

Caring Homes Healthcare Group Limited

Hulcott Nursing Home

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection took place on 7 and 8 November 2017. It was an unannounced visit to the service.

Hulcott 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.

It is registered to provide support to older people, some of whom may have dementia. The building was originally built in 1862 and was formerly the village rectory. Over the years the home has been renovated and this work continues to ensure accommodation is suitable and fit for purpose. At the time of our inspection 35 people lived at the home, three of whom were in hospital.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

At the last inspection on 10 and 11 October 2016 we asked the provider to take action to make improvements in relation to informing CQC of certain events and this action has been completed.

People were supported by staff who had a good understanding of their likes and dislikes. We were informed people had developed good working relationships with staff. One person told us "They're [Staff] like my friends, a lot of the staff, because you can chat with them. They [Staff] make time as they like to make sure you're happy at all times. If they see you looking a bit down they come and ask what's the matter? and talk to you."

We received positive comments from people about their experience of living in the home. People told us "They're [Staff] very good to us. They look after us very well. This is a lovely nursing home. As soon as you press your buzzer they come and see what's the matter." "They look after us very well" and "They're very kind. They do everything for you and look after you."

We found mixed practice around the recruitment of staff. There were four staff who had been recruited and there was no information available to justify their appointment. We have made a recommendation about this in the report.

People were supported by staff who had access to on-going training to enable them to work with people and keep their skills up to date. Staff felt valued by people and the management.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were provided with a personalised service as staff were knowledgeable about them and showed an interest in getting to know them.

People were supported by staff to engage in activities of their choice. A range of opportunities existed for people to join group activities in the home or go out from the home.

The home had quality assurance processes in place to drive improvement. Feedback was sought from people, their relatives on how the service could be improved.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service improved to Good.

Hulcott 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 checked 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.

This was a comprehensive inspection.

This inspection took place on 7 and 8 November 2017 and was unannounced.

The first day of the inspection was carried out by one inspector with support from a specialist advisor within older people's care 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 same inspector was unaccompanied on the second day.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with twelve people living at Hulcott Nursing Home who were receiving care and support, four relatives; the registered manager and 11 staff, including two regional managers. We reviewed six staff recruitment files and seven care plans within the service and cross referenced practice against the provider's own policies and procedures. We observed a medicine administration round and looked at a number of records related to the recording and storage of medicines.

We observed interactions of staff with people throughout the course of the two days. We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who lived in Hulcott Nursing Home.

After the site visit we received further feedback from relatives via our website. We also sought further evidence from the provider which was provided in a timely manner.

Is the service safe?

Our findings

People told us they continued to receive safe care. Comments from people included, "They look after us very well" and "I don't like [the bed rails] but it's a safety thing so I agreed." This was supported by what relatives told us "I have peace of mind now" and "The culture is to look after us as visitors as well as people who live here... [Name of relative] feels safe and well cared for."

People were protected from avoidable harm and safeguarded from abuse. Staff had received training on how to recognise abuse. Staff were able to tell us how they would respond to a safeguarding concern. Systems were in place to respond to safeguarding concerns and this was discussed with staff at regular intervals. Policies in place supported the promotion of people's human rights and helped staff understand how to reduce discrimination.

Risks posed to people as a result of their physical frailty or medical condition had been assessed and measures were in place to minimise the risk of harm. Incidents and accidents were recorded and monitored through the provider's quality assurance database. For instance, one person had been identified at high risk of falling, the risk assessment had been reviewed monthly and a 'falls diary' was in place. The risk assessment detailed what remedial action should be taken to reduce the likelihood of a fall. We checked if these actions were in place and they were. We also spoke with staff and they confirmed how the person should be supported.

Where risks were posed to staff due to people's unpredictable or aggressive behaviour, systems were in place to ensure staff had additional information to enable them to support a person safely. One person's care plan clearly provided guidance on how they needed to be supported when they were being assisted with personal hygiene. Risk assessments were stored securely and only staff who required access had availability to them.

