

# Genext Healthcare Solutions Limited

# Higham House Nursing Home

## Inspection report

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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 caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Higham House Nursing Home accommodates up to 30 older people in one adapted building. At the time of the inspection, 10 people were using the service.

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

People were not always supported by enough staff to meet their needs. This meant people were sometimes left waiting for support and their choices limited. The action to manage risk in relation to the environment and health and safety were not always effective. Risks to people's care had been identified and plans were in place to mitigate risks.

People were supported by staff who were trained, however staff training had not been regularly refreshed. This meant people could not be assured best practice was always being followed. Staff were supported but did not benefit from regular opportunities to discuss their performance or share their experiences with each other.

The home was clean and a programme of refurbishment was in place. However, the environment was not dementia friendly. We have made a recommendation about developing a more dementia friendly home.

People had limited opportunities to take part in activities or follow their interests. Care plans detailed people's preferences about their care but staffing levels impacted on the level of choice available to them.

The systems in place to monitor and assess the quality and safety of the service were not effective and any shortfalls were not always picked up.

People were treated with respect by staff who were kind and caring and knew people well.

People were not supported to have maximum choice and control of their lives. Staff could not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service required reviewing to ensure people did have maximum choice and control of their lives.

The registered manager was approachable and people knew who to raise any complaints with. Families felt supported and welcomed at any time in the home.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 January 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 caring?

The service was not always caring.

Details are in our caring 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** ●

# Higham House 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.

#### Inspection team

This inspection was undertaken by one inspector and an assistant inspector.

#### Service and service type

Higham House 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and looked at the last inspection report. 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. 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. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, two relatives and a friend of one person about their experience of the care provided. We also spoke with a professional who was visiting at the time of the inspection. We spoke with eight staff including nursing and care staff, kitchen and domestic staff and the registered manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at three 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.

#### After the inspection

The provider sent information about the quality assurance systems they were putting in place, details of the actions taken following the initial feedback from the inspection. They also sent information about staff they were recruiting and training they had booked.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to respond to requests to investigate safeguarding concerns and had failed to identify or recognise potential abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

- We found no incidents of potential harm or abuse which should have been notified to the local authority and Care Quality Commission. The registered manager confirmed their understanding of their responsibility to report such incidents and assured us no such incidents had occurred since the last inspection.
- Staff knew what to do if they had concerns people were at risk of harm or abuse. One said, "If we had any concerns we should record the incident and the registered manager would report it to the local authority."
- People looked relaxed and calm around staff. One person said, "It's fine here, I am quite safe."

Assessing risk, safety monitoring and management

- Fire safety management needed to be improved. Not all staff we spoke with were confident around what they would do in the event of a fire. Regular fire drills had not been maintained. Following the inspection, the provider confirmed a company had been contracted to undertake regular fire maintenance checks and staff fire refresher training was booked. The provider needed to ensure fire drills were regularly undertaken and maintenance checks sustained before we could fully assess the impact this had on the service.
- Maintenance checks of equipment, including window restrictors, furniture and water temperature checks had not consistently been carried out and maintained. We found two bedrooms on the first floor with broken window restrictors and bedroom furniture unsecured. This put people at potential risk of harm. The provider took immediate action to address these concerns.
- Risks to people's care had been assessed and risk management plans were in place. For example, a risk to a person's skin integrity, had a plan in place which detailed what steps staff needed to undertake to mitigate the risk.

Staffing and recruitment

- There was a dependency tool in place which identified nine out of the ten people living in the home required two staff to support with their personal care needs. At the time of the inspection only one care

assistant and one nurse were deployed from 8am to 4pm each day. This meant people were left unsupervised or waiting for assistance, particularly at meal times. We spoke with the provider about this.. Following the inspection, the provider informed us two new care assistants had been employed and would be deployed during the day.

