Bupa Care Homes (GL) Limited

The Highgate Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Highgate Nursing Home can accommodate a maximum of 55 adults of all ages with a range of nursing care needs.

This inspection took place on 8 April and 5 May 2015 and was unannounced. After our first visit we gathered further feedback about the service and then made a second visit to confirm information and feedback that we had received. At our last inspection in June 2014 the service was meeting the regulations we looked at.

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

The staff of the service had access to the organisational policy and procedure for protection of adults from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located and other authorities who also placed people at

Summary of findings

the service. The members of staff we spoke with said that they had training about protecting adults from abuse, which we verified on training records and staff were able to describe the action they would take if a concern arose.

We found there were the designated number of staff on each floor during our visits, this helped to ensure that staff were working with people who they had come to know and could quickly identify any changes to people's care and support needs.

We saw that risks assessments associated with people's day to day care, for example if someone was at risk of falling, were compiled and regularly reviewed. The instructions for staff were detailed and clear and included what action should be taken to minimise these risks.

We saw there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA and DoLS safeguards appropriately and making the necessary applications for assessments when these were required.

People were supported to maintain good health. Nurses were on duty at the service 24 hours and a local GP visited the home each week, but would also attend if needed outside of these times. Staff told us they felt that healthcare needs were met effectively and this was confirmed by a local GP who regularly visited the service.

Most of the people we spoke with who either used the service, and relatives, praised staff for their caring attitudes. The care plans we looked at were based on people's personal needs and wishes. Everyday things that were important to them were described so that staff could provide care tailored to meet their needs and wishes.

People's views were respected as was evident from conversations that we had with people using the service, relatives, visitors and staff. We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views.

The service complied with the provider's requirement to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and sought people's feedback on how well the service performed and outlined any the areas of improvement that were necessary to maintain the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff demonstrated the necessary awareness of what to look for and to do if anyone using the service was at risk of abuse or harm.

People's safety and any risks to that were identified and reviewed and action was taken to minimise any potential risks that people faced.

The service had suitable numbers of nursing and care staff on duty throughout each day to maintain safe care.

People's medicines were obtained, held and administered safely by staff that were trained and qualified to do this.

Is the service effective?

Good

The service was effective. Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service.

People's consent to receiving care was obtained prior to any care task taking place, which we observed.

People were assisted to maintain a healthy diet and were able to exercise choice in what they ate or drank.

Healthcare needs were responded to effectively and effective arrangements were in place to obtain specialist medical advice as and when required.

Is the service caring?

Good

The service was caring. Throughout our inspection, staff were observed talking with people in respectful calm and dignified ways. We saw that when staff were providing assistance this was always explained, for example when assisting them with eating and drinking.

People felt that they were cared for and had a good degree of trust with the care and nursing staff who worked with them.

Is the service responsive?

Good

The service was responsive. We found that people were engaged in daily activities and had choice in what they did or did not wish to take part in.

People's views, comments and complaints were listed to and received the appropriate response.

Is the service well-led?

Good

The service was well-led. The provider had a system for monitoring the quality of care. Surveys were carried out centrally by the service provider.

The comments made by people using the service, relatives, visitors, stakeholders and staff demonstrated that people were usually satisfied with the service and the way that it operated.

The Highgate 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 inspection was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 8 April and 5 May 2015. The inspection team comprised of two inspectors and an expert by experience who had specialist knowledge of caring for a person who used care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR), which they did. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams and the local specialist NHS trust nursing team.

During our inspection we also spoke with six people using the service, two relatives, a visitor, the GP for the home, six members of staff (four care staff and two nurses), the deputy manager and the registered manager of the home.

As part of this inspection we looked at eight people's care plans. We looked at the training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring, audit information, maintenance, safety and fire safety records.

Good

Is the service safe?

Our findings

Almost all of the people we spoke with who lived at the home told us they felt safe. For example, they said "I have a very comfortable room, I'm well cared for and I have felt safe here", "I have felt safe here" and "the nurses are very good to me, the carers could be better, one male has shouted at me." We raised this comment with the registered manager who said they would immediately speak with the person and find out if they could help to identify the care worker in question in order to address this person's comment.

