

## **Methodist Homes**

# Hartcliffe Nursing Home

### **Inspection report**

15 Murford Avenue Hartcliffe Bristol BS13 9JS

Tel: 01179641000

Website: www.mha.org.uk/care-homes/nursing-care/hartcliffe

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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

Hartcliffe Nursing Home is a care home which provides personal and nursing care to up to 66 people. Thirtynine people were living at the service at the time of our inspection.

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

We were assured that people were protected by the prevention and control of infection.

Systems and processes were in place to protect people from the risk of harm or abuse. Staff understood the importance of safeguarding people. When risks were identified, action was taken to protect people as necessary.

Staffing levels were regularly reviewed to ensure people's needs could safely be met. There were enough staff in post to meet people's needs and keep them safe. We received positive feedback from professionals and relatives about staff and the management team. Staff were passionate and committed to caring for people in a person centred and professional way.

Although a concern had been raised about the storage of some medicines, during our inspection, we did not find any medicines incorrectly stored. A policy was in place and regular audits carried out to ensure medicines were stored, managed and administered safely and in line with legal requirements.

Staff were committed to supporting people in a person-centred way to have a good quality of life. We were told about ways in which people's individual needs were met which showed staff knew people well and treated them with respect. Some staff had worked at the service for many years and all the staff we spoke with were positive about the service.

The management team understood their responsibilities, and the service appeared organised and well run. The provider ensured systems were in place to monitor quality and performance and ensure people and staff were safe. Audits were carried out, and where shortfalls were identified, an action plan and follow up checks were in place. The management team and staff were open to feedback and keen to learn from this and develop the service further.

Rating at last inspection

The last rating for this service was good (published 11 July 2018).

#### Why we inspected

We received concerns in relation to staff and the care people received at the service. As a result, we undertook a focused inspection to review the key questions of safe 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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

The overall rating for the service remains good. 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 Hartcliffe Nursing Home on our website at 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 reinspection 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?	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.	



# Hartcliffe 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 areas of good practice.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Hartcliffe 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with the registered manager, area manager and administration manager. We spoke briefly with the staff we met and some people who lived at the service during our inspection.

We reviewed a range of records relating to the management of the service, including policies and procedures, checks and audits.

We considered all this information to help us to make a judgement about the service.

#### After the inspection

During and after the inspection, we spoke with seven members of staff and the friends or relatives of nine people who live at the service. We received feedback from five health and social care professionals who have contact with the service. Their comments have been incorporated into this report.



### Is the service safe?

# Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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 meeting shielding and social distancing rules. We made a suggestion about the spacing of chairs in communal areas to support this.
- 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.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family members were safe at Hartcliffe Nursing Home. Comments included, "[Name] loves it, they're well treated and look after everybody well to keep them safe" and, "Definitely safe, they're jolly well looked after".
- Staff had received training and told us how they kept people safe and would report abuse or concerns. Staff were clear they would act if they had concerns. One staff member told us, "There are no worries about the safety of people. I would always raise concerns. I wouldn't work here if people weren't properly looked after".

Assessing risk, safety monitoring and management

- The environment and equipment were safe. Regular checks were carried out including building safety and the monitoring of services such as water and gas. Fire systems and equipment were regularly checked and serviced.
- Staff were aware of individual risk assessments, and staff felt they had enough information to ensure they understood risks to support people safely.

#### Staffing and recruitment

- The management team told us staffing levels were regularly reviewed and changed to reflect the needs of people living at the service. Staff told us they were busy, but felt there were enough staff to keep people safe and carry out tasks. Comments included, "There are enough staff usually, but we struggled during the Covid outbreak. Now we're back in control. Now we're back to normal. At the moment there are more than enough staff because we have empty rooms". Other comments from staff included, "When all the rooms are full it's busy. There's lots to do" and, "We always have enough staff".
- Relatives felt there were enough staff to support people safely. One relative noted, "You couldn't say they're overstaffed, but it seems ok".
- When staff were off sick or isolating at home during the recent coronavirus outbreak at the service, it was recognised that it had been difficult to cover all shifts. Agency staff were sometimes used, but other gaps were filled by permanent staff who knew people well and were able to provide more consistency for people. Staff had been very flexible and committed to keeping people safe.
- We reviewed a small number of staff files and found safe recruitment and selection procedures were in place.