The home had a new maintenance operative in post. We received positive feedback from people about them. One person told us "We just had a new maintenance man and he's excellent. He will do any small jobs and if it's bigger it has to go through [Name of the registered manager]." Records relating to the safety of equipment used were up to date and there was evidence of regular servicing. There was a system in place to report safety concerns regarding the building and routine health and safety audits were undertaken. The registered manager was able to demonstrate to us what repairs had been reported and the resulting action taken. We acknowledged the building required on-going maintenance due to its age. The registered manager was confident on-going repairs would be made in a timely manner.

People were protected from the risk of fire, as regular tests were carried out. We noted staff had access to information about how to support people in the event of an emergency.

On day one of our inspection we visited one person in their bedroom. We found a television cable plugged into an extension lead. The wires were not secured and potentially created a trip hazard for staff. This risk was not present to the person, as they did not move from their bed independently. We raised this with the

registered manager and maintenance person. This was rectified immediately. The registered manager informed us, they would remind all staff to report concerns about health and safety. On the second day of the inspection we saw notes from the morning handover meeting where this had been discussed with care staff. Staff confirmed they had been made aware of the importance of reporting repairs.

People told us there was enough staff deployed to meet their needs. This was supported by what we observed and what staff told us. One member of told us, "It is busy in the morning, but once everyone is up, we have time to talk to people." We saw that calls bells were responded to quickly, this was supported by what people told us. Comments included, "They're quick to come when you need them" and "As soon as you press your buzzer they come and see what's the matter." Another person told us "We've all got buzzers and we call [the carers] if we need them. They tell us to call them."

We found mixed practices around the safe recruitment of staff. Four of the six files we looked at did not contain sufficient information in one area about how the management had decided the new staff were suitable to work with people. The interview notes for the four were limited in detail. We discussed this with the registered manager and regional manager. They advised us the provider had recently changed the style of interview and the new process was due to be adopted for all future new staff appointments. The staff had been supported by a mentor since they had been employed and were not allowed to work alone until their performance had been signed off by a more senior member of staff. The registered manager acknowledged the recording of the interview process for the four candidates could have been improved.

We recommend the provider ensures systems are in place to monitor safe recruitment of staff.

We found medicines were managed safely at the home. People were supported with their prescribed medicines by qualified nursing staff who had their competency to administer medicines checked. Nurse competency was monitored by the registered manager and deputy manager. Medicines were locked away in cabinets which were secured to an outside wall. We checked periodically throughout the inspection and the cabinets were always locked when unattended. Medicines which required additional storage as a result of their potential for abuse, were stored correctly and stock levels reflected records maintained.

Where people were prescribed medicines for occasional use (PRN) we found additional information was available to staff to ensure people were not in pain. One person who was not always able to verbalise they were in pain, had a detailed care plan in place to support staff with identifying changes in the person which may indicate they were in pain. On the first day of the inspection we noted some gaps in the recording of the administration of creams. Following the inspection we sought further clarification these were in place. The registered manager was able to provide us with re-assurance. They also advised us a new medicine audit tool was to be introduced.

We received mixed feedback from relatives about the cleanliness of the home. We observed the home to be clean and tidy. On both days of the inspection we did not notice any unpleasant odours. We observed there was a team of domestic staff who worked well with the care staff. There were areas which required additional maintenance, however these had been identified by the registered manager and an action plan was in place. Two of the relatives who contacted us after the inspection felt the cleanliness of the home could be improved. We provided this feedback to the registered manager. Infection control and the cleanliness of the home was discussed at the morning handover meeting.

The registered manager had introduced 'trend' meetings. These were dedicated meetings to discuss any accidents, incidents or falls as examples. The purpose was to reflect on people's safety and to ensure all staff had the opportunity look for how future events could be avoided and lessons were learnt.

Is the service effective?

Our findings

People told us they continued to receive effective care. People told us prior to moving into the home they were visited by the registered manager and had their care needs assessed. One person told us "The manageress came to see me in the hospital [before I came to live here]." They went on to tell us they were given enough information prior to moving into the home to make an informed decision about the move. This was supported by what two other relatives told us. "We were visited at home, [Name of registered manager] asked lots of questions and tried to get to know my husband and how he needed to be supported."

