

Harbour Healthcare Ltd

Hilltop Court Nursing Home

Inspection report

Dodge Hill
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Cheshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hilltop Court Nursing Home is a residential care home providing personal and nursing care to up to 50 people. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 42 people using the service.

Hilltop Court Nursing Home accommodates people across two separate floors, each of which has separate adapted facilities.

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

There had been changes of the entire management team since our last inspection. This meant some areas of improvement hadn't been fully achieved due to a lack of consistency. Existing systems in place failed to always identify the ongoing shortfalls we found throughout this inspection.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The provider had not ensured this in the absence of a manager, although policies and systems were in place to support best practice. The provider had introduced new systems to monitor quality, however these were yet to be embedded to enable sustained improvements to be demonstrated.

Although we found some improvements were still needed, we did observe positive and caring interactions between staff and people living at Hilltop Court Nursing Home. Staff sought consent before providing care and demonstrated an understanding of people's preferences.

The communication needs of people were clearly documented, and people had access to appropriate healthcare services.

Checks were in place to ensure people lived in a safe environment. Ongoing refurbishment and redecoration of the home was planned.

Appropriate checks on staff were in place to ensure they were suitable for the role before working with people. Staffing levels were safely planned, and were determined by people's needs.

People were protected from the risk of abuse. Systems were in place to monitor and appropriately report accidents and incidents to external agencies.

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 14 April 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 the provider remained in breach of regulation, however the provider had met the warning notices we had issued.

At our last inspection we recommended that the provider considered current guidance on the safe and appropriate use of tilt-in-space recliner chairs. At this inspection we found the provider had acted on this recommendation and had made improvements.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 1 February 2022. Breaches of legal requirements were found. We issued two Warning Notices in relation to Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the provider completed an action plan to show what they would do and by when to improve safe care and treatment.

We undertook this inspection to check whether the Warning Notices we previously served had been met. We also needed 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, Effective, Responsive 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.

For the key question 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 Hilltop Court Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified an ongoing breach in relation to effective governance and provider oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

We have also made recommendations in relation to consulting with people around meal options and developing a varied plan of activities for people to enjoy whilst living at Hilltop Court Nursing Home.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 Court 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 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

This inspection was carried out by two inspectors 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 Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hilltop Court Nursing 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for one month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the 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. 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 used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 4 family members about their experience of the care provided.

We spoke with 11 members of staff including the nominated individual, members of the management team, nurses, activity workers, care staff and a member of the housekeeping team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for this key question has remained requires improvement. 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 inspection the provider had failed to ensure people were protected from the risk of harm due to unsafe administration and management of medicines. This was a breach of regulation 12 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.

- Systems were in place to ensure the safe storage and disposal of prescribed medicines. This included medicines which needed to be stored in separate controlled drugs cabinets.
- Guidance was in place for all prescribed medicines administered on an 'as required' basis. This helped staff to understand why certain medicines were prescribed; and under what circumstances they should be offered to a person.
- Medicines were only administered by staff who were suitably trained.

- Although the provider was no longer in breach of regulation 12, further improvements were needed to ensure people's care was appropriately documented. For example, a number of people were prescribed a thickening product which was to be added to fluids to reduce the risk of choking. Administration records were inconsistent and didn't always confirm whether thickener had been added.
- People were prescribed creams to reduce the risk of poor skin integrity and developing pressure wounds. Administration records were inconsistent. A small number of products were out of date.
- We raised these issues and the manager told us they would immediately review current practices and check the dates of all stock held in the service.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance on the safe and appropriate use of tilt-in-space recliner chairs and act to update their practice. The provider had made improvements.

- Risk assessments and care plans were in place to mitigate risk, however in some cases care plans were not sufficiently detailed. For example, 1 person experienced distress and anxiety. The person's care plan lacked sufficient detail to guide staff on the best approaches to take to reduce their anxiety.
- Although we found aspects within care plans which needed further development, people told us risks

were appropriately monitored and mitigated. One family member said, "I am really happy with [Name's] care. They have gained weight since moving here from hospital and [staff] have discussed [Name's] dietary needs and requirements with us."

- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made before being offered employment.
- There was some reliance on agency workers to maintain safe staffing levels. Staff rosters demonstrated consistency of workers was sought wherever possible.
- Throughout our inspection, we observed staff present in communal areas to ensure people's needs were met.
- People told us staff were responsive. One commented, "There seem enough staff, they come out of everywhere when they need to."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse and staff received training.
- People told us they felt safe living at Hilltop Court Nursing Home. One person said, "I do feel safe here, it is like being in Alcatraz. Everything is okay though."
- Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a regular basis by manager and the provider. This enabled them to analyse trends and identify any lessons learnt.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 supporting people living at the service to minimise the spread 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 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.
- The provider was enabling visiting in line with government guidelines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of regulation 9 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 9.

- People's nutritional and health needs were met. We observed positive interactions during mealtimes and people took their meals in their preferred places. Some people were given meals on melamine plates and cups, however the need for this was reflected in care plans.
- Most people we spoke with were positive about the food available. Comments included, "The food is alright. Yes, there are choices each day," "The food is very nice. They lay it all out lovely" and, "The food is smashing. There is a couple of choices every day and its usually very good."
- We noted the choice of meals on the day of our inspection was between two spicy options. No complaints were received in relation to this, but we discussed the variety of options with the new manager.

We recommend the provider review the current menu options available with people to ensure the appropriateness of available choices of meals each day.

- Staff worked with other agencies to ensure people received consistent, effective and timely care. However, a recent focus on oral health by the provider had not been maintained and we found evidence needs were not always being met in this area. We discussed this at length with the provider who told us this would again become a focus within the service.
- People confirmed they were supported to access their GP and other health services when required. One family member told us, "I find [Staff] are on the ball. [Name] had a problem with their feet and straight away [staff] got a chiropodist involved. I've no complaints at all. [Staff] ring me to see if I want to attend [Name's] hospital appointments and if they have had a doctor out so yes, I'm happy."