The relatives and visitor told us "[Relative] has been safe from any sort of harm", "the home is always clean" and "the Home is very clean, I've seen it happening." Someone told us that their wheelchair was a size too small and wondered how movement around the narrow corridors and doorways would affect them when the replacement chair arrived. We raised this with the registered manager who said that staff would work with this person to make sure they could move around as they familiarised themselves using their new wheelchair when it arrived. People told us they were free to move around the Home, which we saw during our visit. Staff were observed assisting people who had mobility difficulties and needed help to move around.

Some people thought there were enough staff, others did not. The staffing level at the home had not changed since our previous inspection and although we did not believe that staffing was insufficient the comments made by people who had this perception are noted.

The service had access to the organisational policy and procedure for protection of adults from abuse. They also had the contact details of the London Borough of Islington which is the authority in which the service is located. The members of staff we spoke with said that they had training about protecting people from abuse and they were able to describe the action they would take if a concern arose.

It was the policy of the service provider to ensure that staff had initial safeguarding induction training when they started to work at the home, which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening and that staff who were overdue for refresher training had been identified for this training to be arranged as a priority.

At the time of this inspection there were no safeguarding concerns. We found that where concerns had previously arisen that these were responded to properly.

Where people were identified as at risk of pressure sores we saw that detailed and clear information was provided to staff to minimise this risk. Actions included provision of air mattresses and instructions concerning the monitoring of these, regular recording of a person's weight, their need for fluids and a balanced diet, checks required on skin integrity and the application of barrier cream.

During our inspection we looked at eight care plans. We found individual risk assessments for tissue viability, moving and handling, falls and the use of bed rails had been carried out for each person. Risk assessments were being reviewed regularly.

We saw that people were supported with their medicines and these were stored safely. The designated nurses for each floor were the only staff permitted to provide medicines to people. On the day of our first visit we observed medicines being administered after lunch on the first floor. We saw that the nurse talked with people about their medicines and they had been given information about what their medicines were for. People said they got their medicines when they expected to and could request painkillers if they needed them.

Nursing staff informed us that there was no covert administration of medicines, however people who required their food and fluid intake via a tube needed to have their medicines crushed (for tablets) and administered via their liquid feed. We observed medicines being issued on one of the floors and found this was done correctly and recorded properly. Each person's medicines administration chart had a front page with the person's photo, any allergies or special considerations, for example possible side effects.

We saw that when medicine trolleys were not being used they were chained to the wall of the treatment room for additional security, the room itself then also being locked. There were controlled medication storage cabinets on the first and ground floors and we found no concerns about storage of controlled drugs or recording of their use. Each treatment room had a medicines trolley for current medication, a cabinet for unused medication that was awaiting collection by the pharmacy, and another cabinet for storage of medication supplies not in current use.

Good

Is the service safe?

The most recently published comprehensive infection control audit, carried out by the provider in November 2014, showed the service operated well in keeping people safe from the risk of infection.

During our visit we checked the communal areas of the home which were all clean and well maintained. We saw records of health and safety checks of the building and the appropriate certificates and records were in place for gas, electrical and fire systems. We saw that hoists and slings used to support people with transfers were regularly checked and these checks were up to date to support people's safety. The provider had emergency contingency plans for the service to implement should the need arise.

Good

Is the service effective?

Our findings

People told us that "I think they [staff] are well qualified to look after people", "they are always busy but some of them have time to chat some of the time", "the staff are very busy but they do stop and chat". A relative told us "they do interact (with their relative)". Staff were observed to work without supervision. We saw that staff asked people for their consent before carrying out care tasks. People told us that interaction with them by staff was good and we saw this during our visit.

In respect of meals provided people told us "I have enough to eat and enough to drink", "the food is ok but it is a bit plain, there is a choice of meals and you choose just before, they change my water every day". Other people told us "I can't taste anything and the food is always cold when it arrives", "the food is not bad", "the food is OK and there's always liquids" and "the food is good and portions are OK, they bring tea around during day". We raised the comment made about food with the registered manager who said they would discuss this with the chef.

We asked people about their access to medical care and were told "I don't need to see the doctor but can if I want" and "there is a Chiropodist who visits". A relative told us "if [my relative] needed a visit from a medical professional, they would organise it."

We looked at records which showed that staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service. Staff attended regular training which included infection control, safeguarding adults, moving and handling and fire safety.

