

Harbour Healthcare Ltd

Hilltop Hall Nursing Home

Inspection report

Dodge Hill
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Stockport
Cheshire
SK4 1RD

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hilltop Hall Nursing Home is a care home providing personal and nursing care to up to 54 people. The service provides support to older people. At the time of our inspection there were 40 people using the service. The care home accommodates people in one adapted building across 3 floors.

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

People were not always involved in planning their own care. Care plans did not always contain personal information to enable them to provide individualised care. There was an activity provision; however, people did not always receive meaningful interactions. We have made a further recommendation about people cared for in their room receiving meaningful activities that promotes their wellbeing.

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

Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always actioned the concerns we found on inspection. We identified a repeated breach and a new breach of regulations. People's care plans were not always accurate and reflective of people's current care needs. The management team were helpful and quick to investigate and provide assurances when we fed back our findings during and after the inspection. Staff were complimentary about the manager and people gave positive feedback about the care provided by staff.

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 (published 18 March 2021) and there was a breach of regulations. 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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider referred to current best practice to prioritise meaningful interaction for people cared for in bed. At this inspection we found further work was needed to develop this approach.

The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

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.

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 remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the responsive and well-led sections of this full report.

The provider was transparent and responsive throughout the inspection and took action to attempt to mitigate the risks we identified.

You can read the report from our last inspection, by selecting the 'all reports' link for Hilltop Hall Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to person-centred care and governance of the service.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Inspected but not rated.

Inspected but not rated

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Hilltop Hall 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 was carried out by two inspectors and one 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.

Service and service type

Hilltop Hall 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. Hilltop Hall 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. However, the current manager had submitted their registration application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one visitor about their experience of the care provided. We spoke with seven members of staff including the manager, regional manager, senior care worker, care workers and activities co-ordinator. We reviewed a range of records. This included activity records and four people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we reviewed additional information sent through to us by the manager in mitigation for concerns found on inspection.

Is the service safe?

Our findings

S5 How well are people protected by the prevention and control of infection?

- 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 somewhat assured that the provider was using PPE effectively and safely. On arrival at the home we found not all staff were wearing PPE appropriately. We spoke with the manager who rectified this immediately. They told us they had provided additional supervisions to staff to ensure staff wore appropriate PPE.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- Relatives and friends were supported to visit their loved ones at the home in a safe way. Procedures were in place to ensure visiting was facilitated as per Government 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 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.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At the last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider was still in breach of regulation 9.

- People had care plans and risk assessments in place. However, we found no evidence that people or loved ones had been involved in assessments or reviews of their care and support needs and treatment. People we spoke with told us they did not know about their care plans.
- Care plans contained information to direct staff on people's every day care needs. However, we found there was little detailed information in care plans about people's personal history, cultural needs, individual preferences and how they would want to have their care provided. There was not enough available information on people's preferences for new or agency staff to deliver care in a person-centred way. The manager told us they had introduced "This is me" documents secured in people's bedrooms. The manager acknowledged this information should be available to staff and they told us they were in the process of transferring information to the electronic care plan system used to inform staff of people's care needs.
- Care was not always delivered in line with information detailed in care plans. For example, we saw one person, receiving end of life care, had information in their care plan for their environment to be as pleasant and quiet as possible. However, on our arrival early morning, we found this person's door was wide open and their television was on playing a radio music station. We also found this person's records for nutrition and hydration intake were not always completed.
- At the last inspection we identified not all people had access to a call bell. At this inspection we visited a sample of bedrooms found some people's call bell was out of reach. The manager told us that some people were unable to use a call bell and some people have a wrist pendant instead.

People were not always provided with individualised care that met their needs. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings. The management team were helpful throughout the process and reacted quickly to any concerns raised. After the inspection we received assurances of improvements made. We will review and evaluate the effectiveness of these improvements at the next inspection.

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

At the last inspection we recommended that the provider refers to current best practice to prioritise meaningful interaction for people cared for in bed. At this inspection we found some action had been taken; however, further work was needed to develop this approach.

- We reviewed a sample of people's activity records during the inspection and we were supplied an additional record by the manager after the site visit. We found actions taken as a result of our recommendation were insufficient to ensure people cared for in bed benefitted from regular opportunities during their day to participate in activity that was meaningful to them and promoted their wellbeing. On review of the person's record supplied to us by the manager, we found only seven staff interactions over a period of 24 days and the recorded activities were generic and not individual to each person.

We make a further recommendation that the provider refers to current guidance to prioritise meaningful, individualised interaction for people cared for in bed.

