

Harbour Healthcare Ltd

Hilltop Court Nursing Home

Inspection report

Dodge Hill
Heaton Norris
Stockport
Cheshire
SK4 1RD

Tel: 01614804844
Website: www.harbourhealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hilltop Court Nursing Home is a nursing home providing personal and nursing care to older people living with dementia. The service can accommodate up to 50 people and at the time of our inspection there were 36 people living at the home. Hilltop Court Nursing Home accommodates people in one adapted building over 3 floors in two single-sex units.

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

Activities were taking place in parts of the building, but people cared for in bed were at risk of social isolation. We made a recommendation about activities.

Care plans were not always person-centred and care was not always delivered in line with people's assessed need. People did not always have window covering to provide privacy.

Policies and systems were in place to help make sure medicines were managed safely. People felt safe and were protected against the risk of abuse. The provider had robust infection prevention and control procedures to protect people from cross infection. Staff were recruited safely and there were enough of them to meet people's needs.

People were supported to have maximum choice and control of their lives and staff always supported them in the least restrictive way possible and in their best interests; the policies and systems in the service promoted the least restrictive practice. However, two people who could carry their own bedroom door keys told us they had to ask staff to unlock doors so they could access their own bedroom.

We found shortfalls in the provider's systems to assess, monitor and improve the service. The accuracy and quality of records was inconsistent. This could have compromised the safety and quality of the service. The management team were receptive and keen to make improvements. Following our inspection, they acted immediately to address the shortfalls in standards we identified.

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 25 March 2020). 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

The inspection was prompted in part due to concerns received about person-centred care. A decision was made for us to inspect and examine those risks.

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

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 Hilltop Court nursing Home on our website at 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to hydration and nutrition, oral healthcare, privacy and record keeping at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Hilltop Court 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

This inspection was carried out by one inspector, an inspection manager and a specialist nurse advisor.

Service and service type

Hilltop Court 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked the local authority for information about the service. We gathered information that the local authority and Healthwatch held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and ten relatives about their experience of the care provided. We spoke with 12 staff members including the registered manager, the deputy manager, the regional manager, nurses, a domestic, care staff, a chef and a kitchen assistant. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included ten people's care records and multiple 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, including health and safety records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider did not have managerial oversight regarding accurate and contemporaneous risk assessments and accidents and incident monitoring. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection at the provider was no longer in breach of Regulation 17 (Good governance) in relation to accident and incident management.

- The registered manager ensured they had oversight of all incidents and accidents that occurred in the home. Information about risks was shared in handover and other meetings.
- Equipment checks and checks on fire and building safety had been carried out and regularly monitored.
- People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.

Using medicines safely

At the last inspection the provider did not have managerial oversight regarding medicines and nurse competencies. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection at the provider was no longer in breach of Regulation 17 (Good governance) in relation to medicines and nurse competencies.

- People's medicines were managed safely. Staff who administered medicines supported people in a caring and patient way. Records showed that people received their medicines as prescribed.
- Medicines that are controlled drugs (subject to stricter control because of the risk of misuse) were stored and handled safely.
- Protocols describing when to administer any medicines prescribed 'when required' were kept with people's medication administration records. Medicines prescribed 'when required' to relieve pain or agitation were used appropriately.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, while being supported at the home. One person said, "I do feel safe here. There are always staff around if I need anything."

- Eight out of ten relatives said they felt happy that their relatives were being cared for in a safe environment. One family member told us, "Staff are very good and communicate well with us."
- People were safeguarded from abuse and neglect by staff who had received training and understood what actions to take to protect people.
- Staff were also aware of the provider's whistleblowing policy and how to contact outside agencies if they were concerned.

Staffing and recruitment

- There was an appropriate number of staff on duty on the day of the inspection. People told us that staff provided prompt support when they needed it. The service was working to reduce its reliance on agency staffing. A relative told us, "I have known agency staff be on shift that don't know [Name's] name."
- Staff recruitment was robust. Staff were subject to screening to ensure they were suitable candidates to work in the care sector.