The registered manager told us they used the information gathered at the assessment to identify any additional equipment which was required to provide effective care. For instance one person who had fallen at home prior to their admission had a sensor mat in place when they first moved in. Their relative told us "He came in here, because we could not cope at home, he was having so many falls. When he first moved in there was a mat on the floor so staff would be aware if he fell. He has not fallen since he moved in."

Staff told us and we saw records that staff were supported through an induction and probation period. One member of staff told us "I have worked at other homes, and I have found this induction was very good." They went on to tell us they felt supported by their line manager the registered manager. We saw records that one to one meetings (supervision meetings) with staff had occurred and a record of a yearly review of their performance. However some records were not available to us as they were locked away and the registered manager did not have access to them. This had been highlighted by the provider in a quality assurance review conducted by the regional manager. The review had requested a system was put in place to monitor the frequency of the meetings. We noted a list had been compiled but it did not reflect the records we viewed. The registered manager confirmed with us after the inspection a new system had been put in place. We spoke with staff and they told us they felt supported and stated they would seek support from a line manager if they needed additional support.

People told us staff had been trained to support them. Comments included "They have enough carers... They train them very well... Since I've been here (4 months) none of them have left" and "I find it very good; the staff are very good, very concerned." This was supported by what staff told us. Staff said they had access to training and this was supported by records we viewed.

People received effective care when then moved between the home and other services. Each person had a transfer document completed when they left the home, this contained important information to third parties who were not used to supporting the person. We viewed a completed document for someone who had recently been admitted to hospital. It contained information about the person's health and their mobility as examples, this ensured people received consistent care.

People had access to healthcare when the need was identified. The home worked with a local GP practice that carried out a weekly visit to the home. Each person was reviewed on a regular basis and when new changes were noted in their medical condition. We observed people were referred to external healthcare

professionals when needed. One person told us "I see the GP...Somebody comes and does my feet...the nurse from the surgery comes every week to check my INR (blood clotting levels) to keep my blood stable." Another person told us "The doctor comes once a week and if you need anything he will prescribe it."

People were involved in decisions about the design and decoration of the building. We noted the registered manager had a desire to make the garden more accessible. This had been discussed at a resident and relative meeting. We saw details of the notes taken at the meeting and people confirmed they were involved. We discussed the garden with residents. One person told us "That would be good because I could put my wheelchair up alongside and do some gardening."

Communal areas of the home were used creatively. For instance the conservatory was used for arts and crafts, entertainment, eating and relaxing. We noted there was a high threshold from the conservatory into the garden area. Staff told us this made it difficult for people to access the garden, especially if they were in a wheelchair. Access was still available via the front door. We discussed this with the registered manager. They advised us that a survey had been undertaken for the doors to be replaced. We have confidence people will have easier access to the garden when the work is completed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked if the home was working to the code of practice for the MCA. People who lacked capacity in decision making did have a mental capacity assessment in place. When assessments were made about a person ability to make a decision about care and treatment decisions need to be specific. The template used to record the assessment lacked specific detail. We discussed this with a regional manager. They advised us the provider had identified this and a new template was being introduced. The home had referred people to the local authority for a DoLS assessment. At the time of the inspection only one person had been assessed and a decision made. We noted the home had been in contact with the local authority to chase the referrals.

People were supported to maintain a healthy diet. We received mixed feedback about the food. Positive comments from people included "The meals are excellent," "The chefs are very good, they talk to us. We have meetings every month. [At the last meeting] we talked about Christmas lunch and someone said they wanted bigger roast potatoes. Someone else wanted bubble and squeak sometimes. The food is very good here. If you are vegetarian there's something for vegetarians" and "I think they're very good because they cater for everything I might need." Less positive comments included "I'd like better food. It's all overcooked; vegetables are over boiled, no seasoning. I understand people can't chew" and "The food is actually not very tasty." We noted the chef met with people on a regular basis. We saw notes from the meetings and it was clear comments from people were taken on board and action was taken to make improvements in meal choices.

Is the service caring?

Our findings

People told us they continued to receive compassionate care from staff who provided them with kind and dignified support. Comments from people included, "The staff make it good. Anything you want they bring," "They're very kind. They do everything for you and look after you" and "They're very good to us. They look after us very well... This is a lovely nursing home." This was supported by what relatives told us; "The staff are very attentive, caring and informative making mother feel safe and cared for," "My father is living at the home, we are very happy with the care and dedication all the staff give him. The staff are very happy and make him laugh. They listen to him when he wants something and take the time to wait for him to speak." Another relative told us "Friendly staff, always willing to help if required."

