

Elmglade Residential Care Home

Higham House Nursing Home

Inspection report

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Rushden
Northamptonshire
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Tel: 01933314253

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11 November 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 August 2015. After that inspection we received information about concerns in relation to the general hygiene levels and overall cleanliness within the service. Further concerns had also been raised in relation to the impact the environment was having upon the people who lived in the service and the amount of staff on duty at peak times of the day. As a result we undertook a focused inspection on 11 November 2016 to look into those concerns.

Higham House provides residential care for up to 30 older people and people with dementia care needs. On the day of our visit, they were providing care and support to 26 people.

The service had a registered manager in post. 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.

During this inspection, we found that cleaning within the service was not always carried out to a good standard. People were not protected from the risks of infection as there were ineffective cleaning processes in place. We found that there were no effective systems in place to manage and monitor the prevention and control of infection or to ensure that the premises and equipment was safe and cleaned to an appropriate standard. Areas within the home remained significantly unclean and posed a risk of cross infection to people and staff.

We also found that the registered person had not protected people against the risk of an unsafe and inadequately maintained environment. There was a lack of appropriate signage and decoration for the people living at the service. We found there was a lack of appropriate signage for communal areas, including toilets and bathrooms to make them recognisable for people using the service. This meant that the service did not always provide a supportive environment for people with dementia care needs.

There were adequate numbers of staff on duty to support people safely, although their deployment did not always mean that staff could attend to people in a timely manner.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 safe.

People were placed at risk because the premises had not been adequately maintained. Cleanliness and hygiene standards had not been upheld to reduce the risks to people and staff..

There were sufficient numbers of staff to meet people's needs, although more consideration could have been given to their deployment at peak times of the day.

Requires Improvement ●

Higham House 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.

The inspection took place on 8 November 2016 and was unannounced.

The inspection was carried out by one inspector.

We reviewed information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law. We also spoke with the local authority and clinical commissioning group, who have commissioning and monitoring roles with the service.

During our inspection we observed how the staff interacted with people who used the service. We also reviewed the levels of cleanliness and hygiene within the service, in both people's bedrooms and communal areas.

We spoke with four people who used the service to seek their views about the general environment and its cleanliness. We also spoke with the nurse in charge of the shift, one carer and a member of housekeeping staff. The registered manager was not available as part of this inspection but provided us additional with information following the inspection.

We looked at records relating to infection control and daily cleaning and further audits and quality assurance checks, to monitor how the service was being managed. We also reviewed past staffing rotas to

determine how staff levels were assessed and ensure they were safe to meet people's needs.

Is the service safe?

Our findings

Prior to this inspection we had received concerns about the way in which infection control, hygiene and cleanliness was managed at the service. In particular in respect of communal areas and equipment. When we reviewed our information, we found that past concerns had also been raised about this by visiting professionals and relatives.

During this inspection we observed many areas within the environment which were not clean and did not demonstrate safe infection control practice by staff. Some of the people we spoke with told us they were happy with the cleanliness within the service. However, not all of them believed that the service was as clean as it could be and felt that over recent months, the standards had fallen. One person said, "It used to be cleaner, you can see it is not as clean now. Look down there; dust." Another person told us, "I don't think it is really clean."

People also told us that they thought the service could do with being better maintained to make it homely. One person said, "Well look at it, it's not much, not bright or clean." Staff also thought that if the service was better maintained, that it would be easier to keep clean and fresh which would promote a nicer environment for the people who lived in the service. One staff member told us, "It would make it better for us all, a nicer place to live, more homely." Staff wanted the service to be a nice place for people to live, a cleaner service, with more stimulation and environmental engagement.

Staff told us they knew the service was not as clean as it could be and felt that if the service was better maintained this would enable surfaces and areas to be more easily cleaned. Although staff worked hard to keep the service clean and hygienic, they felt they did not always have the full amount of time needed to undertake a regular deep clean of all areas. The registered manager, although not present on the day of the inspection, came back to us with their comments about our findings and recognised that the service had issues in respect of cleanliness. They told us, "As you are aware we have recruited housekeepers and laundry persons who will hopefully stay as others found the work "difficult" and were not committed to their duties. I have always told them that their jobs are one of the most important in the home."

We found that the systems for cleaning throughout the service were not always robust. We looked at communal areas and found that flooring was stained or sticky and often had food debris or dirt on it. In one person's bedroom, the carpet was stained and had food debris on it. In another person's bedroom, the flooring has brown stains on, with a strong odour present. In addition, furniture had not been moved to ensure that a robust clean could take place; for example in one room when we pulled a chest of drawers out from the wall and looked underneath the bed, we found crumbs of food on the floor.

