

Bupa Care Homes (CFChomes) Limited

Premier Court Care Home

Inspection report

Thorley Lane East
Thorley
Bishops Stortford
Hertfordshire
CM23 4BH

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Tel: 01279758585

Website: www.bupa.co.uk/Carehomes/Premier_Court

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Premier Court Care Home is a purpose-built residential care home providing personal and nursing care to 37 people at the time of the inspection. The service can support up to 59 people.

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

At the last inspection of this service the provider had failed to ensure people were protected from the risk of harm. At this inspection we found that improvements had been made. Regular checks were made to help ensure staff worked in accordance with training and health and safety guidance. Systems in place to promote people's safety and wellbeing included checking pressure mattress settings were correct, reporting and investigating of unexplained injuries, oxygen safety and choking risks.

The provider's quality monitoring systems were not always being effectively used at Premier Court Care Home to drive forward improvements in areas such as environment, staff feedback and some aspects of care provision. Concerns raised by staff in a 2020 survey had not been addressed, shortfalls in the environment had not been escalated for action.

The service has experienced instability at manager level for the past two years. This has not had a positive effect on the staff team who feel their confidence and trust in the support provided has declined. The staff team report low morale.

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 appeared safe and contented living at Premier Court Care Home. There were enough staff, safely recruited, to ensure people's needs were met in a timely way. People and relatives praised staff for being kind and caring. Pleasant and appropriate interactions were observed between staff and people.

Staff clearly described how they could report any concerns internally to the management team and externally to local safeguarding authorities. Staff were supported through regular training, supervision and appraisals to provide safe care. Their skills and knowledge were regularly reviewed through competency assessments carried out by the nursing staff

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 09 November 2019) and there was a breach of regulation. 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 enough improvement had been made and the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Premier Court Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to quality monitoring and management of the service 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Premier Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had a manager who was applying to be registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider had not been asked to send us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including the manager, the regional support manager, the clinical lead, head of housekeeping, the chef and care workers.

We reviewed a range of records. This included two people's care records and a random sample of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and governance of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from five relatives and five staff members by telephone and liaised with health professionals and local authority commissioning teams.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question 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.

Assessing risk, safety monitoring and management

At the last inspection, the provider failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Where people received oxygen therapy risk assessments and care plans had been developed. Staff had received training in relation to potential risks and guidance was available for staff about the safe administration of oxygen. People had individual risk assessments and staff demonstrated awareness of people's individual risks. Where people were at risk of choking this was clearly recorded in their care plan with guidance to support staff to provide safe care. We noted that when these risks arose, the appropriate action was taken in response.
- People told us they felt safe. Relatives also told us they felt people were safe living at Premier Court. One relative said, "They contact me with absolutely anything that happens. I am completely kept in the loop about any aspect of [person's] care. That gives me confidence that [person] is safe". Staff told us the clinical lead was regularly around the home checking staff were working safely and supporting where needed.
- Bedrails were fitted correctly and routinely checked for safety. Risk assessments had been developed and, where people did not have capacity to consent to bedrails, a best interest assessment had been undertaken. Staff were aware of how to support people to maintain or improve skin integrity. People were supported to reposition; skin cream applied and pressure relieving equipment was in place and checked. Fluid intake charts would better support staff to reduce the risk of dehydration if they included each person's individualised daily target intake based on factors such as weight, health condition, age and degree of frailty.
- The provider had systems in place to manage fire safety. Staff training was provided, and fire drills were completed. People had personal emergency evacuation plans (PEEPS). These detailed how people should be evacuated in the event of a fire.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The provider had a process in place for staff to follow when admitting visitors into the home. However, despite prompting, the inspector's temperature was not checked and they were not asked to complete a health declaration before entering the home.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Staff did not maintain social distancing in their interactions with each other or with external professionals.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- This inspection took place on the first day of a new monthly medicines cycle in the home. This meant very few medicines had been administered from the new packets for us to assess accuracy of recording. However, we were assured by the clinical lead's robust system of monitoring medicines administration in the home.
- Written protocols were in place for medicines prescribed 'as required'. Staff had received training and refresher training to ensure their skills were up to date.
- Medicines were stored securely in a temperature-controlled environment. However, the clinical room was cramped and cluttered with little space to work safely and it was not possible to maintain effective cleaning of this space.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were appropriately reported to external agencies when needed.
- Staff had received training about signs of abuse to look out for and how to report any concerns they had within the home. Staff felt they could raise any concerns with the management team.

