

Trustees of British Home & Hospital for Incurables

British Home & Hospital for Incurables

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The British Home and Hospital for Incurables (which is known as The British Home) is a nursing home. The British Home provides nursing care for up to 127 adults with physical disabilities.

People's experience of using this service:

- People continued to be protected against the risk of avoidable harm and abuse as the registered manager had robust risk management plans in place that were reviewed regularly to reflect people's changing needs. Staff were aware of how to identify, respond to and escalate suspected abuse.
- Sufficient numbers of staff were deployed to keep people safe. The registered manager carried out robust pre-employment checks to ensure staff were suitable to work at the service.
- People's medicines were managed in line with good practice and administered as intended by the prescribing Pharmacist.
- People continued to be protected against the risk of cross contamination as the registered manager had robust infection control measures in place.
- People received care and support from a service that was well-led. People, their relatives and staff spoke positively about the registered manager and the rest of the management team.
- Audits were regularly carried out at the service to monitor the service provision. Issues identified during the audits were responded to swiftly to minimise the impact on people.
- People's views were sought regularly to drive improvements through regular house meetings, quality assurance questionnaires and daily discussions.
- The registered manager encouraged partnership working with other healthcare professionals to monitor the service provision and enhance people's lives.

Rating at last inspection: The service was previously inspected on 1 September 2017 and rated Good overall and Requires Improvement in the key question, is the service effective?

Why we inspected: Prior to this inspection we were made aware of issues that placed people at risk.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

British Home & Hospital for Incurables

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of alleged poor practice that potentially placed people at risk.

Inspection team:

This inspection was carried out by two inspectors, one specialist 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. The specialist advisor was a registered nurse.

Service and service type:

The British Home is a nursing home that was providing personal and nursing care to 127 people. At the time of the inspection there were 78 people using the service.

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:

The inspection was unannounced and commenced at 6am.

What we did:

Prior to the inspection we reviewed information we held about the service, for example the provider

information return (PIR) and information shared with us by members of the public. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people, three relatives, two activities coordinators, two maintenance personnel, six staff members, two registered nurses and the registered manager. We looked at seven people's risk management plans, medicines administration records (MARs), staff files, maintenance file and other records relating to the management of the service.

After the inspection we contacted two healthcare professionals to gather their views of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection we received anonymous information that female residents were supported with their personal care by male staff members without the presence of female staff. People told us, for example, "If I am cared for by a male member of staff, there is always a female staff member present." We found no evidence to support the anonymous information received.
- People and their relatives told us they felt safe at The British Homes. One person told us, "Yes, I am safe. It's the people who work here that make me feel safe." Another person said, "I am definitely safe. Everything makes me feel safe." A relative said, "I have absolutely no concerns. I think she is very safe. The staff are really good." A healthcare professional told us, "The number of safeguarding for my clients are minimal, there have been no major accidents."
- People continued to be protected against the risk of abuse as staff were aware of their responsibilities in safeguarding people from the potential risk of abuse. Staff told us, "We work with the resident, protect them from any kind of abuse" and "Safeguard people from abuse, for example emotional or financial. If someone was at risk I'd let the nurse in charge know, if not doing anything I'd tell the clinical lead then the home manager."
- Staff continued to receive safeguarding training, which enabled them to identify, respond to and escalate suspected abuse.
- The registered manager responded to suspected abuse swiftly, ensuring notifications were submitted to the Commission and relevant local authority safeguarding teams.

Assessing risk, safety monitoring and management

- Prior to the inspection we received anonymous information that people were not always supported when their skin integrity deteriorated, to support the management of any pressure sores. We found no evidence to support the anonymous information received.
- One relative told us, "[My relative] has had no bedsores since she came here. She is turned every 2 hours." A healthcare professional said, "I haven't looked at any risk assessments recently, but the ones I have seen were adequate."
- We spoke with staff that demonstrated their competence in caring for people with pressure sores. They told us, "We make sure they [people] don't have pressure sores, we check their skin and use creams as prescribed by doctors." Staff told us about how they supported people with repositioning, checking air mattress pressures daily and highlighted any concerns to the tissue viability nurse.
- Records showed the registered manager carried out quarterly audits which included for example, monitoring the number of pressure sores identified in the previous three months, and where required action taken to address any issues, trends or patterns. We identified that in the period January to March 2019 there had not been an increase in pressure sores that developed within the home.

- One person's records required updating to ensure the current status of a sensitive matter, clearly guided staff as to how to ensure the person and others were safe. We raised this with the registered manager who was able to verbalise a comprehensive update and assured us that the person's risk assessment would be fully updated. After the inspection, the registered manager submitted updated risk assessments. We were satisfied with the registered manager's response.
- People had a variety of risk assessments in place to assess their needs and guide staff as to how to mitigate the potential risks to people. Risk assessments covered areas such as skin integrity, nutrition, falls and mobility and any risks to themselves or others.

