by the noticeboard to ensure that at a glance staff would know how to evacuate people in the event of a fire. Emergency plans were in place to ensure continuity of care in the event of a major incident.

The home was accessible by a lift or stairs and was secure as access was via a manned front door. A fire safety system was in place with fire extinguishers located in different parts of the service. The premises were well maintained with safety locks on windows. Gas safety checks and fire safety checks were up to date in order to protect people from the risks of unsuitable premises. Lifts and equipment were serviced with next service dates clearly noted in order

to prevent people from avoidable harm. Staff told us that wheelchairs were checked regularly and we saw ‘safe wheelchair’ safety inspection records, windows restraints and a maintenance plan. A call bell system was in place and one person who used the service said, “if you call for help the staff come promptly.”

People told us there were always enough staff on duty during every twenty-four hour period with the exception of the top floor where there was one care staff to 10 people. A person said that they did not like it when this staff member was called to help on the other floor. We spoke with staff and checked the rota and confirmed that staff on one floor did leave their floor at times to help out on the other floor. However, most people on the top floor were mobile and had a degree of independence. A relative said, “My mum has cancer and is very ill, staff change her regularly, ensure she is pain free and they are very attentive, we have never experienced a situation of them saying they are short staffed.”

Staff recruitment was a work in progress as there were some vacancies especially on the day shift for nurses. However rotas we reviewed showed that there were regular agency nurses working and measures had been taken to ensure that staff working at the home on a temporary measure received information about people’s needs, including a brief overview of each person to support staff with the medicine round. The manager told us that disciplinary procedures were followed if staff put people at risk by failing to adhere to the services policies.

People were cared for in a clean and hygienic environment. The decorations in communal areas and people’s rooms were, clean and free from unpleasant odours. We saw cleaning schedules for people’s rooms and communal areas. Staff told us they had access to protective clothing such as gloves and aprons. We saw clinical waste and soiled linen appropriately bagged and being transported to the sluice and laundry rooms. Staff washed their hands appropriately and wore colour coded aprons during different aspects of care, to reduce the risk of cross infection. Staff we spoke with were aware of isolation procedures when a person had an infectious condition and the importance of hand washing in order to prevent cross infection.

People’s medicines were managed so that they received them safely. One person said, “Staff give me my medicine, except my pain tablets, which I keep and take every four

Is the service safe?

hours, this occurred because they forgot to reorder. To solve the problem they suggested I keep my pain medicines.” All the other people said staff administered their medicine and that they had no difficulties. Staff told us about the ordering procedure. We checked the storage and recording of medicines and found staff were aware of the reporting procedures for any errors.

We reviewed five medicine administration record sheets and found them to be completed appropriately. There had been a recent safeguarding incident relating to medicine administration. An action plan had been put in place which

included making sure that staff who worked the floor where the error occurred had been trained on administering that specific type of medicine. We observed people being given their medicines during lunch time and found that the trolley was kept locked when unattended in order to keep medicines safe. The nurse verified the identity of each person before they explained to people what the medicine was and waited for people to take their medicine before proceeding to sign, in order to ensure that the correct person received the prescribed medicine.

Is the service effective?

Our findings

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 told us that training was annual and included topics such as manual handling, infection control and health and safety. However, there were shortfalls in training, supervision and appraisals which had been identified at our previous visit in January 2014. During this visit, care staff had not received appraisals. Two out of three care staff we spoke to 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.

This is a breach of Regulation 23 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke to demonstrated knowledge about the needs of the people they looked after. They could tell us information such as people's medical condition, how they mobilised and their personal hygiene preferences. There was an induction for new staff and a mini induction for agency staff to ensure they were familiar with the needs of the people using the service so that they would be able to support people appropriately. The manager told us and we saw in staff files that appropriate checks were made before people resumed work including references disclosure and barring checks. We saw that the interim manager kept a file to check that nurses pin numbers were up to date.

Consent to care and treatment was sought before care was delivered in order to ensure that people's wishes were respected. Where people lacked mental capacity, appropriate guidance was followed. At the time of our visit there was no one with an active deprivation of liberty safeguard (DoLs). The manager we spoke to was aware of changes to the legislation since the supreme court judgement and had sought advice from the local authority on the use of bedrails. Staff told us that they always sought consent before they delivered care. They were aware of people who lacked mental capacity to make certain

decisions and understood that mental capacity would have to be assessed by professionals. On the day of our visit we observed staff explaining to people what they were going to do before helping them to move from bed to chair.

