GCH (Hillside) Ltd

Hillside 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

Overall summary

This unannounced inspection took place over two days on 1 and 2 June 2015. We last inspected this service on 1 and 10 September 2014. During that inspection we found that the provider was in breach of the regulation that related to care and welfare. Care was not delivered in a way that ensured people's safety and welfare. The provider sent us an action plan stating the steps they would take to address the issues identified. At this inspection we found that this regulation was now being met and that people received safe care that met their needs.

Hillside Nursing Home is a purpose built 55 bed care home providing accommodation and nursing and personal care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it. There were three units. Two providing nursing care and the third residential care. 45 people were using the service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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 and associated Regulations about how the service is run.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately.

In two of the three units staffing levels were sufficient to safely and effectively meet people's needs. However, some concerns were raised that staffing levels were stretched in the residential unit and the provider will be reviewing this.

The premises and equipment were appropriately maintained to ensure they were safe and ready for use when needed.

Staff received sufficient and appropriate training to provide a safe service that met people's needs.

We saw that staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs.

Staff supported people to make choices about their care and systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty.

People told us they felt safe at Hillside and that they were supported by kind, caring staff who supported them and treated them with respect. One person said, "I feel very safe here. I have never felt unsafe here."

We saw that people's nutritional needs were met and that if there were concerns about their eating, drinking or weight this was discussed with the GP and support and advice was received from the relevant healthcare professional.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that this was thought to be necessary for some people living at the service to keep them safe.

People were happy to talk to the manager and to raise any concerns they had. Staff told us they received good support.

The management team and the provider monitored the quality of service provided. This supported people to receive a service that was effective and responsive to their needs.

The amount and quality of activities and entertainment had improved but this was an area that needed to be developed further as people still felt that that there was "not a lot to do".

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?

Good

The service provided was safe. People's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare.

People were cared for in a safe environment and equipment was appropriately maintained to ensure that it was safe and ready for use when needed.

Systems were in place to support people to receive their medicines appropriately and safely.

Risks were clearly identified and systems were in place to minimise these and to keep people as safe as possible.

In two of the three units staffing levels were sufficient to safely and effectively meet people's needs. However, some concerns were raised that staffing levels were stretched in the residential unit and the provider will be reviewing this.

Is the service effective?

Good

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people effectively.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences.

Staff provided caring support to people at the end of their life and to their families. A healthcare professional told us that the manager and staff team appeared to have a strong commitment to caring for people during their last months and days of life.

Is the service responsive?

Good

The service was responsive. People were listened to and their feedback was acted upon.

People's needs were assessed to ensure that they received the care and support they needed.

Although activities and entertainment had improved people felt that further improvements were still needed.

Summary of findings

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Individualised care plans were in place and gave information about how people liked and needed to be supported.

Is the service well-led?

Good 

The service provided was well-led. People were happy with the way the service was managed and with the quality of service.

The manager monitored the quality of the service provided to ensure that people were receiving a safe and effective service.

The provider monitored the quality of the service provided to ensure that people's needs were met and that they received the support that they needed and wanted.

Hillside 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 1 and 2 June 2015 and was unannounced on 1 June 2015.

The inspection team consisted of two inspectors.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided and viewed the report of the Havering Healthwatch visit.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with 15 people who used the service, the registered manager, two nurses, a senior carer, six carers, five relatives and three healthcare professionals. We looked at 11 people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

After the visit we received feedback from a healthcare professional.

Good

Is the service safe?

Our findings

The care provided was safe. People told us that they felt safe living at Hillside Nursing Home. One person said, "I feel very safe here. I have never felt unsafe here." Another told us, "I feel safe here. There's no problems."

Two people had nasogastric tubes (tubes going into the stomach via the nose) inserted for the administration of fluid, nutrition and medication. At the last inspection we found that their care and treatment did not reflect relevant research and guidance and that care was not planned and delivered in a way that ensured their safety and welfare. Nurses were responsible for managing the nasogastric tubes and since the last inspection had received appropriate training to ensure that they were competent to carry out that task. They were receiving support from the hospital nutritionist. We looked at the records for people with nasogastric tubes and found that nurses recorded what had been administered via the tube and that there was a consistent record that the necessary safety checks had been carried out before they started this process or before the tube was reinserted. One person with a nasogastric tube told us, "I have no issues really. Sometimes the staff have to remove it but only the nurses insert it." Systems were in place to ensure that the needs of people with nasogastric tubes were safely and appropriately met.

