

## Bupa Care Homes (GL) Limited

# Harts House

### Inspection report

Harts Grove  
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Essex  
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Date of inspection visit:  
08 August 2018

Date of publication:  
10 September 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 08 August 2018 and was unannounced. At our last inspection in July 2017, the service was overall rated as "Good" but the safe domain was rated as "Requires Improvement." This was because we found that people's medicines were not always managed safely. We asked the provider to take action to make improvements regarding medicines management. At this inspection, we found that the action has been completed and the service continued to be rated "Good".

Harts House Nursing 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 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 53 people using the service.

There was a registered manager in place. 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 who used the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse and prevent abuse from happening. Risks associated with people's care were identified, and there was sufficient guidance for staff about how to keep people safe.

People were supported with medicines administration by staff who had been trained to do so. The service worked in partnership with other health professionals to ensure people received effective care and support.

There were assessments undertaken and care plans developed to identify people's health and support needs. Systems were in place to ensure staff were up to date about people's needs and were aware of people's preferences.

Staff had a good understanding of the Mental Capacity Act (2005) and sought people's consent before providing any care and support. They were knowledgeable about people they supported.

Staff were supported through supervision and appraisals. They felt supported to carry out their roles and were in regular contact with the registered manager. There were sufficient numbers of staff to meet people's needs and staff recruitment processes were robust.

People were able to make choices with regard to their daily lives such as what they would like to wear or to eat or whether they would like to join in any activities. Their privacy, dignity and independence were respected.

People, relatives and staff felt the registered manager was approachable and supportive and felt the service was managed well.

There were systems in place to manage, monitor and improve the quality of the service provided. Survey results from people and their representatives were positive and any issues identified were acted upon. Regular audits were carried out to monitor the quality of the service and drive improvements.

## 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. People who used the service received their medicines as prescribed by their doctors.

People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider had effective recruitment and selection processes in place. There were enough staff to meet people's needs.

There were systems in place for the monitoring and prevention of infection.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Harts House

## **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 was planned to check 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 8 August 2018 and was unannounced. It was carried out by two inspectors.

Before our inspection we reviewed all the information we had about the service, including notifications sent to us informing us of events that occurred at the service. We also looked at the last inspection and spoke with the local authority commissioners. We also reviewed all the information we held on the service such as notifications. A notification is information about events that by law the registered persons should tell us about.

During our inspection we spoke with five people who used the service, three relatives, three members of care staff, one nurse, the training coordinator, the activities coordinator, the maintenance person, the deputy manager and the registered manager. We reviewed six people's personal care records, five staff records, staff duty rotas, medicine administration records and other records relating to the management of the service such as meeting minutes, health and safety records, recruitment and training records.

# Is the service safe?

## Our findings

People told us that they received their medicines when they were due to have them. One person told us, "They [staff] always come and give me my tablets and they make sure I take them."

At our last inspection in July 2017, we found staff were not always adhering to the instructions on how people should receive their medicines. Two people were prescribed a medicine to be taken 30 minutes before food in the morning. When we asked the staff the time they had their medicines, they told us they had them with their breakfast. This showed staff were not always following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people. This could have a negative impact on people's health. Some medicines need to be taken "before food" or "on an empty stomach". This is because food and some drinks can affect the way these medicines work and make them less effective.

During this visit, we looked at the administration of medicines and found they were managed safely and people received the medicines prescribed to them at the right time. For example, where people needed to have their medicines without food, the night nurse on duty would administer their medicines at 7 o'clock in the morning before they went off shift. Previously this was carried out by the morning nurses who started at 8 o'clock.

Each person who required medicines had an individual medicine administration record chart (MAR chart) which clearly stated the person's name, photograph, date of birth and allergy status. Staff had received refresher training in this topic following our last visit. There was a daily record kept of medicines that were in stock and this helped to reduce the risk of any errors occurring or running low on medicines for people. Any medicines prescribed to be given 'as necessary' were monitored and guidance explained when these medicines should be given.

People and their relatives felt the service was safe. One person told us, "Yes, I do feel safe here." Information was available to people in the service about how to report any concerns to staff, the local authority or the CQC. Staff had received training about how to recognise abuse. This showed that the provider had the appropriate measures in place to help ensure people were kept as safe as possible. The provider had a whistleblowing policy which informed staff how they could raise concerns about any unsafe practice in the service.