People told us that they were supported to maintain good health. People said they had no concerns about seeing other health professionals when needed and felt well supported if this was required. One person said, "I can see the doctor if I feel unwell and I have done this by just asking the staff and my request was granted". Another said, "I have had the doctor out ". A relative told us, "Mum was in severe pain last weekend and the doctor was called and she had morphine and this made her comfortable."

Care was assessed and delivered according to national guidance. National Institute for Health and Care Excellence (NICE) pressure ulcer management pathways were in place. British Association for Parenteral and Enteral Nutrition (BAPEN) nutritional risk assessments were completed in order to prevent people from having pressure ulcer damage as well as to monitor weight so as to detect people at risk of malnutrition. People on a palliative care pathway had access to the palliative care team who visited regularly to review and suggest changes to care. People at the home had access to health care professionals. Staff and people said people could be reviewed by the GP when required and had access to chiropody, opticians and dentists when required. We verified this in the care records we reviewed.

We saw people with diabetes had their annual health checks as recommended. People told us that they had been asked about their care preferences on admission but were unaware of the contents of their care plan but said they were satisfied with the care they received. However, some relatives said they were consulted in care planning on admission and at least once a year. One relative said, "mum have a care plan and we were able to contribute to the plan". We also saw in care records we reviewed records of discussions with relatives and people about their care.

We were told and saw that menus were on a four week cycle and were given to people to choose / complete the day before. If people changed their mind they could alter their choice on the day. A cooked breakfast was available daily to those who wanted it. We observed the lunch time meal in one of the dedicated dining areas located on the ground floor. The tables were well presented with tablecloths, napkins, glass tumblers, and crockery and cutlery of a good standard. People's comments were: "We

Is the service effective?

have a choice of meals”; “The food is very good “; “ Always hot and well presented”; “Portion sizes are good and one can ask for more if you wish”; “The food is healthy and I can say nourishing” “There is a menu that that tells you the choice you can make.”

People were supported to maintain a balanced diet. Care staff and kitchen staff were knowledgeable of dietary needs such as vegetarian, diabetic diet and pureed diet of the people they looked after. What staff told us about people’s dietary needs corresponded to what we found in care

records. The chef was visible during mealtimes and interacted with people in order to get their views of the food. We observed that care staff interacted well with people and appeared to be aware of people’s needs during meals. One person said, “It is always a pleasant dining experience.” On another floor we observed staff assist to feed a person at an appropriate pace whilst interacting with them and checking if the pace and quantity of food being given was suitable.

Is the service caring?

Our findings

The service was caring. We saw staff responding well to people using the service. Staff spoke politely and addressed people by their preferred names. One person said, "I am called by my Christian name, because I said that I wished to be called by that name". People's routines and likes and dislikes were noted within care plans and staff were aware of these and could tell us about people's preferences when we spoke with them. We observed that both men and women were well groomed and the ladies' hair dresser was in attendance on the day.

People were supported to express their views and were actively involved in making decisions about their care. One person said, "I choose what to wear each day and I get some help from staff with washing and dressing". Another said, "I get assistance from staff to shower and they do a good job". "Staff never makes you feel that you are dependent". A third person said "Staff here are very caring people". A relative said, "the workers are very good with mum, she gets good care and they are very compassionate."

People told us that they felt listened to and gave an example of the changes that had been made to the menu recently in order to suit their tastes. People told us they attended meetings although they could not recall the frequency of these meetings. However, most people told us that the recent meeting had happened on 4 November 2014.

People and their relatives told us that they were treated with dignity and respect. Comments from people included: "If I am being assisted they always close my bedroom door and I view this as being respectful." "I am asked to choose what I wear." "I find them very humble towards me."; and "When staff are doing personal care for mum they always ensure visitors are not in the room and preserve her privacy and dignity."

People had ensuite bedrooms which ensured privacy and comfort. People said staff had encouraged them to bring items of furniture, pictures and family photographs. Some people had access to telephones in their rooms. One person said, "Having the telephone is so special, because I can have a private telephone conversation with my children and grandchildren." We observed that people were kept clean and comfortable. For example, people were assisted to go to the toilet when required and people who were bed bound were checked hourly to ensure they were clean and pain free.

People were supported at the end of their life to have a dignified death. We spoke to relatives of people receiving palliative care and they told us that people were cared for by compassionate staff. We saw that regular checks were made including repositioning and mouth care. Relatives and close friends told us they were able to visit at any time. Pain relief was offered via syringe driver as well as regularly prescribed pain relief which was delivered in a timely manner.