#### Using medicines safely

- A concern had been raised about the storage of some medicines. During our inspection, we did not find any medicines incorrectly stored. A policy was in place and regular audits carried out to ensure medicines were stored safely and in line with legal requirements.
- Registered nurses were trained in the administration of medicines. They told us they felt confident in this task and their competency was regularly checked.
- No relatives or staff we spoke with expressed any concern about the management or administration of medicines. Professionals told us they found staff to be skilled, competent and well trained.

#### Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents in the service.
- Incident forms were completed and regularly reviewed and analysed by the management team.



### 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff team were committed to providing person-centred care which achieved good outcomes for people. Staff told us, "I love keeping them happy" and, "I have a good relationship with the residents and their relatives. I treat them like my parents."
- Relatives shared examples of ways in which staff focused on activities which were meaningful for the individual and showed that staff knew people well. The service was involved in a local project which granted the wishes of people living in care homes through community participation. This helped improve people's quality of life and wellbeing.
- The values of the service were reflected in the practice we observed and the feedback we received from staff and relatives. Comments from professionals who visited the service included, "The staff are always professional in their dealings with residents" and, "[Staff] are very caring and are always available and try really hard to provide high quality care for these residents". There was a friendly and relaxed atmosphere, and staff spoke about people with care and compassion.
- Staff were positive about the culture at the service. They explained that several staff had worked there for many years and described the staff team as their 'work family'. Other comments included, "I'm really happy to work as part of this team" and, "It's such a friendly team".

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 provider understood their responsibilities under the duty of candour and aimed to be open and transparent with people and their relatives.
- Relatives told us staff generally communicated with them about any changes in their family member's health or wellbeing. One relative noted that this had not been so effective in recent weeks, but they accepted that staff had been under the additional stress of keeping people safe during the coronavirus outbreak at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team understood their responsibilities, and the service appeared organised and well run. During the coronavirus outbreak at the service, staff and managers from other services had provided support to maintain quality and ensure people were safe.
- Notifications were made to CQC as required. Notifications are information about important events the

service is legally obliged to send us within required timescales. For example, a notification was promptly sent when high numbers of staff were absent during the coronavirus outbreak at the service.

- The provider ensured systems were in place to monitor quality and performance and ensure people and staff were safe. Audits were carried out, and where shortfalls were identified, an action plan and follow up checks were in place.
- Overall, staff felt well supported to deliver high quality, person centred care. Supervision and training were provided, and regular email communications kept staff up to date. Support was available within the organisation and senior managers monitored and reviewed service delivery and performance.
- Staff told us, "It's been really stressful, but we're slowly getting there", "It's really supportive, you can always raise concerns" and "[Manager] has always supported me, I can't fault them".
- The relatives we spoke with were positive about the staff and management team at the service. They said, "The managers are always at the end of the phone" and, "They always pick up the phone immediately and sort out any problems". Relatives also told us, "I can't praise the staff highly enough", "The staff are absolute angels", "They do everything they can to look after people" and, "It's a lovely, lovely team there".

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

- Usually, resident and relative's meetings took place at the service. Because of the pandemic restrictions and recent outbreak at the service, these had recently been via group video calls. Staff and relatives told us this had been successful and had reassured relatives who were not able to go into the home at this time.
- Surveys were regularly sent to relatives to seek their feedback and involve them in the service.

#### Continuous learning and improving care

- The service aimed to learn from feedback and incidents. Complaints or areas for improvement were reviewed and addressed wherever possible. The staff team had also received a lot of positive feedback about the care and support they provided. Themes included staff kindness, standards of work, care and staff commitment.
- The management team and staff were open to feedback and keen to develop the service further.

#### Working in partnership with others

- The service routinely worked alongside health and social care specialists to ensure people received safe and effective care. This included GPs, district nurses, dementia specialists, allied health professionals and social workers.
- Due to restrictions during the pandemic, there had not been as many physical visits taking place, but remote support was provided by professionals.