There were risk assessments which informed staff how to keep people safe. Where people were identified as being at risk, appropriate measures were put in place. For example, one person had a risk of falls. Risk assessments were reviewed and updated to reflect any changes in people's needs. We saw accidents and incidents were recorded so any patterns or trends could be identified and action taken to reduce the risk of reoccurrence. Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety.

The service had a system to ensure all equipment was maintained and serviced. We saw a regular

programme of safety checks was carried out. For example, there was a fire risk assessment in place and weekly fire safety checks were carried out.

People were supported by enough staff to keep them safe and meet their needs. One person said, "Yes there are always staff around." Another person told us, "They could do with some more staff." The registered manager told us that they had recruited more staff and were in the process of completing their inductions before they could start work. The provider undertook safe recruitment procedures. New employees underwent relevant employment checks before starting work. Checks included previous employment history, proof of identity, written references and criminal records checks.

The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their roles and responsibilities for the management of infection and had received training in this area. They were provided with Personal Protective Equipment (PPE) such as aprons and gloves to protect themselves as well as people from the risk of infection. One person told us, "The home is always clean."

## Is the service effective?

### Our findings

People were satisfied with the way staff supported them. One person said, "The staff are marvellous." Another person told us, "Yes, they know what they are doing." A relative commented, "They [staff] are all good."

People's needs were assessed before being admitted to the service. The assessments contained information around people's physical and mental health needs, their relationships, their preferences and their life style choices. The information was relevant and pertinent as it indicated whether the service could cater for that person's specific needs.

The provider had a comprehensive programme of induction, training and supervision for staff so they were supported to provide effective care. Records showed that staff had received training in a number of key areas relevant to their roles. Staff told us that the training was good and helped them to keep their skills and knowledge up to date. One member of staff said, "The training has improved a lot from before." There was a system in place to monitor staff training, which training staff had attended and when they were due for refresher training.

New staff received an induction, which covered their familiarisation with the service, the people and the policies and procedures of the organisation. This included training and 'shadowing' a more experienced member of staff.

We saw systems were in place to ensure all staff received the support they needed. Staff had regular one to one meetings with their line managers where a range of issues were discussed, including staff training needs. One member of staff told us the one to one meetings were very useful to them.

People needs were supported by adaptations that had been made to the building. We saw handrails in the property to assist people with mobility issues move around. There was also universal access to the garden through the use of ramps. This meant people could move around the building freely and easily.

The Mental Capacity Act 2005 (MCA) is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Deprivation of liberty safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Applications had been made to the local authority and authorisations sought in regards to DoLS. The registered manager had a tracker to manage these applications and authorisations. Staff explained how they sought people's consent before care and support was delivered.

People had mixed views on the standard of food. One person we spoke with said, "Yes. good breakfast." But went on to say that they had to "chase staff to receive soft boiled eggs [as they had received hard boiled eggs after requesting the contrary]." People we spoke with felt that improvements could be made to the



standard of cooking. We spoke to the provider about this and they told us they were aware of the situation through their surveys and feedback received and were addressing the issue through performance monitoring. We saw there were menus in place and people were given a choice of food and drinks.

People had access to healthcare services and received ongoing healthcare support. One person told us, "I think I saw the doctor when I first came in. If I asked they'd arrange it." Another person said, "Get to see GP once a week or I can see the nurse." Staff monitored people's health and welfare and made referrals to health care professionals where appropriate.

## Is the service caring?

### Our findings

Throughout our visit we saw staff interacting with the people who used the service in a kind and courteous way. When people needed assistance, staff responded to them quickly. One person said, "The staff are excellent." Relatives mentioned that staff were kind and caring. A relative told us, "The staff are very kind and caring." There was a relaxed atmosphere in the service. People could spend their days as they preferred, in their own rooms if they wanted to. Those who were mobile were free to walk around as they wished.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. One member of staff said, "I always encourage the residents to do what they can by themselves. For example, if they can wash the front of their bodies, I will let them do it, I will do their back." This helped to ensure people maintained their abilities in some areas of their care needs.