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff had been checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

#### Preventing and controlling infection

- The overall cleanliness of the home was maintained. There were cleaning schedules in place, however, the registered manager needed to ensure that standards were consistently maintained in the kitchen. On the first day of the inspection we saw areas of the kitchen such as, a worksurface near a serving hatch and the inside of the fridge needed cleaning. On the second day of the inspection an environmental health officer made a routine visit to review the kitchen and was satisfied the kitchen met the required standards. This needed to be consistently maintained.
- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. People had their own slings for use when being hoisted.

#### Learning lessons when things go wrong

- The systems used to monitor and review accidents and incidents were not effective. For example, one person who had been assessed as at high risk of falling had fallen on at least two occasions when no staff were present in a communal area. No account of this was taken when reviewing staffing levels at the time.

#### Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- People received their medicines on time. Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure each person received the appropriate person-centred care and treatment, based on their needs, particularly in relation to their eating and drinking and support at mealtimes. This was a breach of regulation 9 (Person centred care) 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 9 (Person centred care).

- People were not supported in a timely way at mealtimes. People were left waiting for support with their meals which meant their meals were going cold.
- There was no equipment to enable people to remain as independent as possible with eating their meals.
- There was limited social interaction at meal times. Staff were stretched to meet people's needs.

This was a continued breach of regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014

- People who were at risk of poor nutrition and dehydration had plans in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Food was prepared for people on specialist diets such as pureed or mashed food for people with swallowing difficulties. People were offered drinks and snacks throughout the day. The overall feedback about the food was positive.

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

- People's needs were assessed and their choices as to how they wished their care to be delivered were discussed prior to coming to live at Higham House Nursing Home. This was to make sure people's needs could be fully met and they were happy with the support available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example people's religious and cultural needs and lifestyle preferences.

Staff support: induction, training, skills and experience

- At our last inspection not all staff training was up to date, which meant the registered manager and provider could not be assured staff were following up to date best practice guidance. We found at this inspection the new provider had a training schedule in place for all staff to complete refresher training by June 2020. The provider needed to ensure this was maintained.
- New staff undertook an induction, which involved shadowing more experienced staff. Improvements were required to ensure new staff completed all mandatory training for their role in a timely way. Following the inspection, the provider sent a copy of a new induction programme they had implemented.
- Staff told us they were well supported by the registered manager. However, staff were not receiving regular supervision as per the supervision policy and had not had an annual appraisal. Following the inspection, the provider informed us a programme of staff supervisions and appraisals had been put in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access various health professionals such as a GP, district nurse, chiropodist and optician.
- Records confirmed when health professionals visited and staff followed the guidance they had given. One visiting health professional told us, "The staff are always friendly, know about the people and are very supportive."

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

- At the time of the inspection the home was undergoing redecoration and refurbishment. However, some of the new furniture was not dementia friendly and people could not easily access their rooms when they wished.

We recommend the provider considers current guidance on creating a dementia friendly environment.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had sought the appropriate authorisation. However, there was no system in place which would alert the registered manager as to when authorisations needed to be reviewed to check they were still relevant and appropriate for people. The provider said they would put a log in place.
- People's mental capacity had been assessed. Where people had been assessed as lacking capacity to

make certain decisions we saw best interest decisions had been made and recorded. Professionals, family and other interested parties had been consulted.

- Staff encouraged people to make choices and decisions and sought permission from people before providing any support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were positive but were task focussed as staff had very little time outside providing care for people to spend time with them.
- Staff respected people's individuality and understood their individual needs, however, staffing levels impacted on how they delivered individual care. For example, personal care records indicated people could only shower at a time when there was enough staff to support them.
- People were treated well by staff who were kind, caring and knew them. Relatives told us they felt the care was good. One said, "I have no concerns, the care is good."
- People's care plans contained information about their equality characteristics and preferences which ensured staff provided consistent support.