People told us and we observed staff supported people in a dignified way. One person told us "I have bed baths. They are really respectful with the towels; they cover you up. You can choose to have a male or a female carer but I don't mind. Some people say they want a female carer." We observed staff responded to people's needs quickly. This was supported by what people told us.

We observed staff treated people with respect throughout the two days at the home. This was demonstrated by how the staff addressed people using their preferred name and how they supported them. We observed staff reassured people when they were worried and upset. One person was waiting to go to a hospital appointment. The staff member waited with them in the reception area for transport. The person was clearly anxious, the staff member was able to comfort the person and we later observed the person to be smiling and laughing with the staff.

People were informed and involved in decisions about their care and treatment. People told us they were consulted about how they wished to be cared for. Staff we spoke with told us each person had a dedicated member of staff to co-ordinate their care. The staff member was called a keyworker. Staff were knowledgeable about the person who they had been allocated. Staff spoke passionately about the people they supported, it was clear they had developed a good working relationship with people. One person told us "They're [Staff] like my friends, a lot of the staff, because you can chat with them. They [Staff] make time [for this] as they like to make sure you're happy at all times. If they see you looking a bit down they come and ask 'What's the matter?' and talk to you."

People were supported to maintain their independence. People told us they had choice about what they wanted to do during the day. Comments from people included "When I came here in June I couldn't walk at all. My feet were too swollen to put slippers on. They walked with me at first when I started [to walk again] but now I can walk on my own" and "I have quite a lot of choice about my daily routine." People told us they had developed close relationships with staff. One person told us "When I am washing I do what I can myself and the carers help me with the rest." This was supported by what relatives told us. Another person told us "My nurse is very efficient. He is so empathetic and understanding. He takes his time with you... They have to wash me and change me in the morning but I can still sleep if I want to."

People were supported with their communication needs. The service ensured that people had access to the

information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A relative told us staff used a pad to write questions down as their family member was very hard of hearing. Staff told us they used an alphabet board and 'yes' and 'no' cards with people. We noted that communication needs were assessed and systems in place to support people express their views. One person told us "We have Residents' Meetings every month."

We received positive feedback from relatives about the support their family members received. One relative told us "[Name of person] is extremely well supported; the staff are friendly, nice and welcoming."

Is the service responsive?

Our findings

People continued to receive a responsive and personalised service. Care plans contained information for staff to provide person-centred care. People's preferences had been documented and when we checked we saw people's preferences had been followed. For example, in one person's care plan it had been documented that they liked two pillows at night and also enjoyed their own company at times. In another person's care plan it was documented they preferred their lights off during the day even though their room was dark. When we visited this person they had their bedroom lights off, watching television and having their lunch. The care plans we looked at contained personal life histories, for example, in one person's care plan there were details in relation to their activities such as reading scripture puzzles and visitors from church.

Where people had been assessed as being at risk of developing pressure areas, air mattresses were in place. Air mattresses were set according to people's weight and set at the correct level for the person's comfort and to mitigate the risk of skin to break down. We looked in the people's care plans and there was correct documentation to inform staff what the settings should be.

People with tissue viability problems were cared for by staff who had the appropriate skills to manage wounds and prevent infection. When we checked people's records it was clear that body maps, wound photographs and dressings were up to date.

People were provided with support that met their needs, as regular reviews of people's needs were conducted. The home had identified they needed to review people's likes and dislikes. We spoke with the deputy manager about this. They told us they had introduced this to ensure changes in people's preferences was recorded and acted upon.

People and their relatives were supported to have a dignified death. One relative told us how family members had been able to stay at the home in the last few days of their relative's life. They went on to tell us how attentive the staff had been to their relative; ensuring they were comfortable and clean. The relative went on to tell us how they and their siblings had been supported by the staff. "The focus was on care." The provider had guidance for support on how to support people after their death in relation to their specific religious belief or cultural needs.

