

Beech Lodge Limited

Seven Hills Nursing Home

Inspection report

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Date of inspection visit: 19 October 2015
Date of publication: 03/02/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Seven Hills Nursing Home is a 28 bedded home offering nursing and residential care for older adults, some of whom are living with dementia. At the time of our inspection there were 25 people living there. It is situated in South Yorkshire and within easy reach of Sheffield city centre and public transport links.

Our last inspection of Seven Hills Nursing Home was on 6 August 2013 and the service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 19 October 2015 and was unannounced. This means the people who lived at Seven Hills Nursing Home and the staff who worked there did not know we were coming.

There was a manager at the service who was registered with CQC. 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.

Summary of findings

People told us they liked living at Seven Hills Nursing Home and staff told us they enjoyed working there.

We found systems were in place to make sure people received their medication safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Enough staff were employed to keep people safe, although there were only limited activities available to people living at Seven Hills Nursing Home. What was available was dependent on how busy care staff were.

Staff were provided with relevant training and support to make sure they had the right skills and knowledge for their role.

People were treated with dignity and respect. We saw that staff were caring and communicated well with people living at Seven Hills Nursing Home.

People were provided with a varied and nutritious diet. People told us they enjoyed the food at Seven Hills Nursing Home.

Care plans contained person centred information which meant staff had personal and medical information available to them to ensure the person was supported in the way they preferred to meet their health and social care needs.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure procedures were adhered to. Where any problems were identified the registered manager took action to resolve them.

Everyone told us that the registered manager was approachable. Resident and staff meetings had been held in the last six months.

The service did not always follow the requirements of the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards as not all people's care plans clearly recorded whether the person had the capacity to make significant decisions about their care and treatment.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014, need for consent. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

Safe procedures for the administration and storage of medicines were followed and medicines records were accurately maintained.

Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse of vulnerable adults.

There were effective staff recruitment and selection procedures in place.

There were enough staff to meet the care needs of the people using the service.

Good



Is the service effective?

The service was not always effective.

Care records did not fully reflect whether a person had capacity to make decisions about their care and treatment.

Staff received appropriate training and had varying amounts of supervision to support them to undertake their jobs.

People were supported to receive a nutritious and varied diet which took account of their personal preferences and any specific dietary needs.

Requires improvement



Is the service caring?

The service was caring.

People told us the staff were caring.

Staff respected people's privacy and dignity, and knew people's personal preferences well

Good



Is the service responsive?

The service was not always responsive.

There were limited activities available for people to participate in.

The frequency of these activities was dependent on the availability of care staff.

There was a clear complaints policy that was readily available. People told us that any issues they raised were resolved by the registered manager.

Good



Is the service well-led?

The service was well-led.

Staff told us the registered manager and other managers in the organisation were approachable and communication was good within the home.

Good



Summary of findings

There were quality assurance and audit processes in place. The registered manager took any action required as a result of these processes.

The service had a full range of up to date policies and procedures available to staff.

Seven Hills Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2015 and was unannounced. The inspection team was made up of one Adult Social Care inspector and a Specialist Advisor. A Specialist Advisor is a professional with experience of working with someone who uses this type of care service. The Specialist Advisor was a qualified nurse with previous experience of working with older people. We did also request an expert by experience to join the team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Unfortunately there was no expert by experience available to assist us on this particular day.

We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services who had no concerns regarding the service.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. We spoke with five people living at Seven Hills Nursing Home and two relatives. We also spoke with nine members of staff, including the registered manager, the nominated individual and the manager who would shortly be taking over from the registered manager.

We reviewed a wide range of records including four people's care records, four staff files and a number of records relating to the management and quality assurance of the service. We checked the medication administration record charts for everyone living at Seven Hills Nursing Home. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the services provided at Seven Hills Nursing Home.

Is the service safe?

Our findings

People told us they received the correct medication at the right time. We looked at the medication administration records (MAR) for everyone living at Seven Hills Nursing Home and they were fully completed with no gaps in recording. This meant that the nurse giving out the medicines had always signed to say they had been given to the person or had recorded a reason why they hadn't been given.

There was a signature list available of all the staff who administered medicines and a PRN medication plan for those having medication on this basis. Medicines that are PRN are given as and when required by the person, for example when pain relief is needed. A signature list and a PRN plan are both ways to ensure that people are given their medicines when they need them and by a member of staff who is qualified to do so. We saw that medicines were stored correctly and locked away when not needed.

We saw that there was 'Thick and Easy' (a powder used to thicken drinks for people who have been identified as at risk from choking) left on the drinks trolley accessible to people living at Seven Hill Nursing Home. Department of Health guidance has been issued that thickening powders should not be readily accessible to people living with dementia, as it could be misused. We spoke to the manager about this, who was not aware of the guidance, however she proceeded to remove it immediately and it was locked away.