Preventing and controlling 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 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Records did not demonstrate that people were always offered enough to eat and drink. Staff did not always record people's food and fluid intake accurately and contemporaneously so we could not be sure that people were offered food and fluids consistently. We passed this information on to the safeguarding team at the local authority. Following the inspection, the management team provided us with assurance they were taking immediate action to increase their oversight of the provision hydration and nutrition.
- There was a shortage of suitable dining tables which meant people were not appropriately positioned to enjoy their meal. We discussed this with the management team who assured us they would take immediate action to purchase appropriate tables.
- Records did not demonstrate that people received support with oral healthcare in line with their assessed need. People did not always have access to appropriate oral hygiene equipment. The management team told us that it had been a challenge finding a dentist who could visit the home. Following the inspection, the management team provided us with assurance they were taking immediate action to increase their oversight of the provision oral healthcare.

The provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people told us they enjoyed the food when we observed the lunchtime meal service. Food was homemade and nutritious. People were given choices of several options and staff were attentive to people's needs.
- Activity staff helped at mealtimes to help people who required support with eating.

Staff support: induction, training, skills and experience

At the last inspection the provider had not ensured staff had access to training and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had completed a range of training that enabled them to carry out their roles effectively. The management team assured us that any gaps in staff training were being rectified.
- Staff told us they had regular one to ones with the management team and felt well supported.

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.

At the last inspection the provider had not ensured that consent was given by people who were lawfully acting on people's behalf and that staff were trained and had understanding of the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider had ensured that staff had completed training about DoLS since the last inspection. Staff demonstrated knowledge and understanding of the MCA.
- The management team had made the necessary applications for people subject to DoLS restrictions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs; Staff working with other agencies to provide consistent, effective, timely care

- The management team carried out an assessment before people moved to the home to ensure they could meet people's needs.
- The provider had not ensured the home was decorated to a consistent standard; some areas were impersonal. Some areas of the home required new signage to ensure they met the needs of people living with dementia.
- Staff liaised with the GP, speech and language therapists and other professionals where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had not ensured that people had always been treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) 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 10

- The provider had not ensured that all bedrooms had window coverings that provided privacy. For example, two of the bedrooms we checked had curtains that were hanging down and could not be closed effectively. These bedrooms were overlooked by the street. We told the management team about this on the first day of the inspection. However, one person's curtains were still hanging down at our second site visit.
- People that were able to carry their own bedroom key had not been provided with one. Bedroom doors were routinely kept locked and two people told us they wanted a key but they had to ask staff to unlock their doors so they could access their own bedrooms.
- People were given the same type of crockery to eat from regardless of their needs. At our mealtime observation we identified that all residents were given a plastic plate. Two residents told us they would prefer to eat from a ceramic plate but had not been offered an option. The registered manager told us that they do have a stock of ceramic plates that should have been offered as an alternative to plastic.

We found no evidence that people had been harmed due to our findings on inspection; however, people had not always been treated with dignity and respect. This was a continued breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us that staff were kind and compassionate. We observed caring interactions during the inspection. Seven out of ten relatives told us that staff had a caring approach and the management team were helpful. One relative said, "All the staff who looked after my mum were very caring. They treated her with compassion and were calm and patient."
- People were offered a choice of food and drinks on both days of the inspection.
- People's care plans contained some information about their preferences, and their relatives had

contributed to decision making where appropriate.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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; End of life care and support

- Staff that worked at the home regularly knew people's needs well but care plans did not always contain enough information to fully capture people's needs and preferences. For example, one person's care plan said they required support with eating. However, the care plan did not provide any guidance for staff relating to the level of support required. The information in some care plans did not reflect people's current needs. Guidance given to staff to manage people's behaviour did not always include a range of proactive and reactive strategies.
- People's general wishes as they came to the end of their lives were captured in their care plans. However, plans did not include the finer details about how to keep people comfortable and content. For example, one person liked to hug a soft toy for comfort. However, this was not captured in their care plan. Another person liked to have the radio playing peaceful music. Again, this wasn't captured in their care plan. People's bedroom doors were not always identified with their own names which could be confusing for someone living with dementia.