The home had a complaints procedure. We noted the home had received complaints since our last inspection. We saw the records on how the complaints had been handled. Complaints were also monitored by the provider through their quality assurance processes. People were encouraged to provide feedback about the care they received. The home operated a staff award. Nominations were placed into a box in the reception area. One visitor told us "[Person's name] is very happy with the carers. Last month we nominated one of the staff for the Star Carer award. My impression of the staff is very good; they've been very helpful."

People told us they knew who to speak with if they did have concerns about their care. However we received the following comments "I don't have any complaints. They're [Staff] all very good" "We say if we've got any

problems and they write it all down" and "I've got no problems. The staff are fine."

People had access to a wide range of activities within the home and in the local area. On the first day of the inspection three people were supported to go to the local garden centre. We observed people and staff were looking forward to the trip. One person told us "We're going to Wendover Garden Centre to see the Christmas decorations. We'll have lunch." When we saw the person returning to the home, they were relaxed and happy. Another person who had been out told us they had bought a new coat whilst out.

People gave us positive feedback about the availability of activities. Comments included "We usually do a few games down here [in the sitting room] in the mornings. We all look forward to that. In the summer they push us around the garden and round the village green. It's really pleasant. They put umbrellas up and you sit outside; I've done that several times," "We've had singers, quizzes, games, jigsaws, dominos, hoopla that's great fun, exercising with a ball, which helps my condition I need stimulation to keep my brain going" and "The people who do the entertainments have to do things which can work for everybody with varying abilities."

People were supported to practice their religion and faith. One person told us "We're all good friends here. We all look after each other. The vicar comes once a month and does a little thing [communion] with us. That's important to me; there's never a day goes by when I don't thank God." Another person told us "No, no, no. I don't feel excluded. I'm a Jehovah's Witness, so my congregation is coming in. The carers come in and sit for a chat."

Is the service well-led?

Our findings

At the last inspection carried out on 10 and 11 October 2016 we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, as the service did not ensure the Commission was notified of important events when legally required to do so. We asked the provider to complete an action plan to show what they would do to ensure notifications were received by CQC in the future. At this inspection we found we had been notified of all events where required.

There was an experienced 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.

Staff told us they felt valued by the registered manager and felt able to contribute to improvements within the home. One member of staff told us "I feel I can share my idea and this makes me feel valued." The registered manager created a culture where staff felt supported and praised for their work. One member of staff told us "It's like a family really. This home in particular. I felt comfortable from the off. It can be stressful but it's how that stress is dealt with. The manager is at the end of the phone at any time even if she's not here." The workforce was stable and some people had worked at the home over two years. All staff worked together and supported each other. We observed there was good team work and effective communication between the chef and the care staff.

The registered manager communicated changes to people who lived at the home. A group of residents we talked to all knew about a new cooker installation. They said a memo had been sent round about it and they had talked about it too. Another person told us "[Name of registered manager] is well organised. She comes to see us. If you want to see her staff will tell her and she'll come and talk to you."

The provider had a set of expectations placed upon the service to monitor the quality of the service. A senior regional manager was responsible for undertaking a monthly quality visit. A database was used to capture information from audits and monitoring of the home. Reports were available on outstanding actions which had arisen from audits, number of falls, and number of safeguarding concerns as examples.

The registered manager met with people and their relatives on a regular basis. This was an opportunity to seek feedback about the service provided and to seek ideas for service development. Relatives we spoke with felt they could share their ideas with staff.

The registered manager had developed education boards to discuss with staff. These were visual learning tools on key elements of supporting people in a care home. For instance, infection control, falls and urinary tract infections were covered. We spoke with a member of staff about the boards. They told us "They have been useful as they have reminded me and acted as a prompt." We spoke with the registered manager about these. They told us the information contained was based on national guidance and best practice.

Information from trend meetings, daily handovers and audits conducted were all used to drive improvements for people who lived at Hulcott Nursing Home.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The provider had a policy on DOC and the registered manager was aware of what action they needed to undertake if the threshold had been met.

The home worked with external agencies. This included the local authority and the Clinical Commissioning Group (CCG). For instance a local authority contract monitoring visit had been conducted on 13 April 2017 and on the second day of the inspection we noted the home was visited by two social workers to review people's care.