In most areas of the service there were sufficient staff on duty to meet people's needs. People told us that there enough staff and that staff usually came quickly in response to call bells. However, in the residential unit there were two staff to support nine people with support provided from other units when requested. In this unit there were four people who needed the assistance of two staff when transferring to a chair or to the toilet. This meant that these people only received support for moving and personal care when another staff was available. One person told us that they liked to get up early but most days could not because the staff were busy. They had raised this with the registered manager and told us that they were looking into it. A member of staff told us, "We need more staff so we can look after people better." We discussed staffing deployment in this unit with the registered manager and a senior manager of the organisation and they agreed to review the situation and to action the outcome of their review.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were ordered, stored and administered by staff who had received medicines training and had been assessed as competent to do this. In the nursing units medicines were administered by the nurses and by senior carers in the residential unit.

Medicines were kept safely. Medicines were securely stored in appropriate locked medicines trolleys in locked 'treatment' rooms. The person responsible for the administration of medicines kept the keys with them during their shift. There were also appropriate storage facilities for controlled drugs. We checked the controlled drugs in one unit and found that the amount stored tallied with the amount recorded in the controlled drugs register.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at a sample of Medicines Administration Records (MAR) on each unit. Some people were prescribed medicines to be administered once per week and there was evidence that the date these were next due was clearly documented on the MAR so that there was not a risk of missing a dose. For people prescribed the oral anticoagulant warfarin the dose recorded as given, correlated with the latest blood result and dose recorded in the person's anticoagulant record. Therefore people received the correct dosage. For other medicines we saw that the MAR included the name of the person receiving the medicine, the type of medicine and dosage, as well as the date and time of administration and the signature of the staff who administered it. We saw that the MAR had been appropriately completed and were up to date. This meant that there was an accurate record of the medication that people had received.

There were guidelines in place for the administration of 'when required' medication so that staff were clear as to when and how to administer this.

Staff were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they had received safeguarding adults training and they were confident that the manager would deal with any concerns they raised. One member of staff told us, "If I had concerns about a person I would report to the nurse or senior straight away, or the manager. I haven't had to report any concerns."

Good

Is the service safe?

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. People's files contained risk assessments relevant to their individual needs. The provider had appropriate systems in place in the event of an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. Each person had a personal emergency evacuation plan detailing their needs in the event of evacuation being necessary. For security purposes external CCTV had been installed. The call bell system had been renewed and if the bell was not responded to within three minutes the emergency alarm was activated. Systems were in place to keep people as safe as possible in the event of an emergency arising.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that weekly checks were carried out on hoists, pressure relieving mattresses, bedrails, and fire alarms to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose. People were cared for in a safe environment.

The provider's recruitment process ensured that staff were suitable to work with people who need support. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. Nurse's registration with the Nursing and Midwifery Council was also checked and monitored by the manager to ensure that they were allowed to practise in the United Kingdom. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Good

Is the service effective?

Our findings

The service provided was effective. A healthcare professional told us, "They are very good here. My patient got all the support they needed to make a full recovery from surgery, and I am discharging them today because they are doing so well." A person who used the service said, "They do look after me very well."

People's healthcare needs were effectively met. One relative said, "They [staff] monitor health and the doctor visits regularly. The hospital told us that [our relative] would not walk again but since they have been here they have been walking." A healthcare professional told us that the staff had a good working relationship with the GP and were aware of additional support services they could access to support people.

People were supported to access healthcare services. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian and palliative care practitioners. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible and the GP visited for a weekly 'surgery'. One person told us, "Staff go with me to all of my appointments and I see the GP quickly when I need to." Another said, "Staff always support me to my appointments as sometimes I forget important things I need to tell the doctor."

Since the last inspection a lot of staff training had taken place. Most staff were now up to date with training and there were arrangements in place for future training. Records showed that staff had received a range of training including dementia, safeguarding adults, moving and handling, fire safety, medicines and health and safety. Nurses had attended a session on pain assessment and syringe driver management. The trainer told us that the nurses attending that session demonstrated knowledge and understanding of pain management. Staff told us that they received the training they needed to support people who used the service. One member of staff said, "There is lots of training." Some of the staff team had either already obtained or were working towards a qualification in health and social care. Further health and social care training was being arranged. People were supported by staff who received appropriate training to enable them to provide an effective service that met their needs.