We looked at four people's care records and saw they contained risk assessments that identified the risk and the actions required of staff to minimise the risk. For example, one of the care records showed that the person had experienced a high number of falls. These were well documented throughout the care record and we saw that steps had been taken to try and reduce the number of falls. In this particular case the medication for the person had been changed and this was having a positive effect. We saw a person living at Seven Hills Nursing Home had the remains of a black eye (dark bruising). We checked their care record and the accident that had resulted in this injury had been documented and a body map had been completed so all staff were aware of the injury.

We looked at four staff files. Each contained references, proof of identity and a Disclosure and Barring Service (DBS)

check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. All the staff files we looked at confirmed that recruitment procedures in the home helped to keep people safe.

On the day of our inspection there were five care staff and one qualified nurse on duty. This was in addition to the registered manager, manager and administrator. There was also a cook, kitchen assistant, laundry assistant and two domestic assistants working for all or part of the day. We were told this was the usual level of daytime staff on duty, and during the evening (after 7.30pm) and night there were three care staff and one qualified nurse on duty.

People told us that they felt safe and there were enough staff. Staff told us that they thought there were enough staff working at Seven Hills Nursing Home to meet everyone's day to day needs. Some staff told us they could do with more activities for people to get involved with and that it would be good to have a specific activities coordinator rather than relying on availability of care staff to support any activities. One relative told us "[Name] is looked after well. At times the home was short staffed and it was difficult for the staff."

We saw that Seven Hills Nursing Home had a safeguarding adults' policy. We spoke with staff about their understanding of protecting adults from abuse. Care staff told us they had undertaken safeguarding training and would recognise different types of abuse. All staff we spoke to told us that they would know what to do if they witnessed anything untoward and that they would report their concerns to the registered manager or senior person in charge straight away.

Staff also had a good understanding about the service's whistle blowing procedures and felt that any issues they raised would be taken seriously. Whistleblowing is one of the ways in which a member of staff can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

The service had a policy and procedures in place for looking after people's money. The administrator explained to us that each person had an individual amount of money kept at the home that they could access. We checked the

Is the service safe?

financial records for three people and found the records clear and up to date. This showed us that procedures were in place and correctly followed in order to keep people's finances safe.

On arrival at Seven Hills Nursing Home we walked around the premises and saw that they were clean and smelt fresh.

Staff were wearing disposable aprons and gloves as required to reduce the risk of spreading infection. We saw certificates that confirmed the lift and other equipment was regularly maintained and in working order. This showed that appropriate action was taken by the service to keep people and the equipment they used clean and safe.

Is the service effective?

Our findings

Care staff told us they had a three day class room based induction to their job, which included training in the areas of moving and handling, working with people with dementia, safeguarding vulnerable adults and the mental capacity act. One member of staff we spoke to had also undertaken more specialist training around how to support people who display behaviours which challenge. Only qualified nurses dispensed medicines to people living at Seven Hills Nursing Home and they also received training around other medical procedures such as catheterisation and wound care. We saw records of new staff shadowing more senior staff as part of their induction so they could learn from colleagues with more experience. All the staff files we looked at contained training certificates. All of this confirmed that staff were properly trained to be able to undertake their job roles effectively.

We looked at the supervision and appraisal policies and procedures for staff working at Seven Hills Nursing Home. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The policies and procedures indicated that all staff should have a minimum of one clinical supervision, one self-appraisal and one development appraisal every year. This should be more often if there were any issues regarding the performance of a member of staff.

We had variable responses from staff we spoke to about how often they received supervision and the staff files we looked at didn't always show that supervision or appraisals had taken place in line with the policies. We spoke to the registered manager about this who told us that the service was moving away from self-appraisals and more towards one to one meetings between the staff member and their line manager. We did see evidence on staff files of group supervisions taking place in the previous six months, this is where the registered manager met with groups of staff undertaking similar job roles, for example meetings specifically with all domestic staff or all night staff.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw that some of the people living at Seven Hills Nursing Home were potentially deprived of their liberty and that the registered manager had applied to the local supervisory body for DoLS authorisations for these people.

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 were being met. The care records we saw were all detailed and all up to date, however they did not always reflect whether the person had capacity in areas where significant decisions about their care had been made. One care record contained a Do Not Attempt Resuscitation (DNAR) certificate, which stated that the person did not have capacity but there was no capacity assessment on file. Two care plans showed that the people concerned had bed rails in place. Bed rails can be used appropriately to keep people at risk of falling out of bed safe. There was no evidence of a capacity assessment and best interest assessment being undertaken to ensure the rails were needed and in the person's best interest to have them in place. There was one person with a covert medicines plan in place and in their care record there was a mental capacity assessment and evidence of a best interest assessment regarding this issue. As we did not always find evidence of these assessments taking place it meant the MCA and Code of Practice had not always been followed when assessing a person's ability to make a decision.

