

Bupa Care Homes (CFChomes) Limited

Heathbrook House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heathbrook House Care Home is a care home and is registered to provide personal and nursing care for up to 45 older people, including people living with dementia. At the time of the inspection 25 people lived at the home.

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

Managerial oversight of the service had improved since our inspection in April 2022. However, some of the provider's systems and processes to monitor the quality and safety of the service were not yet fully effective. Action was taken in response to our feedback to drive improvement and plans were in place to continually improve and learn lessons. More time was needed to demonstrate improvements made were embedded into practice and sustained over time as occupancy at the home increased.

People thought their home was well managed. Relatives shared mixed views on the leadership of the home. Management changes had occurred since our last inspection and staff explained how those changes had made them feel unsettled and unsupported. Plans were in place to further improve staff morale to ensure staff felt listened to and valued.

People received their medicines when they needed them which demonstrated improvement had been made in this area. Action to ensure current best practice medicine management guidance was followed by staff was taken after our visit.

The home was clean, and staff knew how to manage risks. Action taken since our last inspection had started to improve risk management. Staff were recruited safely, and enough staff were on duty to meet people's needs. Relatives and staff spoke positively about staffing levels. People felt safe and relatives shared that viewpoint. Staff had completed safeguarding training and knew how to protect people but the providers processes to keep people safe were not consistently followed.

Feedback from people and their relatives was welcomed and listened to. The management team were open and honest during our visit and they used our feedback to focus their improvement activities. Staff knew the people they cared for well and most people's care records contained enough information to help staff provide safe and responsive care. Further information was added to some people's care records the day after our visit.

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.

People were supported to maintain relationships that were important to them and they were happy with the

social activities available to occupy their time. People knew how to complain and a process was in place to respond to complaints.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of 2 regulations. The provider has remained in breach of 1 regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathbrook House Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand how they will continue to make improvements. We will work alongside the provider and local authority to monitor progress and 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Heathbrook House 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

The inspection was undertaken by 2 inspectors, a specialist advisor and an Expert by Experience. A specialist advisor is a qualified health professional. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia. 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

Heathbrook House Care Home is care home. People receive accommodation and nursing or personal care as single package under one contractual agreement. Heathbrook House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager at the home. The new manager had worked at the home for 1 week and they planned to submit an application to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 also reviewed the information we had received about the service since our last inspection. We gathered feedback from the local authority who fund some of the care provided. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who lived at Heathbrook House Care Home and 3 people's relatives to find out what it was like to live at the home and to gather their experiences of the care and support provided. We spoke with 17 members of staff including the manager, the regional director, nurses, care assistants, an activities assistant, the clinical services manager, regional support managers and an administrator.

We reviewed a range of records. This included 9 people's care records and 15 people's medication records. We reviewed a range of records relating to the management of the service which included some policies and procedures and a variety of completed audits and checks. We looked at 3 staff files to check they had been recruited safely.

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 remained the same. 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.

Using medicines safely

At our last two inspections the provider had failed to demonstrate people's medicines were managed and administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines safety had improved since our last inspection. However, some aspects required further improvement. Medicines were not always disposed of in line with current best practice guidance. Some medicines for disposal were stored in a bag. Medicines for disposal should be stored securely in tamper proof containers. In addition, a container used for the disposal of sharps contained some non-sharps items. (Sharps include needles that are used to puncture the skin necessary to carry out some nursing tasks). Prompt action was taken by the management team to address this.
- At our last two inspections the management of people's prescribed creams required improvement. At this inspection some improvements had been made. Nearly all of the prescribed creams in use had their dates of opening recorded. This is important to ensure creams remain effective and are applied in line with manufacturer's instructions.
- Staff told us they applied creams to people's skin as prescribed however medicine records for 3 out of 9 people contained gaps. The management team told us work was ongoing to improve the completion of accurate records. This work included training for staff from the regional support manager and the provider's clinical educator.
- People told us they received their medicines when they needed them. One person confirmed nurses gave them their medicine to manage their pain every day.
- The administration of a medicine prescribed to strengthen and slow 1 person's heart rate had improved since our last inspection. Records confirmed nurses had administered the medicine safely in line with prescribing instructions.
- Some people were prescribed medicines 'as and when required.' Protocols were in place to inform staff how and when those medicines should be given. For example, to manage pain. This was important to ensure people did not receive too much or not enough of those medicines.
- Checks of medicines had been strengthened since our last inspection. That meant medicine errors were identified and addressed promptly.