Adapting service, design, decoration to meet people's needs

- Since our last inspection, a number of improvements had been made to refurbish communal areas of the home and make them more accessible. However, some aspects of the environment needed further consideration.
- Desks had been placed in communal lounges to ensure staff could maintain safe and effective observations of people. However, this made the environment feel unhomely. We discussed this with the manager who was planning to purchase new furniture and room dividers to address this.
- People had the equipment they needed to be supported effectively. Some people's bedrooms had been personalised. However, other bedrooms were sparse and lacked personalisation. The new management team was addressing this at the time of our inspection. Memory boxes had been introduced and family members had been asked to bring in pictures and meaningful items.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A number of people who lived at Hilltop Court Nursing Home had been assessed as lacking capacity to consent to living at the home, or to aspects of care designed to mitigate risk; such as needing bed sensors and bed rails. Records were not always up to date and one person's DoLS authorisation had recently expired. We raised this with the management team who took immediate steps to address this.
- During the inspection we observed staff asking people for consent before they delivered care and knocking on closed bedroom doors before entering.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been assessed before they moved to the service. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health and social care professionals.

Staff support: induction, training, skills and experience

- Staff received an induction when they started employment and completed the training they needed to support people effectively. Training records were maintained.
- Some staff needed to complete refresher training. The manager was aware of these gaps and had plans in place to address this through supervision.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires 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; 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

At our last inspection the provider had failed to ensure people were provided with individualised care that met their needs. This was a breach of regulation 9 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 9.

- There had been a number of recent staff changes at the service, however we were told staff knew people well. Comments from family members included, "They know the little things that [Name] likes, like the sugars in tea and [Name's] favourite biscuits. They are small things, but they do make a difference" and, "Some of the [Staff] who look after [Name] know them really well."
- Although the provider was no longer in breach of regulation 9, further improvements were needed to ensure people's needs and preferences were appropriately documented. The quality of this information within care plans varied. The manager was in the process of auditing care plans to improve this; with support from the provider and the local authority.
- There was a small team of activity staff; a further staff member was being recruited. Feedback was mixed about the variety of activities on offer and we observed limited activities taking place during our inspection. Comments included, "I'm happy being here. There is enough for me to do. I colour to pass the time," "There is not a great deal to do" and, "[Name] doesn't really join in with things anymore as [Name] hasn't much capacity. They do sit with [Name] in their room though so [Name] does get interaction with staff and I think the activities people do try things."
- The spiritual needs of people were considered when planning activities. One staff member told us, "The priest does visit, usually once a week and a couple of our residents are given holy communion."

We recommend the provider reviews the activities currently available to people to ensure people are encouraged to pursue their hobbies and interests; taking into account best practice guidance when supporting people who live with dementia.

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.

- The communication needs of people were assessed and understood.
- Information about the home was available in different formats and languages upon request.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained.
- People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

- Care plans demonstrated personal wishes were documented. Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were placed prominently in care files.

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 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to maintain full oversight of the operations of the home. This was a breach of regulation 17 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.

- Since our last inspection, the provider had introduced a new system of audits to increase the quality of monitoring within the service. However, inconsistent and interim management arrangements meant these audits had not been fully introduced or embedded. In the absence of a regular manager, systems had not been robust enough to monitor the status of DoLS applications within the service.
- Existing systems continued to fail to identify all of the issues we identified at this inspection. For example, oral care had been a focus of improvement, but we found examples when needs were not being met. Medicines management had improved in some areas, however accurate record keeping and care planning remained areas needing further improvement.

Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new management team was in place, including a manager who was in the process of registration. The management team was receptive to feedback about the issues we found and took immediate steps, when appropriate to rectify shortfalls.
- The manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.

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

At our last inspection the provider had failed to make improvements to ensure people's quality of care

delivery and environment was person-centred and individual to their needs. This was a breach of regulation 17 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.

- The provider had a service improvement plan in place which demonstrated actions which had been taken in response to our last inspection. Progress had been made in a number of areas; but not all. Improvements were still needed to develop plans of meaningful activity for people and to personalise some people's bedrooms.
- Some family members told us frequent management changes had impacted on the communication they received. Not all people had yet met the new manager or built a trusting relationship. Comments included, "Communication isn't very good. They don't really keep me informed of how [Name] is very much. When we phone to speak to [Name] some just say they are okay, not much info" and, "It's rare I can get through on the phone, it can ring for ages sometimes. When I am here though they do answer my questions, I'd just like a bit more chat how [Name] is when I phone."
- Team meetings and staff supervisions had been inconsistent in recent months. This meant staff had not always been able to discuss issues or contribute their views about how the service could be improved.

Systems were not robust enough to fully demonstrate the care and environment was person-centred and individual to people's needs. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The new manager had started to complete regular meetings with family members, people who use the service and staff to address the outstanding areas of improvement identified through this inspection.

- Although we received feedback which indicated communication could be improved, most people living at Hilltop Court Nursing Home told us they were happy, we observed some caring and respectful interactions by staff. A family member also us, "The staff are good. Friendly, they know us now and they are always busy, but they make time to answer any questions that we may have."

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 manager demonstrated an understanding of their responsibilities under duty of candour.

Working in partnership with others

- Information contained within care plans and received as part of our inspection demonstrated the staff at Hilltop Court Nursing Home worked in partnership with other agencies.

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	<p>Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p> <p>Systems were not robust enough to fully demonstrate the care and environment was person-centred and individual to people's needs.</p> <p>Regulation 17(1) (2) (a)(b)(c)(e)(f)</p>