

Harbour Healthcare Ltd

# Hilltop Hall Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced focused follow up inspection, which took place on 25 April 2017.

At our last inspection on 31 August and 1 September 2016, we found six breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, person centred care, need for consent, fit and proper persons employed, staffing and good governance.

Following the inspection the provider sent us a plan of the actions they intended to carry out to become compliant with the relevant regulations. This inspection was carried out to check that the provider had met the breaches in the regulations. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Hilltop Hall Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Hilltop Hall is a care home situated close to Stockport town centre. The home is on a main bus route with a bus stop outside. There is ample parking for visitors' cars.

The home provides nursing and personal care for up to 54 people. At the time of our inspection, 48 people were living at the home. People who used the service had a wide range of needs, which included older people and some people who had a learning disability and mental health needs.

The service continued not to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Because there is no registered manager, we automatically limit the rating of the well led section of this report to requires improvement. Following our inspection we were formally notified that the acting manager had left the service and the operations support manager was to register with us as the manager of the service.

At our last inspection we found six breaches in the Regulations relating to the management of medicines, recruitment practices, arrangements for the assessment of nursing residents prior to admission, the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS), staff training and quality assurance.

At this inspection, we found that a number of improvements had been made, however the home remained in breach of three of the regulations in relation to the management of medicines, recruitment practices and quality assurance.

You can see what action we told the provider to take at the back of the full version of the report.

We also found that the following improvements had been made.

The deputy manager who was a qualified nurse was now undertaking pre-admission nursing assessments for people moving into the home.

We saw that applications for deprivation of liberty safeguards (DoLS) were being sent to the local authority DoLS team for consideration for authorisation. There was some evidence that the service was chasing the local authorities concerned for authorisation, however further work could be done to improve the recording system.

We saw that improvement had been made in the numbers of staff completing basic training.

The nurses were receiving clinical supervision from the deputy manager who was a qualified Registered General Nurse (RGN) and Registered Mental health Nurse (RMN). More recently care staff had started to receive more regular supervision.

## 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.

Medicines continued not to be managed safely.

Recruitment processes and systems in place within the service continued not to be robust enough to ensure vulnerable people were protected against the risk of unsuitable people working within the service.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The new deputy manager who was a suitably qualified and experienced nurse was now carrying out assessments for people who required nursing care before they were admitted to the home.

We found that the service had made applications to the local authority to deprive people of their liberty, however not all had been authorised by the local authorities concerned.

We saw that improvements had been made in relation to the numbers of staff completing the provider's basic training for staff and more recently supervision sessions to help support staff in their roles.

**Good** ●

### Is the service well-led?

The home continued not to have a manager who was registered with the Care Quality Commission (CQC). A new deputy had started to work at the home who was a qualified and experienced nurse.

The service did have a number of quality assurance systems in place and although some action had been taken to make improvements. The systems in place had not identified all the shortfalls we found during our inspection.

**Requires Improvement** ●

# Hilltop Hall 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 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 was an unannounced inspection, which was undertaken by an adult social care inspector and a pharmacist inspector.

Before our inspection, we checked the action plans sent to us which informed us of what action the service intended to take to make improvements to the breaches we found.

During this inspection, we spoke with the acting manager, the deputy manager, the operations support manager and the quality care lead. We looked at the systems for medicines management and a range of records relating to how the service was managed; these included staff recruitment files, pre-admission assessment records, deprivation of liberty safeguarding authorisations, staff training and supervision records and quality assurance documents.

# Is the service safe?

## Our findings

At the last inspection on 31 August 2016 we found that the home was in breach of regulation 12, the proper and safe management of medicines, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had an up-to-date medicine policy. We watched some people being given their morning medicines and saw that the senior carer gave medicines in a safe and respectful way. We counted the remaining stock of a person's antibiotic medicine and found it was being correctly administered.

We looked at the medication administration records (MARs) belonging to 15 of the 48 people living in the home and found seventeen 'gaps' in the records of administration. This meant that the record did not show whether or not the person had received that dose of medicine. It is good practise to provide staff with extra guidance in the form of a protocol when a person is prescribed a medicine to be taken only 'when required'. This ensures that the person gains maximum benefit from the medicine and it is used safely. Six of the fifteen people whose records we saw were prescribed one or more medicines 'when required'. Only one person had a protocol describing how the medicine should be used.

