

Lotus Care 1 Limited

Hurst Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hurst Nursing Home is a care home with nursing and is registered to provide accommodation and support for a maximum of 22 people in one adapted building. At the time of the inspection there were 17 people living at the service. People living at the service were older people, some living with long term health conditions and/or dementia.

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

Risks to people's safety had been assessed, and actions taken to mitigate them. People's care plans detailed health needs reflected the personalised care which was being delivered.

People and their relatives were generally happy with the care they received and felt safe with the staff who supporting them. People were safeguarded from situations in which they may experience harm. Staff knew how to identify potential harm and report concerns. People received their medicines safely from registered nurses. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

The culture of the service was positive, and people, relatives and staff were complementary of the management and provider. Improvements had been made to systems and process that monitored the quality of the service being delivered and accuracy of records. Care was personalised to meet people's individual needs and wishes. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect. People and relatives described the staff as caring and thoughtful and said they were treated with care and kindness. Feedback about the service from people and those close to them were generally positive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (06/07/2022) and there were breaches of regulation 10. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hurst nursing home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hurst 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 Health and Social Care Act 2008.

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 good practice we can share with other services.

Inspection team

The inspection team was made up of 2 inspectors.

Service and service type

Hurst Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hurst Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke 7 people and 5 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with 8 members of staff including the providers, the registered manager, nurses, care staff, catering and activities staff. We looked at records relating to people's care and support including risk assessments, care plans and medicine administration records. We looked at 2 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff worked with other agencies, for example, if safeguarding concerns were identified they were reported to the local authority safeguarding team. Investigations were completed and appropriate action was taken to prevent harm occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered manager, and they were confident action would be taken. They also knew who to report concerns to externally.
- People told us they felt safe. One person said, "I do feel safe here, they lock up at night and staff are nice." Another person said, "Yes I feel safe, I can talk to anyone if I didn't."
- Relatives were mostly confident that their loved ones were safe living at the Hurst nursing home. One relative told us, "If I thought for a minute, she was not safe, I would move her at once."
- The registered manager runs a policy of the month knowledge refresh programme for staff, the policy for May had been Safeguarding.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.
- People's individual health risks had been assessed, monitored and managed. For example, people who lived with health conditions such as diabetes had guidance in place for staff to follow.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People were treated with respect and choices respected. One staff told us, "We make sure we offer first and give choices before supporting a person."

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. One person said, "There are always staff around, if I need them, they come."
- We observed staff answering call bells promptly, offering drinks and support in a respectful and friendly way.
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safe recruitment decisions.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean conditions. People told us they got their medicines on time.
- Medicines were administered by nurses who had been trained and assessed as competent by the clinical lead. Training and competency records were comprehensive and up to date.
- Medicines were audited regularly and monitored by the clinical lead and registered manager. Medicine errors were documented, investigated and lessons learned shared during clinical meetings.
- We observed a deviation from best practice recording in the administration of 1 person's medicine. This was raised with the registered manager and provider who addressed the issue with the nurse in a supportive way, reducing the likelihood of it happening again.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- There was a food hygiene certificate in place which rated the service level 5, very good.
- The service employed staff to clean the home and we found all areas clean and fresh during the inspection.

Visiting in care homes

- People and families told us they were able to visit when they pleased. We observed visitors coming to see their relatives during the inspection.

Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently.
- Staff knew how to respond to, and report, any accidents and incidents. All significant events were reviewed and analysed by the registered manager.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

At the last inspection, the provider had failed to ensure people using the service are treated with respect and dignity at all times while they are receiving care and treatment is a breach of Regulation 10 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 10.

- People's privacy, dignity and independence were respected. For example, we observed staff knocking on doors and offering personal care in a way that did not attract attention, which then took place in private.
- People received good care from staff who knew them well. People had developed positive relationships over time as they were mostly supported by the same staff on a regular basis. One person told us, "Staff are fantastic, nothing is too much trouble." Another person said, "Staff are lovely, couldn't wish for better." The person spoke of the registered manager and staff with genuine affection." A relative told us, "Mum's care is first class, staff interact with her very well."
- We observed staff communicating with people respectfully. Time was given for people to respond using their individual communication methods. Staff and people demonstrate a genuine regard for each other.
- People were supported to participate in their local church services and activities as they wished.
- There were 2 shared bedrooms, both occupied by couples who had expressed a wish to share a room. The registered manager told us, double rooms would now only ever be occupied on this basis.
- We observed people to be well presented in their appearance and dress. People told us they supported to have personal care in ways they preferred.
- A dignity audit had been put in place following the last inspection and staff told us how they ensure people's privacy and dignity.
- People were able to express their views and be listened too. The registered manager spoke regularly with people and recorded what people said on a "You said we did" board. One person told the registered manager they missed having a fish tank to look at, a fish tank was provided and the person showed us it in their room.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 registered manager and staff understood the aims and values of the service were to provide personalised care and support. This was the culture amongst the staff team. People were the priority and at the heart of the service.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. The registered manager worked directly with people, their relatives, and the staff team. They led by example. People approached and interacted with the registered manager throughout the inspection.
- The registered manager and staff had put in place a number of small things to improve inclusivity. For example, a wooden birthday sign which had tokens with people's names on attached to their birthday month.
- A person pointed out to us a photo wall display with photographs of people and their partners on their wedding day, this was clearly valued by [people and was a talking point.
- Staff told us they valued people and felt valued themselves. One staff member said, "Everything is done well here. I have a nice boss and nice colleagues and work for lovely residents."

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 registered manager understood their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager kept relatives informed of concerns with their loved one, when appropriate.
- A relative said, 'There was an incident a good time ago, they told me straight away and dealt with it well.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of Hurst nursing home and the people who lived there. They worked closely with the registered nurses to provide a continuity of care both clinically and socially.
- Governance processes had been effective in identifying shortfalls and action was taken when these were

found. Regular audits of care were carried out, action plans were in place to address any shortfalls.

- Staff were able to explain their role in respect of individual people without having to refer to documentation. One staff said, "We have an 11am meeting every day, it really helps keep us up to date."
- Staff told us they felt included in a positive team culture. One staff member said. "When I first worked here, we had a lot to learn, we didn't have a manager, then we got one and everything got better, we used to have agency and now we have permanent staff, we have a good team. Everyone works from the heart, we have different cultures and we all work together, we have different nationalities."

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

- The registered manager promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected. People were communicated with in ways they understood and suited them best. People had a 'voice' and their views were listened to and acted on.
- People, families and staff told us care plans were developed by talking to people and getting to know them. One staff said, "People tell us about their preferred times for personal care support and we make sure staff are allocated properly."
- People felt able to raise concerns. The service had a complaints procedure, and relatives said that they knew how to complain and who to complain to. One person said, "I have no concerns, but would go to the manager if I did."

Continuous learning and improving care

- A positive learning culture had developed in the service. The registered manager told us, "We want to learn, that's how we get better." Staff told us the provider and the registered manager are keen to listen to suggestions to improve and gave an example of suggesting a supernumerary nurse for 2 days a week. This was adopted and is working well.
- Lessons are learnt from the regular audits carried out by the registered manager and provider, trends are identified and actions taken. Hurst nursing home had teamed up with another local provider to carry out sample audits in each other's services. The registered manager told us this gave another set of objective eyes into the performance of the service.