Is the service responsive?

Our findings

The service was responsive. People told us that they were listened to and that their requests were honoured. One person said, “I am free to do what I wish, I have my meals, read a daily paper and watch my television and staff respects my wishes”. Another said, “I am never bored”. A third person said, “I have my hair done every week and that is what I did before coming here and I am pleased that I am able to continue this here.” People who chose to pay for a daily paper got a newspaper of their choice delivered.

Peoples’ care plans were individual and recorded people’s food preferences and in some cases their day time and night time routines. We saw “map of life documents” which detailed people’s previous work and family life including hobbies. These were used to help staff get to know people well. Although staff we spoke to knew the people they looked after, two out of four care records we reviewed had incomplete maps of life documentation.

People’s views were listened to on a daily basis, at meetings and during the annual customer satisfaction survey. We looked through the minutes of the meeting held on 4 November 2014 and found that 13 people had attended. People had discussed their views about issues such as when the activities coordinator would be replaced (since the current coordinator was about to finish serving

their notice), food, fees and requests to go on outings to places like Southend on Sea. All requests were acknowledged and action points taken. The manager told us that they had recently changed the quality of wine and Sherry to meet the tastes and preferences of the people. People we spoke to confirmed that the quality of wine and Sherry offered had improved.

We saw an activities calendar that had board games, coffee mornings, one to one sessions, sherry mornings and knitting clubs. On the day of our visit one person showed us a scarf they were knitting and said, “This is what I am making today. I enjoy knitting, it whiles the time.” We observed people go to down to the lounge to have the daily morning sherry. One person said, “it’s the highlight of my day.”

All 13 people we spoke with said they had never made a complaint but felt confident to do so should they have concerns. Similarly, the relatives of people living at the home said they have never had to make a complaint and would do so to the manager should the occasion arise. The provider’s head office monitored complaints logged by people at the home to ensure they were dealt with in line with the provider’s policy. Staff were aware of the complaints policy and told us that they tried to resolve the complaint first before escalating to the most senior person on duty.

Is the service well-led?

Our findings

The home manager and the area manager completed regular quality audits which included reviewing including medicines, care planning, training and people's views of the quality of life. We reviewed an audit completed in May 2014 and found that there was an action plan following the audit. However one shortfall identified in the May audit related to record keeping. On our visit we found similar 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 manager 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.

This is a breach of Regulation 20 of the Health and Social care act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were happy with the staff and that they had built positive relationships with staff. People said that communication with staff was very good and had no concerns about their care. One relative said, "We can have conversations with staff and the manager about our mothers care and do feel that we get good information." One person said, "the care staff stay on the same floor, which makes it easier to as they know me by now and how much I love my tea."

We also looked at the current satisfaction survey dated Autumn 2013 which was based on 25 responses and showed that people were happy with the care.

People who used the service and staff told us they were uncertain as to the future of the management of the home

and expressed discontent with the culture within the home prior to the interim manager starting. People told us they had been told on the 4 November 2014 that the manager was off sick. The service had an interim manager in place who had been on site for over 8 weeks. Concerns from staff included unresolved pay issues, lack of staff and resident meetings. Staff said they felt demotivated and unacknowledged. However, both people and staff recognised the changes made in the past few weeks and acknowledged an attempt by the interim manager to be visible and hold meetings. However, staff and people were uncertain about the future management culture.

The home had an area manager, a manager, a clinical lead. Each unit had a senior carer on duty each shift and there was a key worker system in place. A scheme that had been started in September where people relatives and visitors could nominate individuals who had made a positive impact on people by putting their feelings at the centre of care. There was a board in the office with performance of the home and action points on the home for staff to read and follow. Daily 10 minute meetings took place with the senior person on each unit in order for the manager to cascade any new information as well as discuss any issues facing each unit that day. The home had system in place to ensure that the service was well maintained and kept clean. The length of time it took to answer call bells was also monitored to ensure that people received care in a timely manner. We reviewed call bell monitoring records and found that most of the longer call bell waits were in the evenings. The interim manager told us that this was monitored and had records of why on five occasions between 29 October and 2 November 2014 it had taken more than five minutes to respond to the call bell. This had all been at night just after handover and staff had been told to try and respond as soon as possible.

We saw evidence of partnership working. This was evidenced in people's records when GPs came and prescribed changes to treatment. We also saw evidence of joint working with district nurses, dieticians, speech and language therapist and physiotherapists in order to improve people's health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by receiving appropriate supervision and appraisal. Regulation 18(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Regulation 17(2)(c)