Not all of the staff we spoke with during our inspection understood the importance of the MCA in protecting people although they did recognise the importance of involving people in making decisions.

The above is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014, need for consent

We saw people enjoying their breakfast and lunch time meals. The staff were attentive and supported people

Is the service effective?

residents where it was needed. There were a number of options available at each meal time. These options were displayed in writing on the board in the dining room, and staff asked after breakfast what people wanted to eat for lunch.

We saw one person eating a full English breakfast. When she had finished she told us, “it was good food” and she had a “good breakfast all the time.” A relative told us that people living at Seven Hills Nursing Home “have a good meal every single day.” We saw that snacks including fresh fruit were available and staff told us that people could ask for “snacks, fruit, whatever they want, whenever they want it.”

We saw positive staff interactions with people living at Seven Hills Nursing Home. One person who came down to the dining room unescorted was greeted and asked where they would like to sit. This person took their time starting their breakfast and there was no encouragement from staff. We checked this person’s care record and it did state that they could become agitated if staff pushed them to do things, the person did eventually eat all their his food. There was another person who sat for about 15 minutes with three sandwiches in front of them at breakfast, they were falling asleep. The manager then came and sat with the person, they perked up and ate all their breakfast and had two cups of tea. These two incidents showed us that staff knew people’s preferences at mealtimes.

Several people required support to eat and/or drink and we saw there was appropriate equipment in place for this to happen. Where people required the support of a member of staff we saw this was given in a caring and compassionate way. People were gently encouraged to eat and were given time to enjoy each mouthful. People were supported and encouraged to sit together with their friendship groups, and we heard laughter and meaningful conversations.

The premises were not completely designed to meet the needs of people living with dementia. The carpet in the basement was very ‘busy’ with a bold, swirly print. This can be confusing for people living with dementia as it may not be clear to them that they are walking on and could increase their risk of falling. We spoke to the nominated individual who explained that this was the last carpet requiring replacement and that no one actually lived on that particular floor, although the activity room was based there. While we there representatives from a floor covering shop arrived to measure up for plain laminate flooring to replace the carpet.

The top floor of the building was a new area developed to accommodate four people with ‘enhanced care’ needs in separate bedrooms with ensuite shower facilities. The registered manager told us that this floor was still a work in progress with two people currently living there. There were sensor mats in both rooms to alert staff to any movements made by the people living in these rooms. All four rooms had profile beds, these are beds specifically designed to enable people to sleep in different positions and provide pressure relief. This floor was not particularly personalised with bare walls and doors. The doors had door knockers but no indication as to whose room it was. We spoke to the registered manager and nominated individual about this, who told us that a local college was creating a mural for this floor which would include references to local places and be quite tactile.

On the other floors we saw bathrooms with appropriate equipment for people who needed support with personal care. Bedrooms were personalised with people’s own items of furniture, photos and other personal effects. This gave a homely feel to their rooms.

Is the service caring?

Our findings

A person told us that one of the best things about Seven Hills Nursing Home was that “people [staff] really do seem to care.”

All the interactions we saw between staff and people were caring. Staff always acknowledged people on passing through the communal area as well as responding to their needs. We saw a person shouting out, it was not clear what their needs were but staff responded immediately.

The relatives we spoke to were very happy with the care their relatives received. The relatives knew who the registered manager was and felt they could approach him with any issues, if they needed to.

Staff told us they enjoyed working at Seven Hills Nursing Home, “I love my job, love coming to work”. Another told us, “my Mum could live here, if I couldn’t look after her myself”, and “[Seven Hills Nursing Home] is definitely good enough for my family.” We could see this positive attitude reflected in their work.

We were told that particular requests were accommodated wherever possible, for example some families wanted their relatives clothes washed separately rather than with other peoples. We were told this wasn’t a problem and would be done if requested,

All staff worked across all three floors so they could get to know everyone who lived and worked at Seven Hills

Nursing Home. We were told that there was a staff handover meeting held every morning between the night staff leaving and day staff coming on duty. We also saw completed daily communication records for every person. This meant that all staff were kept fully informed and up to date on everyone’s needs.

We saw people were asked what they wanted to eat or drink throughout the day. Staff told us they never presumed anything about the people they supported, even if a person ate the same thing every day for breakfast they would always check every morning what they wanted to eat.

Staff understood what it meant to treat people with dignity and respect. They gave examples of covering a person with a towel or similar when providing personal care and we saw staff crouch down to eye level to communicate with people who were sitting down.

