

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?

**Inspected but not rated**

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hilltop Hall Nursing Home is a residential care home providing personal and nursing care to 45 people at the time of the inspection. The service can support up to 54 people and is close to Stockport town centre.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported appropriately with their health needs. People were not always supported with the personal care as specified in their care plans. We have made a recommendation about activities for people cared for in bed.

The home was short staffed on the day of the inspection. The registered manager told us that this was an isolated incident and there were usually enough staff to meet people's needs. Staff told us there were often not enough staff to meet people's needs. We have made a recommendation about staffing.

We were assured that infection control practice at Hilltop Hall Nursing Home was in line with best practice guidance. Staff were wearing appropriate PPE and the home was clean.

Complaints had been dealt with in line with the home's complaints policy with the exception of one complaint that was ongoing.

People told us they were supported to have contact with relatives during the pandemic. Relatives told us that other communication from the management team was minimal and it was difficult to get through on the telephone.

The provider has made assurances about improvements that they plan to make immediately at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 28 December 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about infection control and the management of complaints. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

#### 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 will continue to monitor the service and discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation person-centred care at this inspection.

We have found evidence that the provider needs to make improvements. Please see the responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to 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 Hilltop Hall Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hilltop Hall Nursing 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 carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hilltop Hall 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 had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We also gathered information that the local authority and Healthwatch held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 staff members including the registered manager, the regional manager, the deputy manager, one activity coordinator, one nurse, one housekeeper and 7 care staff. We also spoke with a visiting healthcare professional.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and complaints management records.

## Is the service safe?

### Our findings

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to required improvement. This meant people's needs were not always met.

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

- Care plans were detailed and person-centred. However, personal care was not always delivered in line with people's care plans. For example, one person had not been supported with shaving, hair washing and nailcare in line with their care plan. A relative told us, "I was able to make a video call yesterday and saw that (name) didn't have her teeth in. The staff member that was with her didn't know anything about them."
- People did not always have access to a call bell despite their care plan identifying this as a need. One person told us they had to wait for staff to 'pass by' if they wanted to summon help. The registered manager took immediate action to ensure the person was equipped with a call bell.

The provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was short staffed on the day of the inspection. The registered manager told us that there was normally enough staff to meet people's needs and the home used a dependency tool to determine staffing levels. However, staff told us there was frequently not enough staff on duty. People living at Hilltop Hall Nursing Home told us staff were often too busy to chat and were task orientated.

We recommend that the provider reviews their systems and ensure that there are appropriate numbers of suitably qualified staff to meet people's needs at all times.

- People's health needs were met, and appropriate monitoring was taking place. One relative told us, "The care is wonderful! [Name] moved from another home and had bed sores. Within two weeks at Hilltop [Hall Nursing Home] they had cleared up and never returned. Sometimes [Name] sleeps a lot during the day and doesn't want to eat but staff make sure they get plenty of fluids."
- The registered manager was putting a new system in place to support with wound management at the time of the inspection and we discussed the benefits of sourcing some up to date specialist training for staff in this area.
- Two people told us they were dissatisfied with the range of food available. One person said, "The registered manager has been really helpful and tried to accommodate my needs even though I can be fussy." Other people told us they were happy with the options available. People were provided with a choice of food during the inspection.

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 could receive socially distanced visits from relatives in a new log cabin in the garden. Visits were facilitated in line with government directives.
- People and relatives told us that remote contact with their loved ones could be improved. Relatives said it was often difficult to get through on the telephone. The registered manager told us there are imminent plans to fit an extra phone line and a new internet connection that should boost people's connectivity to their relatives.
- People had access to activities, and we spoke with an enthusiastic activity coordinator. There was an activity room where people could do craft work. A relative told us, "[Name] is encouraged to take part in activities and the activity lady has played scrabble with them in their room".
- Some people were not regularly engaged or included in meaningful activity putting them at risk of social isolation.

We recommend that the provider refers to current best practice to prioritise meaningful interaction for people cared for in bed.

End of life care and support; Improving care quality in response to complaints or concerns

- People's wishes were captured in clear care planning.
- Relatives were usually invited to visit their loved ones if the staff recognised they were coming to the end of their lives. One relative told us, "The family was allowed to visit a couple of months ago as it was thought that [Name] was at end of their life. The visit was well organised and we were provided us with PPE'. Another relative shared, "The staff did a wonderful job, they were very caring'.
- The staff had been commended and thanked by MacMillan staff and relatives for the compassionate care provided as people were approaching the end of their lives.
- We received a complaint prior to the inspection from a relative who told us they were dissatisfied with the communication they received when their relative passed away. They had raised their concerns with the registered manager. The registered manager had provided a comprehensive response to the complainant. However, the complainant remained dissatisfied and we signposted them to the local authority to escalate their complaint.
- There was a system in place to capture and process complaints. Complaints had been dealt with to the satisfaction of the complainant with the exception of the one complaint that was ongoing at the time of the inspection.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Manager walkarounds had not identified that people had not all been supported with personal care. The management team acted immediately to address the issues we identified during the inspection.
- People were not routinely consulted with by the management team to ensure their needs were met. People, relatives and staff had not been asked to formally feedback about the quality of the service in the last 12 months. The management team told us that this had been delayed due to the ongoing pandemic and there were plans to gather feedback soon.
- Three relatives told us they felt positive about the communication the home. One relative told us, "They provide detailed information which is great. I find them proactive and responsive". Ten relatives told us they thought communication from the home could be improved. One relative told us, "There isn't any proactive contact from the home, often the phone isn't answered and when we can get through they only give a brief update. It would be reassuring to get an occasional update."
- We observed that staff interacted with and spoke about people with care and compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic. The inspection team noted their was a pleasant atmosphere a the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Systems and audits were in place to monitor the quality of care. The management team were aware of the areas for development and improvement that were needed. They told us of their commitment to improve care delivery, to fully engage with people and relatives and reassure them they could meet people's needs.
- The provider arranges a bi-annual quality service assessment from an external provider as part of their quality monitoring process. The regional manager had supported remotely during the pandemic and had returned to visiting services to complete audits at the time of the inspection. The registered manager found the senior leadership team supportive.
- Daily meetings and handovers took place with staff to ensure they had up to date information about people needs.
- A visiting health and social care professional told us, "I get a good summary from the nursing staff before I visit. Staff provide detailed information which is great. The staff are proactive and responsive, I think they tick all the boxes."

- The service liaised with organisations within the local community. They worked with the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The management team were open and honest at the inspection and took immediate action to address the issues we identified.
- After the inspection the provider carried out a full assessment of the home and provided a comprehensive refurbishment and systems improvements plan. Actions that the provider assured us they would be taking included; a review of current call bell system, introduction of a new care planning and monitoring system, new windows for areas of the building, upgrades for some of the bathrooms and new flooring in specific areas of the home.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure staff provided people with individualised care which met their needs.