The provider had failed to ensure staff provided people with individualised care which met their needs. This was a further breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most relatives were very happy with the standard of care at Hilltop Court Nursing Home and felt their loved one's needs were attended to. One relative told us, "[Name] was not able to communicate any of their needs so the staff built up a relationship with them to anticipate what they required."
- We also found some good examples of person-centred risk management and detailed guidance for staff. For example, a very good level of detail was recorded to support one person to manage their emotional needs. The registered manager told us, "We are working on our care plans to make them more person-centred. I have personally completed one person's care plan which is very detailed and will ensure that they are all are brought up to this standard."

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

- People cared for in bed had very little access to activities and records showed they had limited interaction with staff. On the first day of the inspection people cared for in bed still had their curtains left drawn until mid- morning and no stimulation. On the second site visit people had their curtains open and their radios were playing.

We recommend that the provider refers to current best practice to prioritise meaningful interaction for people cared for in bed.

- People that spent time out of bed were engaged in a variety of activities during the inspection. We observed people playing board games, creating art and attending the weekly coffee morning. Two relatives told us they thought there should be more dynamic and imaginative activities available. We saw that the home had celebrated events together. For example, Easter and St Patricks day.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs and communication styles were captured in their care plans.
- The provider could produce information in alternative formats on request. For example, an easy read complaints policy was available.
- People and relatives knew how to make a complaint or raise concerns. We saw that complaints had been managed in line with the provider's complaints policy. The registered manager welcomed complaints and was keen to learn from them.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leadership systems did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had not ensured managerial oversight of the operations of the home. 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.

- The registered manager had been successfully recruited to the post since the last inspection and had led improvements in some areas of the home. They regularly completed a range of audits relating to the management and governance of the home which afforded them effective oversight in areas such as falls management and medicines. However, audits and systems had not identified some of the concerns we found during this inspection. For example, manager checks had not identified that window coverings were not in place so people received dignified care.
- The management team had already identified some shortfalls in standards of record keeping. However, actions from the management team and provider had not ensured that effective improvements were made by the time we inspected. We identified many inconsistencies with documentation. Documents related to the care and support some people needed, were of a good standard. However, we also found records of assessments about the support people needed were not always accurate and did not always provide a good level of guidance for staff to support people effectively.

People had been placed at the risk of harm. Systems were not robust enough to demonstrate leadership and quality assurance were effectively managed. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and management team began making improvements during our inspection. They had begun to review their systems to ensure they were checking that people's basic needs were met and the service was meeting fundamental standards and not falling short of legal requirements. The registered manager provided examples of measures they had implemented, including allocating specific staff to care for people that were cared for in bed.

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

- At the last inspection the provider had not ensured they always notified us of significant events in line with their statutory obligations. At this inspection we found that the registered manager had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.
- The provider and staff team understood their responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was held in high regard by people and relatives. One relative said, "[Registered manager] appears to be is a strong manager who has the full support of their team. If I have had to raise any queries or concerns these have been dealt with swiftly and I have always been fully updated with clear and concise communication."
- The registered manager and wider management team were receptive to our feedback and were committed to further improving the care at Hilltop Court Nursing Home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider used systems to gather people's views about the service. They asked people to complete a satisfaction survey to share their views of the service they received.
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the manager or provider with any views or suggestions to improve the service. Regular team meetings were taking place.
- The COVID-19 pandemic had caused some difficulty in engaging with the public. However, the provider was in the process of planning events to engage with relatives.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The local authority was working with the home to continue to drive improvement.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider did not ensure the privacy of the service user. Regulation 10 (1)(a)

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 did not have effective systems in place to ensure the quality and safety of the service. Regulation 17 (2)(a)

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had failed to ensure staff provided people with individualised care which met their needs. Regulation 9 (1) (a)(b)

The enforcement action we took:

Warning notice