Staff were clear that people had the right to and should make their own choices and understood that people's ability to make choices could vary from day to day. Most staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be legally deprived of their liberty where it is deemed to be in their best interests or for their own safety. A member of staff told us, "DoLS means that people can't go out for their own safety. It's hard to explain to people why they can't but can you imagine if they got hit by a car. It's for their own safety." The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit, some people had DoLS in place. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

The manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) should be every two months. However this had not been happening regularly and had been highlighted during the provider's monitoring of the service. A lot of individual and some group supervision had taken place the previous month and in the future it was planned that unit leads would also be providing staff supervision to help meet this target. Staff told us that the manager was approachable and supportive. Systems were in place to share information with staff including handovers between shifts and a communication book. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. One person said, "The food is fantastic. Couldn't ask for better." Another said, "The food is okay – sometimes very good, sometimes iffy. I can ask for particular meals if I want to." There was a four week menu based on people's likes and this had been discussed at a 'resident's' meeting. People were asked each day what they wanted for lunch the following day. We saw that if the person changed their mind alternatives were provided. For example, when lunch was served one person

Good

Is the service effective?

said that they wanted an omelette and this was arranged. We saw that some people required a pureed diet and each food was pureed and served separately to enable them to enjoy the different tastes.

The chef told us that the service was able to cater for a variety of dietary needs. At the time of the visit this included diabetic, vegetarian, soft and pureed diet. We found that the chef was aware of people's dietary needs and told us that to improve nutritional intake full fat milk and cream were used in their meals and deserts. The chef also made separate deserts suitable for people with diabetes. Therefore people were supported to have meals that met their needs and preferences.

People were supported to eat and drink sufficient amounts to meet their needs. A member of staff told us, "For 'residents' who don't eat much we try to encourage them without hassling them. We get the chef to make special meals they like, and supplement their food. All of the high calorie things like butter and cream." People said they got enough to eat and drink. They were offered drinks throughout the day including lunchtime. Some people ate independently and others needed assistance from staff. We observed that staff appropriately supported and encouraged people to eat and that they were not hurried. We saw one member of staff very gently and patiently encouraging one person to eat. The person said to the staff, "You're so good to me." When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals. A relative told us, "[Our relative] eats all the meals and this has built them up since they came here."

The service was provided in a large purpose built building in a residential area. We saw that the environment was designed to meet the needs of the people who used the service and was accessible throughout for people with mobility difficulties. Adapted baths and showers were available on all floors and specialised equipment such as hoists were available and used when needed. There was an ongoing refurbishment programme and since the last inspection improvements had been made to the environment. This included redecoration, new curtains and new flooring.

Good

Is the service caring?

Our findings

The service was caring. People were positive about the care and support they received. They told us that staff were kind, caring and respectful and that their privacy and dignity was maintained. One person said, "Staff are caring and kind. They respect my privacy and always knock on my door first." Another said, "I like it here. It's very nice. They look after me very well."

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and patient way. For example, one person entered the lounge and was quite upset saying that they did not know where they were. A member of staff reassured the person, found them a seat and offered them a drink. The person accepted the seat and the drink and calmed down. We also saw that staff discreetly explained to people that they were going to assist them with their personal care needs. A healthcare professional told us, "Staff don't ignore people."

Staff we spoke with knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. One member of staff said, "It's great working here. Some residents have been here a long time and you become like a family. You get to know their likes and dislikes, their little ways. Most important thing is to make sure they are happy. I know most people very well. The resident is the most important." Another said, "We usually work in the same unit. It makes a big difference when they know who you are and recognise you." There was a regular core staff group and this helped to ensure that people were consistently cared for in a way that they preferred and needed.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people made choices about what they did, where they spent their time and what they ate. A relative told us, "They accommodate [my relative's] wishes. They are asked if they want to go to activities. They encourage but don't force."

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. We saw that the staff team were working towards accreditation for the Gold Standards Framework (GSF) and had provided end of life care in line with this. GSF is an independent accreditation framework to support people as they near the end of their lives. A healthcare professional told us that the manager and staff team appeared to have a strong commitment to caring for people during their last months and days of life. We saw that a bereaved relative had written, "Thank you for looking after [my relative]. I am so grateful and will never forget your kindness." People benefitted from the support of a caring staff team.

Good

Is the service responsive?

Our findings

The service was responsive. People's individual records showed that a pre-admission assessment had been carried out by the manager or one of the nursing team before they moved to the service. Information was also obtained from other professionals and relatives. The assessments indicated the person's overall needs.

People's care plans were personalised and contained details of their likes and dislikes, what they

preferred to be called and their life history. They contained sufficient information to enable staff to provide care and support in line with the person's wishes. We saw that care plans covered common areas such as continence, mobility and personal care plus any specific conditions that the person might have. For example, epilepsy or diabetes. Some people stayed at the service for short breaks or respite visits. When this was the case a shorter care plan was put in place covering key areas. If the person then remained at the service a full care plan was developed.