Staffing and recruitment

- Prior to our inspection we received anonymous intelligence that staff were not allocated enough rest days between shifts and that there were not enough staff to meet the needs of people at the home.
- We reviewed the staff rota for two months since the beginning of 2019. Unless staff had chosen to work additional shifts, we found that there were sufficient breaks for staff between their working days. We found no evidence to support the anonymous intelligence received.
- On the day of inspection, we saw that staff were prompt when responding to people's call bells. One person told us, "They [staff members] do come if I press my bell. Mostly there's enough staff." Another person said, "There are always people around if you need help. They [staff members] come quickly if I ring my bell."
- Staff told us they felt staffing levels were sufficient. Comments included, "Yes, there's enough staff, six-seven carers every day and two nurses [on one floor]. We have two half hour breaks in the day" and "We always have enough staff...Yes [enough days off]. We get one weekend on and one off."
- People were cared for by staff that had been safely recruited. We reviewed seven staff files and they all contained suitable references and evidence of employment history to show that suitability had been considered.
- All staff had an up to date Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses were up to date with their Nursing and Midwifery Council (NMC) registration.

Using medicines safely

- Prior to the inspection we received anonymous information that there had been multiple medicines errors. We found no evidence to support the information received.
- People continued to receive their medicines in line with good practice as the registered manager had robust systems and processes in place to manage people's medicines safely.
- One person told us, "My medicines are always well organised." A healthcare professional said, "Some floors may be more organised than others, but I know they are always looking to improve and are requesting audits to be done. Having spoken to them, in the main they do [manage medicines] in terms of good practice."
- Medicine administration records (MARs) had no gaps or omissions and were completed accurately.
- As and when required (PRN) medicines were administered as intended by the prescribing Pharmacist.
- There was a robust medicines policy in place, which detailed the procedure for the safe management of medicines, for example, ordering, administration, recording and destruction of medicines.
- Medicines audits were carried out regularly and stocks and balance checks were accurate.
- Medicines were kept locked in designated treatment rooms, which were temperature controlled and medicines fridges were temperature checked daily.

Preventing and controlling infection

- People continued to be protected against the risk of cross contamination as the provider had robust

infection control measures in place.

- People confirmed their bedrooms were cleaned regularly and during the inspection we observed the premises were clean and well maintained.
- The kitchen area was clean and appropriate daily checks were carried out of the kitchen to ensure a high standard of hygiene was kept.
- Staff were aware of their responsibilities in relation to infection control, telling us, "We have to promote and prevent the spread of infection. Washing hands is the most important one" and "We use gloves, aprons kept in each person's room and wash hands and change between each resident."

Learning lessons when things go wrong

- People continued to be supported by a staff team that reflected on incidents and accidents to minimise the risk of repeat incidents.
- Any incidents or accidents were suitably investigated and reviewed by management to ensure that appropriate action had been taken, in a timely manner.
- We reviewed the reported incidents and accidents and saw that these had been investigated with an analysis searching for any patterns to inform learning from the incidents.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People continued to receive personalised care and support from knowledgeable management that were aware of their responsibilities and regulatory requirements.
- People and their relatives spoke positively about the management of the service. Comments included, for example, 'Without a doubt, this home is well run', 'I believe the management is quite good. The new clinical lead is on top of things, he seems keen and committed' and 'This place is definitely well organised, everything I need is done'.
- Staff were also positive about the management support they received. They told us, "They [management] are doing their duty of course, to protect staff as well" and "They [management] are fantastic. They listen, they help you in any way. The clinical lead is fantastic and [registered manager] is wonderful. They support with anything you want."
- The registered manager carried out regular audits of the service to drive improvements. Audits included, for example, medicines management, care plans, training, maintenance and risk management plans. Records confirmed issues identified during the auditing process were acted on in a timely manner.
- The registered manager's visions for the service were shared throughout the staff team and included to provide good care that was transparent and positive conduct.
- The registered manager had clear understanding of their role and responsibilities in line with the Health and Social Care Act 2014. The registered manager submitted statutory notifications to the Commission in a timely manner.

Continuous learning and improving care

- The registered manager was committed to improving the service in line with good practice. Since the last inspection the registered manager had employed a new manager with the long-term view of handing over direct day-to-day responsibility and for them to assume the role of registered manager. This meant the current registered manager would then assume the overall role of director of care.
- Through regular monitoring of the service, feedback from people and team meetings, this enabled the registered manager to focus on areas of improvement in line with the provider's values.

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

- People continued to be encouraged to develop the service through regular house meetings and quality assurance questionnaires.

- One person told us, "We have regular meetings, and they [management and staff] do listen to my views."
- We reviewed the results from the latest quality assurance questionnaires from June 2018; and found 84% of completed questionnaires stated they felt safe, 100% felt the cleanliness of the home was of a good standard and 67% felt confident their concerns and complaints would be addressed.
- The registered manager took action to address people's views to drive improvements, for example, improvements had been made in order to make it clearer who to raise concerns to and what the processes were. The registered manager had also responded to those that felt activities weren't always accessible to all residents, by finding new ways to increase the diversity, range and accessibility of activities.

Working in partnership with others

- The registered manager continued to encourage partnership working with other healthcare professionals and stakeholders, to improve the service provision.
- A healthcare professional told us, "[Partnership working] is usually quite good, and I haven't got an issue with that. They're open and cooperative and take into account of my views."
- The registered manager told us partnership working included, working with the community psychiatric nurses, local authority placement team, social workers, psychologists, nutritionists, speech and language therapists, tissue viability nurses and the hospice team. The registered manager also said, "We work collaboratively as there are many [healthcare professionals] involved to ensure all aspects of the persons needs are met." Records confirmed what the registered manager told us.