We saw that one person was prescribed a thickener as they needed all their liquids to be thickened due to swallowing difficulties. The consistency required was written in their care record. This reduced the risk of the person choking.

One medicine that is available without a prescription, known as a homely remedy, was being given occasionally to some people without authorisation from their doctors. People are at risk of harm if a homely remedy interacts with their prescribed medicines.

Medicines were stored in a locked room. We asked the home's manager to assess whether medicines were stored securely because the room was locked by a keypad and a medicines cupboard inside the room was unlocked. We saw an unlabelled inhaler in this cupboard.

According to the home's daily record, medicines in the refrigerator were stored at the right temperature. However, the maximum and minimum fridge temperature readings were only recorded on four days in April. A maximum temperature well above eight degrees Celsius was recorded on these four days. The direction by drug manufacturers to 'store in a refrigerator' means between two and eight degrees Celsius. If medicines are not kept at the right temperature they can become less effective or unsafe to use.

Controlled drugs, medicines subject to tighter controls as they are liable to misuse, were kept safely in a cupboard that complied with the law. We checked the stock balances of five controlled drugs with the records and found that the quantities were correct. However, records of the removal of one person's pain relieving skin patch were insufficient. This meant the used patches could not be accounted for.

We were told there were no records of the use of people's prescribed emollient and barrier creams. The

senior carer told us this had happened because the system for carers to record applying these creams had changed. We looked at three people's records and nothing was written about the application of their creams. This meant there were no records to show that people's skin was cared for properly. However, a district nurse who was visiting some people living in the home told us that her patients' skin was "okay". We found a container of cream with a torn pharmacy label, removing the person's name and the date of dispensing, in one person's room. The home must make sure that creams are only used for the person for whom they were prescribed as they are that person's property.

The shortfalls we found at this inspection in the way medicines were handled meant that the home was still in breach of regulation 12.

At our last inspection we found that the system for recruitment of staff was not always safe. This was because we found shortfalls in employment histories and written explanations for any employment gaps and references. There was a system for regularly checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC.)

At this inspection, we reviewed three files and noted improvements had been made. We did however find that one staff member only had a Disclosure and Barring Service Adult First check in place. A check with DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The DBS Adult First Check was dated 09.03.2017 and advised the service to wait for the full disclosure before recruitment. We saw that the home had followed their policy and procedure in relation to recruitment and the person had been appointed and was subject to constant supervision of a fully DBS checked member of staff. No risk assessment had been carried out as to how the staff member was to be supervised to carry out their roles until the DBS Certificate confirmed their suitability to work at the home as advised by the DBS. We were informed that the staff member had left the service following our inspection.

This was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

At our last inspection of the home we reported our concerns about staffing turnover at the home and high levels of the use of agency staff. This was in part due to an incident at the home that had resulted in a number of staff being suspended so we did not put the service in breach of the regulations.

At this inspection, we asked about the staff situation at the service. We were informed that there had been a high turnover of staff, particularly nurses. However, we were told by the management team that there were no staff vacancies at the home and the numbers of agency staff being used had started to reduce.

## Is the service effective?

### Our findings

At our last inspection we found that the service was in breach of the regulations because the acting manager, who was not a nurse, carried out the nursing needs assessments though they were not qualified to do so. This meant there was a risk to people in the transfer of their care from one service, for example, hospital to the home and that vital information could be misunderstood or lost that could potentially put a nursing patient at risk.

At this inspection, we found that the service had appointed a deputy manager who was a qualified and experienced nurse. The deputy manager had taken responsibility for carrying out assessments at the home. We checked three recent nursing pre-admission assessments, which confirmed this was the case.

Our last inspection was showing that only 64% of staff had completed the basic training made available by the provider. This training included fire safety, first aid, safeguarding, moving and handling, food hygiene/nutrition, infection control, mental capacity act (MCA) and deprivation of liberty safeguards (DoLS), dementia care and dignity. Supervision records also showed that staff had not been receiving regular supervision, which included the clinical supervision of nurses.