Assessing risk, safety monitoring and management

At our last two inspections systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection the management team told us they needed more time to ensure people always received safe care and treatment. We found the actions taken since April 2022 had started to improve safety.
- Risks associated with people's care and support had been assessed. However, 2 people's care records did not contain enough guidance to help staff manage risks.
- Staff knew how to provide care safely but instructions within 1 person's care records had not been followed because a skin patch test had not been completed to ensure a hand massage oil was safe to use. Furthermore, the oil was not stored safely. The management team took action to improve safety in response to our feedback which included adding further information to care records.
- Other risks associated with catheter care, eating and drinking, falls and diabetes were well managed. Since our last inspection changes had been made to the way nurses monitored a person's health condition. The person told us, "It's better than what it used to be. I think the staff are very good, they look after my diabetes." The nurse on duty described the process as, 'having made an amazing difference' which helped them to manage risks.
- Regular checks of the equipment in use such as wheelchairs took place to make sure it was safe to use.
- Information on how to safely evacuate people in an emergency wasn't always accurate. The provider took immediate action to rectify this. Staff completed fire safety training and understood the actions they needed to take in the event of a fire to keep people safe.

Staffing and recruitment

At our last two inspections the provider had failed to ensure there were sufficient numbers of staff available to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Five out of 6 people told us enough staff were on duty which demonstrated improvements had been made. Comments included, "It's better but I think they could do with an extra pair of hands at night time," and, "Seems enough staff to me."
- Relatives provided positive feedback about staffing levels. One relative told us, "It's better than it was, it's the same agency staff to cover shortages." Records confirmed regular agency staff worked at the home.
- The provider followed safe recruitment procedures to make sure their staff were suitable. Some new staff had been recruited since our last inspection and more staff were due to start work after our visit.
- Staff told us staffing levels had improved and there were enough of them to meet people's needs. One staff member said, "It's different to when you came last time. I don't know if it's because there aren't many residents, but we do have enough staff. We don't work short anymore."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm. However, the provider's processes were not always followed because 1 safeguarding concern had not been reported to us as required. In addition, records about another incident contained conflicting information which meant it was unclear if we had needed to be notified about it. In response to our feedback statutory notifications for both concerns were submitted to us the day after our visit.
- People continued to feel safe. One person said, "Oh yes, it's safe here, it's very secure. The care is very good." Another person told us, "I feel safe. I feel safe when the staff help me."
- Feedback from relatives confirmed their family members were safe. One relative explained they visited their loved one every day. They added, "It's absolutely safe."
- Staff had completed safeguarding training and understood their responsibility to protect people. One staff member said, "Abuse can be lots of things, shouting, hitting, taking money, sexual, even the way you talk to the resident, like controlling. That's all wrong. If you see it or suspect it, you have to report it."

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. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We saw some staff worked wearing jewellery which was an infection control risk. The regional director told us this had been addressed and discussed with staff the day after our visit.
- 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's infection prevention and control policy was up to date.

Visiting in care homes

The provider facilitated safe visits in accordance with guidance. Visitors were always welcome.

Learning lessons when things go wrong

- Inspection findings detailed within this report demonstrate some lessons had been learned.
- Staff had opportunities to attend debriefing sessions following incidents or when things had gone wrong

to support continual learning and improvement.

- Accident and incidents were recorded and analysed monthly to identify triggers or patterns. Action had been taken to prevent recurrence. For example, sensor mats had been put into place to prevent people falling.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection in 2020 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met. Comments included, "I get up and go to bed when I like, and staff know I like two sugars in my tea," "If I need to use the toilet staff usually come quickly to help me," and, "I ask for a cup of tea, I get it no problems."
- Whilst not all people and their relatives could recall being involved in care planning, 7 of the 9 people's care records we reviewed contained enough information to help staff provide responsive care.
- Further information was added to some people's care records the day after our visit. Other care records we reviewed contained detailed information including, people's likes, dislikes and preferred routines.
- Staff knew people they cared for well and spoke positively about the information sharing meetings they attended at the beginning and during their shifts to help them provide responsive care. One staff member said, "We are having extra afternoon meetings, communication is better."
- During our visit care and support was provided in a timely way. For example, the lunchtime experience had improved. People's meals were served quickly, and staff were attentive which people told us helped them to enjoy their meals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferred methods of communication had been assessed. Care records provided staff with guidance on how to communicate effectively with people.
- Information including the provider's complaints procedure was available in a variety of languages including large print and signage helped people to navigate their way around their home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were welcome at any time and staff supported some people to keep in touch with their family and friends through telephone conversations.
- People were happy with the social activities available to them which included weekly visits from school children and representatives from faith groups to support religious needs.

