

# 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Higham House Nursing Home is a nursing home providing personal and nursing care to 30 people aged 65 and over. 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 safeguarded from the risk of abuse. Unexplained bruises and injuries had not always been investigated. Not all staff could demonstrate knowledge of potential signs of abuse.

Risk assessments were in place to protect people from harm. However, these were not consistently followed by staff.

People's meal time experience required improvement. Staffing levels needed to be reviewed to ensure there was enough staff on shift to meet people's individual needs.

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 provider and manager lacked oversight of the service. Audits completed did not identify the improvements required that were found on inspection.

People were protected against infection. Staff wore appropriate personal protective equipment [PPE] and the home appeared clean.

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

The last rating for this service was requires improvement (published 02 April 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We received concerns in relation to the governance and oversight of the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Higham House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and treatment, person centred care and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

### 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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**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.

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 was carried out by two inspectors and two assistant inspectors.

#### 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The provider had recruited a manager who had submitted an application to be registered. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This supported the service and us to manage any potential risks associated with Covid-19.

#### What we did before the 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with four relatives of people who use the service about their experience of the care provided. We spoke with 10 members of staff including the provider, manager, nurses, care workers, a housekeeper and a cook.

We reviewed a range of records. This included five people's care records, care delivery 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 were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and staff meeting minutes.

# 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.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- People had individual risks assessed and strategies in place to mitigate any risks to their care however, these were not always followed by staff. For example, one person's risk assessment for pressure care detailed they were at high risk of pressure sores and required two hourly repositioning. The manager was unable to provide evidence of repositioning or skin integrity checks for this person. This put people at risk of harm.
- People had been assessed as being unable to use their call bell. One person's care plan and risk assessment detailed they required hourly checks to ensure their safety. However, records of these safety checks had only recently been implemented. Not all staff could tell us which people could not use a call bell or what was in place to mitigate any risks.
- Professional guidance and advice to reduce the risk of a person choking was not always followed. One person's assessment for swallowing, completed by a healthcare professional, detailed they required level one thickener in their fluids. The care plan contained conflicting information and detailed level two. Not all staff could tell us which people required thickener in their drinks and to what consistency. This put people at risk of choking.
- There were no risk assessments or care plans for people with health conditions such as diabetes and epilepsy. Blood glucose monitoring for people with diabetes had been completed however, there was no record of peoples blood sugar range and what action should be taken by staff if this was too low or too high.
- Not all unexplained bruises or injuries were investigated and monitored. Staff told us they had received training in safeguarding and would report any concerns to the manager. However, not all staff were able to describe potential signs of abuse. This put people at risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Protocols were in place for staff to follow for 'as required' medicines. However, not all protocols had the required information recorded. For example, a protocol for administering medicines for epilepsy did not detail this was to be administered five minutes after a seizure as prescribed on the prescription. This put people at risk of not receiving medicines as prescribed.

- Medicine administration record's (MAR) were in place and we found no gaps in recording of administration of medicines.
- Checks were in place to monitor the safety of the environment. However, regular flushing of water pipes in unoccupied rooms had not taken place to reduce the risk of legionnaires disease.

### Staffing and recruitment

- We reviewed the staffing levels in the home and on most occasions, there was one or two care assistants and one nurse during the day. There were six people that required support from two members of staff to mobilise, use the hoist and have their personal care needs met. This meant people may not have always receive support as needed. One member of staff said "We prioritise the care that is very important. It might be that we will not do as many showers as we would have liked to." Another said "If there are two carers on and we are in the bedroom, then the people in the lounge are waiting to use the toilet."

We recommend that the provider reviews staffing levels, considering peoples individual dependency needs to ensure that support is given when needed.

- Staff had been recruited safely with appropriate checks however, the providers policy on recruitment needed reviewing as it did not detail how often Disclosure and Barring Service (DBS) checks should be renewed for existing staff. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found one DBS check was 16 years old. Following inspection, the provider and manager assured us all staff DBS checks will be renewed.

### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, regular cleaning of 'high touch areas' and communal bathrooms had not been recorded.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We 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 accessing testing for people using the service and staff.
- 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.

We have also signposted the provider to resources to develop their approach.

### Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken. However, we saw no review of these to identify trends or patterns to ensure lessons were learnt.



# 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.

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).