At this inspection, we found improvements had been made. We saw that training records showed that 93.5% of staff had completed this training. Supervision records showed that the deputy manager had supervision with nurses since they started in early February 2017 though it was noted there had been a high turnover of nurses since our last inspection.

We saw evidence that confirmed training was planned for nurses in venepuncture and cannulation, catheterisation and verification of expected death. Training was planned for all staff in dementia awareness, person centred care and emergency first aid.

Records showed that supervision of care staff had increased in recent months. Supervision sessions give staff the opportunity to raise any concerns they have, share ideas to improve the service and appraise the staff members competence.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We were concerned to find that applications to people who met the criteria for DoL's had only started to be made by



the service in February 2016. We were told that twelve applications had been submitted; however, the DoLS matrix record we saw showed the details of only five of the applications and did not show the date they had been submitted.

At this inspection, we found that improvements had been made in ensuring applications for DoLS were sent. We noted that the local authority had a triage system of risk assessing applications, which placed people who were attempting to leave the home as urgent. We saw that action had been taken in relation to these authorisations but we had some concerns about the dates on them in two cases. We saw information to show the service was tracking the other applications waiting for authorisation; however the main record could be improved to evidence this.

## Is the service well-led?

### Our findings

At our last inspection, there was no registered manager for the service. The service is required to have a registered manager in place as a condition of registration. An application to register a manager with the Care Quality Commission (CQC) had been refused. The managing director informed us that interviews were being held to find a manager who was a qualified nurse with experience of being a registered manager and an appointment was likely to be made in the near future.

At this inspection, there was no registered manager in place at Hilltop Hall Nursing Home. A registered manager is a person who has registered with the CQC 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. We found that the acting manager was still in post but had still not registered with us. This was because the qualified nurse identified above only worked at the home for a number of months.

Because there is no registered manager we automatically limit the rating of the well led section of this report to requires improvement.

We saw that the acting manager was now being supported by a new deputy manager who had twenty-five years' experience of working in nursing as a deputy manager, unit manager and clinical lead and had also been a lecturer for student nurses to degree level. The deputy manager was both a registered general nurse and a registered mental health nurse. The deputy manager spoke positively about the care people received from the staff team but said that there was more to do.

An operational support manager and quality assurance nurse were also supporting the acting manager in the day-to-day running of the home.

We were informed following our inspection that the acting manager had left the service. We received a formal notification to confirm this was the case. The operations manager was to take over the day-to-day running of the service and that this person would register with us as manager. The operations manager was a qualified nurse with management experience.

At our last inspection, although there were a number of quality assurance and governance systems in place we found shortfalls in the regulations that had not been identified. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations.

At this inspection, although improvements had been made in some areas we found three continuing breaches in the Regulations, which are the fundamental standards. This meant that the homes audit and quality assurance systems were not always sufficiently robust in finding areas of service delivery that needed to be improved. The areas concerned included medicines management, recruitment procedures and quality

assurance systems.

We reviewed the last key outcomes audit carried out by the provider's care quality lead in February 2017. The audit covers choice of home, health and personal care, daily life and social activities, complaints and protection, the environment, staffing, management and administration. As at our last inspection this audit continues to rate the service as adequate across all areas.

We looked at the key performance indicators for the home for January, February and March 2017. The key performance indicators include admissions and discharges, pressure ulcers, accidents and incidents, weight loss and weight gain, medication errors, hospital admissions, contact with the coroner, safeguarding concerns, deprivation of liberty safeguards (DoLS) and Duty of Candour. We saw that none of the information was submitted to the provider by Hilltop Hall in March 2017 key performance indicators. We also looked at recent staff and management meetings, which indicated that morale amongst the staff team was low. The deputy manager told us that team building was now their top priority and they thought morale had started to increase.

The lack of effective health and safety and quality assurance systems is a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe or unsuitable medicines management. Regulation 12 (2) (g)
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	People who use services and others were not protected by the services quality assurance systems.  Regulation 17 (1) (2) (a) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe or unsuitable recruitment processes. Regulation 19 (3) Schedule 3