- A relative explained the quality and variety of social events had improved in the few months prior to our visit which had had a positive effective on their family members wellbeing.
- Three members of staff were employed to support social activities. We saw people were supported to take part in a range of activities of their choice during our visit.

Improving care quality in response to complaints or concerns

- A process was in place to respond to complaints and people knew how to complain.
- When discussing complaints, a relative told us, "Six months ago I complained about the bedroom being messy, food on the floor, bins not emptied. They (staff) sorted it out. They are good at responding."

End of life care and support

- No one at the time of this inspection was at the end stage of their life.
- Care plans contained information about people's end of life wishes and staff had received training which made them feel confident to provide effective end of life care.

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 for this key question has remained the same. 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

At our last two inspections systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate records in relation to the care and treatment of each person were not maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our 2 previous inspections managerial oversight of the service had required improvement. At this inspection some governance processes were not yet fully effective to demonstrate people always received safe, good quality care and support. For example, some medication records contained gaps and 2 prescribed creams in use did not have their dates of opening recorded.
- Care records for 2 people lacked up to date accurate information which placed them at risk of receiving unsafe care. We found the same concerns at our last two inspections.
- The providers process to inform us of safeguarding incidents had not always been followed. We had not always been notified of safeguarding concerns as required.
- The provider had not ensured all staff worked in line with their policies and good practice guidance. We saw some staff worked wearing jewellery which increased the risk of infections spreading and medicines were not always being disposed of safely.

Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate records in relation to the care and treatment of each person were not maintained. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following our visit action was taken by the management team which included adding further information to care records and notifying us retrospectively of safeguarding concerns.
- People thought their home was well managed. However, relatives shared mixed views on the leadership of the service. Comments from relatives included, "Given the circumstances and changes I think it's managed

okay," and, "There has been so many managers I've lost count, we need a manager who stays. Constant change is not good."

- The management team had changed since our last inspection. The manager had worked at the service for 1 week at the time of our visit. The regional support manager and clinical services manager had both been in post since December 2022 and the regional director had been supporting the home since June 2022.
- Staff explained the management changes had made them feel unsettled and unsupported. One staff member said, "Having so many different managers is frustrating. We just get used to doing things one way and then we have to change." Another told us, "We have had so many different types of managers coming in and out. It's been very up and down and inconsistent."
- The effectiveness of some checks had improved since our inspection in April 2022 and some new processes were in place. For example, strengthened medicine audits had identified when medication errors had happened so timely action could be taken to prevent recurrence.
- Whilst we acknowledge the improvements made so far, more time is needed to demonstrate the changes made are embedded into practice and sustained over time as occupancy at the home increases.
- In an attempt to further strengthen managerial oversight, the provider planned to change their monitoring and recording systems during 2023. The regional director told us an electronic care records system would be in use from May 2023 followed by an electronic medicine management system.
- The latest CQC inspection rating was on display in the home and was also available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people and their relatives was welcomed and listened to. One person said, "I've been to meetings, they were useful. The room cleaning times changed at our request." A relative told us. "We go to meetings, managers email me. I think they listen; they are helpful."
- Feedback was gathered from staff. In November 2022 staff survey results indicated satisfaction levels had increased since June 2022. Plans were in place to further improve staff morale and increase staff engagement to make sure they felt listened to and valued.

Working in partnership with others

- Staff worked in partnership with other professionals including GPs to support people's needs and specialist advice had been sought when required to ensure people's needs were met.
- The management team welcomed our inspection. They were open and honest during our visit and used our feedback to focus their improvement activities.
- The service welcomed audits and checks from external partners to support improvement. Staff were working in partnership with the local authority and integrated care board (ICB) to improve outcomes for people.

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

- The provider understood their responsibility to be open and honest when things had gone wrong. Apologies had been made to people and learning from complaints had been shared with staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17(1)(2)(a)(b)(c) Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. Accurate and up to date records in respect of each service user were not maintained.