People told us their privacy was respected and we saw care workers knocking on doors before entering bedrooms. All staff we spoke to were aware of the need to respect people’s privacy and told us they would take people to a private area to discuss anything personal with them. We saw that care records and other confidential documents were locked away when not in use. We observed care interactions that were friendly and efficient. We saw staff speak with people respectfully before starting any care intervention to explain what they were doing.

Is the service responsive?

Our findings

The care plans we looked at all contained enough information to enable staff to support people in a person centred way. Some people living at Seven Hills Nursing Home needed a lot of support to manage their day to day needs and their care plans contained information on positive ways to support the person while trying to maintain their independence as much as possible.

Staff told us that people's care records contained enough information for them to support people in the way they needed. Staff had a good knowledge of each person's health and personal care needs and they could clearly describe the history and preferences of the people they supported.

Some people required specialist nursing care and in these people's care records we saw care plans in place to specifically address the clinical needs of the person. For example where a person was prone to skin tears we saw that appropriate referrals had been made to the tissue viability nurse and body maps had been completed to show all staff caring for the person when and where a person had a skin care.

We saw people's health was monitored. We saw records that people were weighed every month and their food and drink intake was monitored. Where there were any significant changes in people's health we saw that action was taken to address this. For example, where a person was rapidly losing weight they were weighed and monitored more frequently and were referred to the local GP practice where appropriate. We saw evidence in people's care

records of a wide range of other health and social care professionals being actively involved in their care. Staff told us they had developed good links with the local GP practice.

We saw there were some activities available to people living at Seven Hills Nursing Home, however there was a limited choice and we were told that the frequency of events was very much dependent on whether there were any staff available to assist. We were told a singer does sometimes visit and people really enjoyed this. There were also board games and cards available to people living at Seven Hills Nursing Home.

Groups of people were supported to go out to the local pub or shops, when staffing levels permitted. There was outside space available with seating areas, and a designated TV lounge and a quiet lounge inside the premises, this gave people some choice and control over what they wanted to do in the communal areas. People told us that they, "would like more things to do." We did talk to the nominated individual about this and he agreed to consider employing an activities coordinator.

There was a complaints procedure in place and we saw a copy of this was readily available to everyone. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw a system was in place to respond to complaints, however staff we spoke to told us they could usually resolve a complaint as soon as it was raised with them which prevented the need for more formal action to be taken.

Is the service well-led?

Our findings

The registered manager told us they were leaving their post later that year. A replacement manager had been recruited who was in the process of registering with CQC. We also met with this manager who was currently working through a seven week handover period with the registered manager. This is good practice and meant the new manager was learning from the experienced registered manager before they left.

During our inspection we saw the registered manager interact positively with people living at Seven Hills Nursing Home, staff and visitors. He was visible and approachable. All staff we spoke to told us that they felt supported by management. One member of staff told us they, “would go to him with anything that I wasn’t sure of, I find him approachable and helpful.”

We saw evidence of a daily walk round the premises undertaken by management or the senior carer on duty. This process gave managers the opportunity to observe and talk to people living and working at Seven Hills Nursing Home, and also to check that all furniture and equipment was in working order. Any problems were noted on the daily sheets and a written record was made of what action was taken to rectify any issues raised.

The service also undertook regular audits, this is where regular checks are made to ensure good practice is maintained and action is taken if standards are slipping. We saw medication audits were regularly undertaken as well as six monthly infection control audit. All these were carried out in line with the provider’s policies and we saw that action was taken to address any shortfalls.

One relative told us, “I know [name of manager] and I am comfortable going to him.” We were told the resident/relative meetings “are a bit hit and miss.” We saw the agenda for the last scheduled residents meeting held on 15 May 2015, The registered manager told us that this meeting was poorly attended and there were no minutes available for us to look at. The next meeting was scheduled for the following month.

The registered manager told us he had an ‘open door’ policy, where people living at Seven Hills Nursing Home, their relatives and staff could talk to him at any time about any concerns they had. Everyone we spoke to confirmed that this was the case.

We saw minutes of meetings the registered manager held with groups of staff. We didn’t see any records of the registered manager holding a meeting with all staff at the same time. Most staff told us that they thought the frequency of meetings were sufficient particularly as they felt they could individually approach any of the managers at any time. One member of staff told us, “I love it here, we are a really good team and management are lovely.”

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were up to date. This meant any changes in current practices were reflected in the home’s policies. Staff told us policies and procedures were available for them to read and we saw that they were readily to them.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Not all staff understood the Mental Capacity Act.</p> <p>Care records did not fully reflect whether a person had capacity to make decisions about their care and treatment</p> |