Supporting people to express their views and be involved in making decisions about their care

- People and/or their relatives were involved in making decisions about their care. Relatives told us they were kept informed about their loved-one and if there were any changes in their care needs. One relative said "They [registered manager and staff] communicate all the time what's happening. They know all [loved-one's] likes and dislikes and how to support their behaviour."
- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. We spoke with one person who preferred to stay in their room, the staff respected this. At mealtimes people were shown the choices available to them, this helped those people who could not easily express themselves.
- People had access to an advocate when needed. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We saw staff knocked on doors before they entered a person's bedroom and used a privacy screen when someone was being attended to by a visiting health practitioner. The practitioner explained ordinarily people were seen in their rooms, but this can sometimes be stressful for the person.
- Families were welcome at any time. One relative said, " We visit whenever we like, we are always welcomed and offered a drink."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent their day sitting in communal areas or in their bedrooms. There was a lack of activities to offer stimulation for people. The television was on in the communal area, however, we observed people were not watching. Several people spent their time sleeping. A ball game was played on the first day of the inspection. The provider needed to ensure there were activities available to people which met their individual needs and interests and enough staff to support this.
- One relative told us their loved-one liked to listen to music, but this was never offered to them, They expressed concern there was a lack of stimulation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care plans, however, we did not find any information to demonstrate the provider had fully considered the AIS. There was no information available in any alternate format, for example pictorial information about meal choices.

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

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- People's care was not always personalised to meet their preferences. We saw from daily records if people had expressed a preference to have a shower this was only available to them once or twice a week. We spoke with staff who said people could have a shower if they wished, but it would depend on the availability of staff.
- Staff knew people well which was demonstrated in the way they spoke and responded to people.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One relative said, "We have no complaints, we would speak to [registered manager] if we had."
- The registered manager advised us there had been no complaints raised since the last inspection. However, we were aware from speaking to one family member they had raised a concern which had been dealt with. There was no system in place to record any complaints or concerns raised which would help

drive improvements within the home.

#### End of life care and support

- People and their relatives had been involved in discussions about hopes and concerns for their future and plans were in place which detailed people's wishes and preferences in relation to end of life care. One relative told us they had discussed the plans with staff for their loved-one and we saw from the person's care records this had been recorded.
- Nursing staff and some care staff had received training in end of life care and were due to complete refresher training in June 2020.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems or processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider and was still in breach of regulation 17 (Good governance).

- The system in place to work out the number of staff required to meet people's needs was not effective to ensure there was enough staff deployed to meet people's individual needs in a timely way.
- Systems in place to monitor the safety of the building were not consistently maintained. Environmental checks had failed to pick up window restrictors needed replacing, furniture needed securing.
- There was no effective system in place to ensure fire safety checks and drills were consistently. Fire evacuation equipment had been purchased but had not been placed in areas of the home they were needed for staff to access. Staff had not received the required training to ensure they could effectively use them in the event of an emergency.
- Audits of care records failed to pick up there was outdated information left in files. This meant it was not easy for staff to access the up to date information.
- There was no effective system to track deprivation of liberty safeguards to ensure any conditions in place were relevant as people's needs changed.
- There was no system in place to ensure staff training was kept up to date and staff supervisions and annual appraisals were delivered as required by the providers policy. Staff files were not well maintained. Information was not clearly dated and there were inconsistencies in the level of information kept.

We found no evidence that people had not been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a continued breach of regulation 17(Good governance) of the Health and Social Care Act

The provider responded immediately during and after the inspection. Window restrictors were replaced, and furniture secured. Care records were reviewed and out of date information removed. Staff training, and supervision was scheduled, and a training matrix put in place which alerted the registered manager when refresher training was due. Staff had been recruited and a more robust induction programme was in place. A risk assessment- administration and management audit has been undertaken which identified shortfalls and actions were in place.

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

- People's and their relative's feedback were sought. We saw a survey had been undertaken with an overall positive response about the care people received. However, we were unable to verify when the survey had been undertaken. The provider needed to ensure any engagement with people and their families was clearly dated and any actions taken as a result of the survey recorded.

Working in partnership with others

- The provider liaised closely with local health and social care commissioners and was receptive to ideas to bring about improvements within the service.
- Staff sought advice from health professionals and followed any guidance given.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to ensure each person received the appropriate person-centred care and treatment, based on their needs, particularly in relation to their support at mealtimes.
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	The provider had failed to embed and sustain effective systems to monitor the quality and safety of the service.