- The home employed one full-time and one part-time activity co-ordinator. An activity programme was in place for the whole home. We received mixed feedback from people about activities. One person told us, "I don't think they have any (activities). If they go out into the garden I go and sit with them." Another person told us, "I like colouring, baking, going in the garden, I like singing."
- Visits to loved ones were being fully facilitated and options were in place to continue visiting if a person needed to isolate. One person told us, "My daughter comes, to see me, she can come anytime."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans. Any additional support people needed to communicate was recorded.
- The manager told us they were able to provide people with information in different formats if needed.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place with timescales for responding to any complaints received.
- We reviewed the complaints and compliments file and saw that complaints were addressed by the manager.

End of life care and support

- The manager told us they had a good relationship with GPs and district nursing teams to provide end of life care. Staff are made aware if anyone is nearing the end of their life and an icon is visible on people's electronic care plan.
- On admission, people were given the opportunity to complete an advanced care plan to record their wishes.

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 remained requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager carried out a series of audits, checks and daily walkarounds to check for the safety and quality of the home and care provided. We saw that maintenance safety checks had been completed. However, we found that not all risks had been identified, and where risks had already been identified, these had not always been addressed and rectified.
- We found care plans were not always accurate and clear on how to provide safe care and treatment. We found conflicting information in care records and care documents did not always reflect people's current needs. We found concerns that people may not have been receiving the correct food textures due to discrepancies in information.
- The manager had not always ensured the safety of people around the home. We found concerns with staff practice and the environment. We found areas around the home that required refurbishment and repair, for example, a leaking roof causing the tiled floor to be wet. We observed people being transported around the home in wheelchairs without wearing a safety belt. We found radiators were not always covered to prevent the risk of burns, and access to areas such as the sluice, kitchenette and cleaning cupboard was not secured. Staff had not ensured several tubs of thickening agent had been secured away. This placed people at risk of harm of the accidental swallowing of thickener.
- Procedures in place to keep oversight of the operations of the home had not always identified and actioned the concerns we found regarding person-centred care, accurate care documentation and risks associated with staff practice and safe environment.

The provider had not always ensured full oversight of the operations of the home, leading to the breaches identified in this inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager at this service. However, the current manager had applied for manager registration and was awaiting the outcome. The manager told us they were very well supported by the wider management team and the provider.
- The manager was aware of their regulatory requirements and notifications had been submitted as per registration requirements.

During the inspection we fed back our findings and the management team were helpful throughout the process and reacted quickly to any concerns raised. After the inspection we received assurances of improvements made. We will review and evaluate the effectiveness of these improvements at the next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home did not always provide person-centred care. We did not see where people had been consulted or engaged with about how their own home was run or how it could be improved, and people told us they did not get asked about what happens at the home.
- The manager told us they had made improvements since they came to the home 10 months ago. They told us they had introduced a new filing system and they had received less complaints. The manager told us they wished staff to be fully trained, promoted internally and feel appreciated in their role.
- Staff were all complimentary about the home manager. Staff felt supported and told us the management team were approachable and helpful. Staff told us the home manager encouraged training and they had regular supervision. Staff told us they felt confident that if they raised an issue, it would be dealt with. Staff told us they have supervision and receive an annual survey.
- We received positive feedback from people about the staff. One person told us, "They [staff] do little special things for me, they ask if I need anything. I wouldn't want to move from here as the staff are so good." And "Yes, they [staff] are kind to me."

Continuous learning and improving care; 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

- Accidents, incidents and safeguarding concerns were reviewed, analysed and investigated where necessary. The manager gave us an example of learning from a safeguarding incident and what measures had been implemented to reduce the risk of further incidents. This learning had now been cascaded to other homes in the group.
- The manager told us about their aspirations for the home, wishing to introduce more trips out for people and improve the décor. They would like to introduce nurse champions once they were fully staffed.
- The manager told us they had concerns about meals and people's weights, so they had introduced more options and menus. They had also introduced snacks and fresh fruit every day.

Working in partnership with others

- The manager told us they had established relationships with partner agencies and worked well with the local authority and safeguarding teams.
- The manager had close working relationships with the local GP service, district nurse teams and other medical professionals to ensure people received prompt and appropriate medical care. People told us they received support from staff if they were unwell. One person told us, "When I was ill, they called the doctor quickly and I was alright."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always ensure people received care and support in a person-centred way. Care and treatment were not always individualised, appropriate and met people's needs.</p> <p>Regulation 9 (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured full oversight of the operations of the home, leading to the breaches identified in this inspection. The provider had not always ensured safe staff practice, safe environment and the delivery of person-centred care.</p> <p>Regulation 17 (1) (2)</p>