There was a 'keyworker' system. The keyworker was a designated member of staff who took additional responsibility for a number of people. A member of staff told us, "I am the keyworker for three people. It's my job to check and wash the air mattresses, bumpers and chair pads, check their clothes, tidy their wardrobe, make sure their property list is up to date. Not the care plans though, the nurse does that."

The service was responsive to people's needs because their care was regularly reviewed.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. The manager told us that care plans were reviewed each month and updated as and when necessary and we saw that this was the case. We also saw ongoing assessments of people's needs to establish if these had changed. Changes in people's care needs were communicated to staff during the handover between shifts.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. Each person's file had a 'resident choice' form detailing their preferences and routines. When able, they chose where to sit, what to eat and what to do. For example, one person spent time in a different unit as they liked to use the garden. We saw that people were consulted and staff asked their permission before doing things for them.

Two activity coordinators were employed and we saw photographs of a variety of celebrations displayed around the building. This included St Georges, St Patrick and St David's Days. There were also photographs of people doing arts and crafts and making pancakes. We also saw a small group of people making doughnuts. One person told us, "We had a party on VE day, that was nice. A lady came last week and sang and danced for us, too." During the election people that had wanted to had been supported to go to the local polling station to vote.

Although there had been an improvement in activities since the last inspection, feedback from several people was that there was still "not much happening". Comments from people who used the service included, "There's not a lot to do during the day but I'm not a sociable person anyway. They leave me alone when I want it", "There is nothing to do but the girls are just lovely" and "There is nothing to do, no activities". A healthcare professional also told us that there was not a lot of stimulation." We discussed this with the registered manager and they said that the second activity person had been employed to increase opportunities for people to go out and that this was an area of ongoing development.

We saw that the service's complaints procedure was displayed on notice boards in communal areas around the service. Complaints were logged and actioned by the manager. Issues that arose but were not necessarily raised as complaints were also investigated and any required action was addressed. People used a service where their concerns or complaints were listened to and addressed.

Good

Is the service well-led?

Our findings

The service was well-led. People informed us that they were happy with the management of the home and felt comfortable raising any concerns with management as and when they arose. One relative told us, "I feel I could talk to [the manager] if there were any problems." A healthcare professional told us, "I believe that since [the manager] has taken over the home has been well led.

There were clear management and reporting structures. There was a registered manager and a deputy manager in overall charge of the service and the deputy manager was also the clinical lead. In addition to care workers and nurses, there were unit leaders and senior carers. The unit leader posts had recently been introduced. The idea being that the lead would take responsibility for the day-to-day running and monitoring of the unit. A member of staff told us, "Things are very well organised here, we are in a routine."

People were consulted about what happened in the service. They were asked for their opinions and ideas through 'resident' meetings. We saw that at one meeting they had discussed colours for new curtains in one of the lounges. Although people who used the service had not interviewed potential staff they had contributed to interview questions. People were listened to and their views were taken into account when changes to the service were being considered.

We found that the registered manager and deputy monitored the quality of the service provided which ensured that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service, relatives and staff. Formal systems included medicines, infection control, health and safety and care plan audits. We observed a daily meeting held by the manager with the leads of each unit and of ancillary services. At this meeting information was shared about issues, what was happening in each unit and what was happening with regard to ancillary services. The manager also checked that staffing was satisfactory on each unit. This ensured that the management team were aware of the current situation in the home and of any issues effecting people who used the service and that they were able to respond in a timely manner. Therefore, people were provided with a service that was robustly monitored by the manager to ensure that it was safe and met their needs.

The provider had systems in place to monitor the quality of service provided. A provider visit was carried out on a monthly basis and a report written indicating who they had spoken to, what they had looked at and their findings. From this report the manager drew up an action plan to address the issues. This was monitored and checked at the next provider visit to ensure that the necessary action had been taken. Completed audits, accident reports, complaints and other issues were recorded on a shared drive and senior managers of the organisation monitored these. The quality manager used the information for a quarterly report to the board.

The provider also sought feedback from people who used the service and stakeholders by means of an annual quality assurance questionnaire. Responses from this were analysed and an action plan put in place to respond to any issues that had arisen. We saw that changes had been made as a result of this. For example, an extra activities worker had been employed and a programme of outings put in place. Therefore, people used a service which sought and valued their opinions which were listened to and acted on to improve and develop the service.