Staff were positive about the range of training opportunities available to them. We were told by a nurse that "I'm supported to keep up to date with my nursing training" and a care assistant told us "I think we get a lot of training, we are always getting information about it."

Staff also told us they received supervision four times a year. When we looked at a sample of staff supervision records we found this was happening, with nursing staff having more regular clinical supervision and practice observations. The staff we spoke with found this time helpful in support of their work and had a good understanding of the aim of supervision.

Senior staff understood their responsibilities under the Mental Capacity Act 2005. Senior staff were also aware of the Deprivation of Liberty Safeguards. The care staff we spoke were able to tell us what these areas meant in terms of their day-to-day care and support for people.

Where Deprivation of Liberty Safeguards decisions had been approved the service, we found that the necessary consideration and consultation had taken place. These assessments were mostly made in in terms of the use of bedrails and the poor physical health of people whose physical condition prevented them from providing informed consent. The home had notified CQC accordingly. We confirmed this by looking at the number of approvals listed by the service in comparison to the information that we had been supplied with.

We observed lunch in the ground floor dining room. Two staff members served five people at tables. One person was being helped to eat their meal. Others were served in their rooms. There was a choice of soup, two main courses and two desserts with drinks. The main dish smelt tasty, looked appetising and was served hot. Alternatives were available other than what was described on the menu if people preferred. Staff were offering and describing the meals being served to people. The service of meals to other floors was by separate hot trolleys taken up to these floors. Tea or coffee and biscuits were served to people in the morning and the afternoon. People had water or juice in the lounges, if sitting there and in their rooms.

We found that nutritionist advice was available from the local health care services when required and the service had sought this advice when assessments and advice were thought by care staff to be needed.

The home was periodically visited by the local authority in partnership with the local NHS trust specialist nursing team. This team visited all care homes within the London Borough of Islington to randomly sample care plans for the action each service took to address areas such as tissue viability, care planning and assessment and nutrition. The most recently published quarterly audit in January 2015 had found no concerns about the home's management of healthcare needs.

Nurses were on duty at the service 24 hours and a local GP visited the home each week, but would also attend if needed outside of these times. We spoke with the GP who told us they thought that staff worked well and that staff

Good

Is the service effective?

are respectful and very responsive to questions that are asked. Staff told us they felt that healthcare needs were met effectively and the GP for the home confirmed this when we spoke with them.

Good

Is the service caring?

Our findings

People spoke very positively about their care and about care staff generally. They told us “the staff are extremely good to me and I’m very lucky and happy to be here”, “the staff are very considerate, kind and caring”, “the staff do visit and they usually knock on my door” and “they do respect my dignity by knocking and shutting the door”. A relative and visitor told us “they are always very attentive and caring” and “the staff are generally nice to him ”.

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and use people’s first name. Dignity and privacy were seen to be respected and people living at the home, relatives and a visitor said they experienced it. Opportunities to exercise choice were evident and this too is what people told us they experienced.

Care plans we viewed provided the opportunity for people, and relatives, to tell staff about their life history and this was added to whenever new information was provided. We found that care plans showed the degree of involvement that each person, with the help of their relatives if necessary, had with reviewing their care needs.

Each person had their own room, which could be individually personalised by bringing in ornaments, pictures and items of furniture, within reason, and we saw that people did this. People’s bedroom doors were able to be personalised to allow them to recognise their own rooms.

The home also had a system called “Resident of the day”. This was designed as a special day for each person which came around approximately every two months where all services at the home would aim to do something outside of the normal routine for the person.

Pets As Therapy dogs came to the home regularly and children from the local primary school helped people with table gardening and entertaining people at times throughout the year. Staff were allocated to work on a particular floor, which enabled them to develop good relationships with people using the service, their relatives and friends.

People’s religious, cultural and personal diversity was recognised by the service. The registered manager informed us that most people using the service were of Christian faith. The home had links with local places of worship and we were informed by staff that advice was sought if the staff team needed to check to ensure people’s cultural and religious identity were respected.

We saw each person had an advanced care plan in place for end of life care where this was applicable. This stated the person’s wishes in terms of being admitted to hospital and whether they wanted to be resuscitated. We found that people had “Do Not Attempt Resuscitation” (DNAR) orders in their care plans if they had stated they did not to be resuscitated in their advanced care plan. The home used the “Gold Standard Framework” for end of life care and relatives had the opportunity to stay with people as they approached the end of their life.