We found that chairs in communal areas were stained or contained food debris underneath cushions and that furniture in people's rooms, such as cabinets or bedside tables was dusty and dirty. General surfaces were dusty, with cob webs found in corners of bathrooms and toilets. The base of one bath was stained around the rim of the plug hole and drainage holes in showers contained dirt and dust.

We looked at toilets within the service and found that some of them were soiled. In one, a soiled pad had been left on the side, without being in appropriate waste bags. In someone's room, we saw a wet pad had been left on the side, which had created a strong odour within the room. We also found that commodes within some areas of the service were dirty and soiled. We saw the floor space around one toilet was wet and that bins within the toilets did not always have a working pedestal or appropriate lid, and had not been emptied.

This meant that people were not consistently protected from the risks of infection as there were ineffective cleaning processes in place. We found that the registered person had not protected people against the risk of preventing, detecting and controlling the spread of infections.

Equipment was not always clean and suitable for use. For example, mattresses were not clean and there was no schedule in place for their regular cleaning throughout the service. Mattresses on beds were not clean; for example we lifted one mattress to find dust, dirt and food debris underneath. Staff told us that they cleaned mattresses on a regular basis, but we found no evidence to suggest this had taken place or was effective.

In addition to this, we found that people's walking frames and the metal frames to commodes, were stained with brown matter or food debris. We found that equipment was not always in a clean condition before it was used, including chairs, commodes and toilet seats which had marks and stains on them. This further increased the risk of cross infection to people through the use of potentially contaminated equipment.

Staff were able to tell us what their specific cleaning responsibilities were and described safe cleaning procedures to us. They confirmed that they had received specific training in infection control to ensure they had the right knowledge to maintain a clean environment. Despite this, we found they did not have a robust cleaning schedule in place to follow. Although there was a daily cleaning checklist to monitor cleaning, it appeared to be a tick box exercise and did not always detail what action was taken if concerns were identified or when this action had been completed. Neither did it provide information regarding what specific cleaning had taken place. Although a monthly infection control audit was undertaken, we found that the registered manager did not consistently carry out checks to ensure that cleaning had been completed to an acceptable standard.

We observed cleaning taking place throughout our inspection; however this was not always effective in maintaining a clean environment. We saw that there was domestic staff employed by the service and that they carried out cleaning tasks throughout the service, however; this was not always carried out in accordance with a set cleaning schedule. We found that the registered person had not protected people against the risk of, preventing, detecting and controlling the spread of infections.

Infection control was not well managed by the service and action had not been taken to ensure that cleaning was carried out in a robust fashion. Premises and equipment used by the provider were not clean, and did not have properly maintained standards of hygiene appropriate for the purposes for which they were being used. This was a breach of regulation 15 (1) (a) (e) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we had received concerns about the numbers of staff on duty within the service and their deployment in communal areas. We received mixed feedback regarding staffing levels at the service. People told us that they did not normally have to wait for staff members to provide them with basic care and support; however they felt that there were not always enough staff to spend time talking and engaging with them. One person told us, "They come if I ring my bell." Another person said, "Well, you can see them here

now, there is enough of them." A third person told us, "I wish they would talk to me more."

Staff members explained that they felt able to meet people's basic care needs; however they were not always able to ensure people had sufficient activities to keep them appropriately engaged and stimulated throughout the day. The registered manager acknowledged that recruitment had been an issue for the service, especially within ancillary jobs, such as domestic and laundry roles. In their written feedback to us following the inspection, they said, "It has been a struggle to be honest I didn't think it would make such a difference me not being around during the day time but it obviously has which I feel so unhappy about." This was a reference to the fact that they had to cover night shifts because of reduced care staff on the team.

During our inspection we saw that people's basic care needs were being met. People were supported to use the toilet or have their personal care attended to and did not have to wait for long periods of time to receive this support. We did observe that people were sat in communal areas of the home for extended periods of time with little interaction or engagement from staff, other than to meet their basic care needs. Staff told us that the service did not use a specific assessment tool to measure how many members of staff were required, however they explained that staffing levels were adjustable and could be changed to meet people's changing care needs. We checked staffing rotas for the past few weeks and found that staffing levels were consistent, even when agency staff had been used.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The service was not always clean and hygienic or free of dirt or stains. Risks associated with infection control were not managed by the service and action had not been taken to ensure that cleaning was carried out in a robust fashion. This was a breach of regulation 15 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Discussed at MRR with IM. Warning notice to be issued to lever timely improvement.