Staffing and recruitment

- People received support when needed. The atmosphere in the home was calm with staff going about their duties professionally and with kindness.
- Relatives told us they felt that people's needs were met by enough suitable trained care and nursing staff. One relative told us, "I think the staff have done a marvellous job, I am more than happy. I can't sing their praises highly enough." Another relative said, "There are plenty of staff, [person] feels well looked after and seems to be really happy."
- Robust recruitment processes were carried out by the provider's head office.

Learning lessons when things go wrong

- When asked, the manager felt there had not been any incidents to learn specific lessons from since they had joined Premier Court in December 2020. Instead they shared actions taken in response to shortfalls identified in routine monitoring in December 2020 to demonstrate they took learning forward.
- Staff said that messages about changes in guidance or practice were cascaded from daily heads of department meetings but they did not always feel confident they had up to date information they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection 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

- The provider's quality team undertook monitoring to help ensure standards of quality and safety were maintained. The report of a recent internal inspection showed areas of shortfall identified at previous CQC inspections were monitored to ensure improvements had been made and sustained. However, the provider's quality monitoring systems were not effectively used at Premier Court to drive forward improvements. For example, a bathroom facility noted with broken, cracked or missing tiles. Staff said it had been this way for many months. This shortfall was only added to the home's quality improvement plan after our visit as being a concern identified during inspection.
- Staff survey results from November 2020 showed 43% of staff responded. The findings indicated a 58% negative satisfaction rating citing concerns with staffing levels, burnout due to working through the pandemic, training and management arrangements. Staff comments included they did not have confidence any action would be taken from their feedback. The manager had joined the home in December 2020, they told us they had not seen the survey results until March 2021 when they added actions to the home's quality improvement plan. No action had been taken in response to the survey at the time of this inspection.
- Shortfalls identified at this inspection with staff failing to maintain social distancing in their interactions with each other had not been identified at management level as being a concern.

The provider's governance systems were not effectively used to ensure the quality and the safety of the care people received was monitored and improved. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives gave mixed feedback about the management culture at Premier Court Care Home. Some said they had good communication with the home whereas others felt communication had declined significantly in recent times. One relative told us, "Haven't seen the new manager. Had a generic introduction email but nothing else. [Name] was a good manager, always interacted with us and I know they did with [person] too. Since they left (two years ago) we do feel communication has been lost." Another relative said, "From where I am sitting, it is early days yet for this manager, but they do seem to be involved with people. So far so good."
- Staff said instability in the management team over the past two years had a negative impact on their

morale. The global pandemic had been an unprecedented challenge and with four managers in a two year period staff feel they had lost the support, trust and guidance they had previously enjoyed along the way. One staff member said they were disappointed the most recently recruited manager still did not know their name and said they rarely saw the manager around the home. Another staff member said, "[Manager] gives everyone else their job to do, seldom leaves the office." A further person said, "Staff work for the Clinical Lead, not for the manager."

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; Continuous learning and improving care

- The management team were responsive and open to all feedback on the day of inspection.
- External professionals told us they had found the staff and management at the home helpful in terms of providing information when requested.

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

- Regular meetings for people and their relatives had ceased due to pandemic restrictions. Relatives feedback varied significantly with some reporting they did not know who the manager was now as there had been so many changes in a short period. Some relatives praised the manager for their positive attitude and for being involved hands on with visitors.
- Staff also told us that there were always opportunities to speak with a member of the management team and that they found the clinical lead to be supportive.
- Incidents, complaints and events were reviewed as part of the providers continuous monitoring process. The manager reported there had not been any incidents to take learning forward from since they had joined the service in December 2020.

Working in partnership with others

- External feedback was sought from the local authority commissioning team and the Clinical Commissioning Group. External professionals had not been able to routinely visit the home during the COVID-19 pandemic however, we were told the management and staff team had engaged well with weekly telephone contact.

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 The providers quality monitoring systems were not use effectively to drive forward improvement.