Good

Is the service responsive?

Our findings

Relatives and other visitors were present throughout the two days of our inspection and we saw that they were made to feel welcome.

People told us "I join in with some things, I enjoy painting and I can sit outside", "there is enough for me to be interested in" and "occasionally I see the activities co-ordinator". A relative told us, "Some days there is something that will be of interest, but it's quiet at the weekend." Other people told us "I don't get one to ones but I have a lot of visitors" and "I like to do things, especially music, I get some physio but could do with more". We raised these comments with the registered manager who said they would look into the questions that some people had raised.

When we asked people about concerns or complaints we were told "I've never needed to complain, I've got nothing to grumble about, my daughter can visit at any time" and "I get visitors who come from time to time and there are no restrictions. I've no grumbles, but I think I could approach the management if I was unhappy about something". A relative told us, "I've never complained but would if not happy about something. I've not experienced a relatives' meeting. There are no restrictions to my visiting and I can have lunch when I come."

We saw that prior to the admission of people to the home, a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people's needs when they began living at the home.

People told us that they knew about activities that took place and notices about activities and events were displayed around the home. Some people found it difficult to leave their room for activities, and specifically for people who were bedbound, but they were visited for one-to-one time by an activities coordinator. In the morning of our visit we initially did not see any activities taking place although we later confirmed that this was the time that the activities co-ordinator spent one to one time with people who were unable to leave their room. We found a group activity for people taking place the same afternoon.

We looked at the care plans for eight people. The care plan format provided a framework for staff to develop a care plan tailored to people's individual needs and we were shown a new format that was being introduced. The new format made it possible to see the most important information about current and most immediate care and support needs and staff told us they were working towards this new plan being introduced for everyone living at the home.

People's individual care plans included information about life history, cultural and religious heritage, daily activities, communication and guidance about how personal care should be provided.

People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as the tissue viability nurse and dietician to ensure people received safe and effective care and to reduce the risk of malnutrition.

It was evident from the comments that were made by people living at the home, relatives and other visitors that they knew how to complain and felt confident that they would be listened to. We looked at the complaints that the home had received since our previous visit in June 2014 and found that very few comments of concern were made and often comments were received praising the quality of care and the overall service provided.

Good

Is the service well-led?

Our findings

People living at the home told us "I know the people who work here", "the manager pops in from time to time. I think she likes to keep an eye on everyone" and "the manager is always around and she is approachable and nice". Relatives and a visitor told us "there is an open culture here, you can approach anyone, anytime", "the management of the Home is OK, staff work as a team", "I'm very happy with this home, this is the best one in this area", "they [management] seem responsive" and "they attended to a request very quickly".

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff felt comfortable to approach the registered manager and senior staff. We were told by staff that "We have regular discussions as a team about people's care and support, we are always talking", "We have people visiting all the time to check that we are doing things right from BUPA, the Whittington Hospital and the local authority", and "there are more changes taking place, but I think it shows that we do care."

We found that there was clear communication between the staff team and the managers of the service. People's views were respected as was evident from conversations that we had with people and those that we observed. Staff told us that there were meetings, which we confirmed, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care. The home's registered manager was required to submit monthly monitoring reports to the provider about the day to day operation of the service. We looked at the most recent reports for the last three months and found that these covered a wide range of areas. This included action to be taken to address any shortfalls in the expected level of performance of the service. Surveys were carried out by an independent survey company on behalf of the provider. The most recent survey had not been published at the time of this inspection but feedback we saw that the home had received showed a high degree of confidence in how the service was run.

Views from stakeholders were also gathered although this was a more continuing basis as other professionals, for example the local NHS trust nursing team, social workers and the local authority, had regular contact with the home. Feedback that CQC had received since the previous inspection showed that the performance of the home had remained at an overall good standard and that quality of care matters were kept under regular review.

The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified. We found that the home received reports after each of these reviews, which were wide ranging and covered the whole range of services that the home engaged in providing from direct care, housekeeping / hygiene, meals service and maintenance. We found these reviews resulted in action plans to address any matters arising and to seek ways to continually improve upon the quality of the service provided.