Supporting people to eat and drink enough to maintain a balanced diet

- We saw staff encouraging people to eat however, there was not enough staff to ensure those who required support to eat received one to one support. We saw one member of staff sharing their time between four people. One member of staff said "We need to feed just one person and stay with them. If people can't feed themselves then they are waiting to be fed."
- Systems in place to monitor people's food and fluid intake for those who were at risk of dehydration and malnutrition was not effective. For example, people who had a fluid chart in place did not have a fluid target recorded. This meant that fluid intake was not monitored and no action was taken when fluid targets were not met.
- Food charts did not always detail what food had been offered to people and the amount eaten. One person's care plan detailed staff were required to offer regular snacks however, information recorded on the food charts did not evidence this.
- People's likes and dislikes were not always taken into consideration. One person's care plan detailed they did not like mash potato and their food chart showed they had been given this on a number of occasions. Staff told us one person liked to eat their food with their hands however, we saw staff encouraging this person to use cutlery.

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

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.

- 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 with the relevant people consulted. However, we saw no evidence of this for regular Covid-19 testing. Some relatives had been asked to sign consent forms without the legal power to do so with no evidence of best interest discussion.
- There was a lack of oversight of Deprivation of Liberty Safeguards (DoLS) authorisations. The manager told us some had expired and required re application. Following the inspection, the manager assured us that new applications had been submitted where applicable.
- Staff did not always support people to make choices and decisions. During lunch, we observed that people were not offered a choice of drink. Staff told us they sought permission from people before providing any support.

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

- People's needs were assessed prior to living at Higham House Nursing Home. Care plans detailed people's care needs, 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. However, this had not always been followed. For example, a person's care plan detailed staff were learning a different language to support them to communicate however, we were informed this had not been implemented.

Staff support: induction, training, skills and experience

- There was a training programme in place for staff to complete online. However, records showed the majority of the courses required updating. Staff were positive about the training they had received.
- There was an induction programme in place for new members of staff which included shadowing experienced staff.
- Staff told us they felt supported by the manager. A member of staff said "[The manager] sits down and listens to us [staff] and takes it all into consideration."

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

- There was a development plan in place to refurbish and redecorate the home. We saw dementia friendly signage throughout the home and it appeared comfortable and clean.

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, dietitian, speech and

language therapists and optician.

# 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.

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 was still in breach of regulation 17 (Good governance).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was no effective system in place to ensure information recorded in people's care plans and risk assessments was reflective of their current needs. For example, one person's mobility care plan detailed they mobilised independently however, the care plan review detailed they were cared for in bed due to a deterioration in health.
- There was no system in place to assess staff competency, knowledge and skills. Whilst there was a training programme in place for staff to complete, not all staff could demonstrate knowledge of people's risks and needs.
- Audits that were in place did not monitor the care delivered by staff and if this met people's needs. For example, food and fluid charts were not being audited to ensure people were having enough to eat and drink.
- The provider did not have an effective system in place to monitor and ensure there was enough staff on shift to meet people's needs in a person-centred approach. This was a concern identified at the last inspection.
- The provider did not have a system in place to monitor Deprivation of Liberty Safeguards (DoLS). This was an area of improvement identified at the last inspection. This put people at risk of being deprived of their liberty without authorisation to do so.

We found no evidence that people had 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 2008 (Regulated Activities) Regulations 2014.

- People were supported to stay in contact with their family during the pandemic via window visits, video and phone calls. One relative said "One of the care staff sends me photos of [person] which I really appreciate".
- Staff were positive about the new manager and felt they were approachable. One member of staff said "If I have a problem, [the manager] says come straight to me."

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

- There had been no complaints recorded since the last inspection however, the manager had implemented a new system to monitor any complaints or issues raised by people or relatives. Relatives told us they would speak to staff or the manager if they had any concerns.
- The provider and manager were open and transparent with the inspectors and had identified improvements were required.

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

- People were asked for feedback on the service via meetings which had recently been implemented by the manager and needed embedding.
- People's equality characteristics had not consistently been met. For example, where English was not a first language for a person, we saw no evidence of information being translated or any alternative communication methods being considered or used.
- A survey was sent out to staff for their feedback and responses were yet to be collated and reviewed to create an action plan. Some staff provided open and honest feedback that required immediate attention. We saw evidence the manager had conducted recent supervision meetings with staff to discuss any concerns.

Working in partnership with others

- The provider had worked closely with local health and social care commissioners and an action plan was in place for improvements.
- We saw evidence of referrals being made to external professional when required.

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
Treatment of disease, disorder or injury	The provider had failed to ensure people received the appropriate person-centred care and treatment, based on their needs, particularly in relation to support at mealtimes.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and processes had not ensured risks to people were identified and mitigated to protect people from potential risk of harm.

### The enforcement action we took:

We issued the provider with a warning notice to be compliant with by 19 April 2021

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 failed to have systems and processes in place to assess, monitor and mitigate the risks relating to health, safety and welfare of people, or have sufficient systems to improve the quality and safety of care.

### The enforcement action we took:

We issued the provider with a warning notice to be compliant with by 19 April 2021.