Staff ensured people's privacy and dignity were protected. We saw staff made sure doors were closed when they provided assistance with personal care to people. Staff told us they always checked before providing personal care and ensured people were happy to continue. This was confirmed by people we spoke with.

Staff had a good understanding of the needs and preferences of people. They were able to tell us what people did and didn't like and what support they needed. For example, one member of staff told us, "[Person] likes a glass of cold milk in the morning." This meant that people were cared for by staff who understood their needs.

Relatives mentioned to us that they could visit their family members at any time. They were made to feel welcome. People said they could see their visitors in their rooms or in different communal areas within the service.

We saw people were supported to exercise their choice in their daily routines. For example, how they wanted to be supported, what activities they wanted to take part in or what they would like to wear. Care records indicated people's preferences and choices about how care and support was to be delivered. People confirmed to us that they were given a choice when staff supported them.

Information about people was treated confidentially. Staff knew that they should only disclose confidential information to an authorised person and they had to seek the person's consent first. Records were kept locked away when not in use.

People's human rights and diversity were respected. People were not discriminated against their gender, disability, sexual orientation, religion, belief, race and age. One person who practiced a certain religion told us that they were happy at the service and had their religious needs met.

## Is the service responsive?

### Our findings

Feedback from people we spoke with about their care was positive. One person said, "The staff are very good, they do a brilliant job." A relative said that the staff know their family member well.

We saw people had personalised care plans that enabled staff to be responsive to their needs. A member of staff told us, "Yes they [care plans] are helpful if we want to look up about the person and tell us a bit more than what we would need to know."

Care plans were sufficiently detailed for staff to have a comprehensive picture of the person as an individual and what their needs were. Each of them had detail on different aspects of individual people's lives, with a strong focus on their physical and mental health needs. Care plans contained relevant information that would assist any new member of staff, agency worker or visiting health care professional to determine the care needs of people. The staff had a good knowledge of people's needs and could tell us what people did and didn't like, what support they needed and how to communicate with them. Care plans were reviewed and updated to reflect people's changing needs. This meant people received the care they wanted and their needs were met.

People were supported to be active and attend activities they enjoyed. One person told us "[At the home you can do] As much as you want. Very nice to sit and listen to singers." We saw a monthly plan for ongoing weekly activities including a mix of professional visitors providing services such as exercises, art therapy and entertainment as well as internally run activities such as afternoon aperitifs and board games. On the day, we observed a singer at the service, who was popular with the people, as there were no seats left in the lounge where they were entertaining. We also saw that the service had rabbits and chickens in the garden that people could pet.

People knew how to complain and their concerns were responded to by the provider. One person told us they had made a complaint and said that, "Yes, they listened". Another person told us they knew who to complain to, "My nurse to start with. They do listen." The provider kept a log of complaints it received and acted on them appropriately.

People were supported to have a dignified death. People's care plans had sections called future decisions where information was recorded and related to people's wishes around their future and death. People's relatives were involved in these sections where appropriate. Staff told had an understanding how to support people at their end of their life and had received training on it. One member of staff told us that they had supported people at the end of their life many times and their wishes were recorded in their care plans.

# Is the service well-led?

## Our findings

People and relatives told us they felt the service was managed well; they commented that the management team and staff were approachable. One person told us, "The manager is very nice and will listen to what you have to say." One member of staff said, "The manager is good." Relatives told us the management team was good at keeping them informed of any changes in the care needs of their family members.

Staff had a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for. The registered manager who was recruited after our last inspection, operated an open-door policy and staff felt they could talk to them about any issues they might have.

Staff, relatives and residents meetings were held regularly and these gave them an opportunity to exchange any ideas for the development of the service. They were kept informed of any changes occurring at the service and any policy changes. Staff told us they could discuss any issue they might have during these meetings.

There was a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

The deputy manager undertook various audits which included care plans, medicines, infection control and health and safety. This showed that there was an effective system in place to regularly assess and monitor the quality of the service.

The registered manager demonstrated they were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. They had notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.

The provider had processes to seek the views of people who used the service and these included local satisfaction surveys questioning the overall experience people had at the service, food and drink surveys. Where areas for improvement had been identified, these were addressed. This helped to ensure that people who used the service benefited from a well managed service.

The management team worked closely with other external organisations to ensure people needs were met.