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# High Hurlands Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

High Hurlands Nursing Home is a nursing home providing personal and nursing care for up to 22 people with a learning disability, autism and/or associated health needs in a small village on the outskirts of Liphook in Hampshire. At the time of the inspection there were 22 people living at the home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's care was designed around meeting their health, medical and wellbeing needs. Management and staff displayed a positive ethos that focused on treating people with respect and promoting their choice through supporting people to follow their interests.

Relatives fed back positively about the quality of care their family members received. There was a positive culture at the service, where staff told us that management were approachable and supportive.

The provider had recognised where improvements could be made in the governance of the service. They had employed a new acting management team, who had reviewed the overall quality, safety and governance structure in the home.

Risks related to people's health and medical conditions were assessed to reduce the risk of harm. Where people had complex health needs, professional input was sought to ensure staff followed best practice.

There were systems in place to ensure people were safely supported to take their medicines as prescribed.

There were systems in place to help ensure people did not suffer abuse or avoidable harm. When incidents took place, the provider investigated these thoroughly to ensure lessons were learnt.

The provider had systems in place to ensure the home was clean and hygienic. They had put additional infection control measures in place to mitigate the risks related to the COVID-19 pandemic.

There were enough staff in place, who were suitably qualified and trained in their role.

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

### Rating at last inspection

The last rating for this service was good (published 17 May 2018)

### Why we inspected

We received concerns in relation to staffing, medicines management and the leadership at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

### Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# High Hurlands 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 assistant inspector, a specialist advisor who was a nurse and An Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

High Hurlands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC, however, they no longer worked at the service. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new acting manager was in place, who told us they intended to register with CQC as manager of the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received feedback from one social worker, who had recent experience working with the service.

#### During the inspection

People were not able to provide us with verbal feedback about their care; therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven relatives about their experience of the care provided. We spoke with 13 members of staff, including the provider, manager, quality assurance manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and an action plan, which the provider had developed to help improve the quality of care.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members lived in a safe environment. Comments included, "Staff keep us up to date and [my relative] is safe", and, "We are very happy with care provided at High Hurlands. Any issue, especially health, they (staff) communicate with us straight away."
- The provider had a safeguarding policy in place. This outlined the actions they would take to help keep people safe. This had been developed in line with the local authorities safeguarding policy. Records of safeguarding investigations demonstrated that the provider fully investigated concerns and had reported outcomes to appropriate safeguarding authorities.
- Staff understood their responsibilities in safeguarding people from suffering abuse or avoidable harm. They were confident in how to report concerns and to whom. Comments included, "I would be looking out for and reporting any kind of abuse, any marks on someone or anything that feels suspicious", and, "I would go to my line manager probably first [if I had concerns about a person's welfare] or the registered nurse."

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions, such as epilepsy were managed safely. For example, there were protocols in place for staff to follow in the event people had a seizure. These had been developed to follow guidance from medical professionals, which helped to keep people safe in this event.
- Risks to people associated with living at the service were managed safely. This included each person having a personal evacuation plan in place. These detailed the individual support people needed to evacuate the building in an emergency.
- The provider had a business continuity plan in place. This detailed the actions the provider would take to keep people safe in the event of an emergencies such as loss of utilities, staffing shortages or the outbreak of an infection.

Staffing and recruitment

- There were enough staff in place to meet people's needs. However, the provider told us they had experienced challenges related to recruiting and retaining staff. These challenges included, changes in arrangements around migrant workforce, effects of the COVID-19 pandemic and the rural location of the service.
- The provider had worked to overcome staffing challenges through ensuring all senior staff had received care training and were available to assist. This helped to ensure there were enough numbers of nursing and care staff available.
- The provider had effective processes in place around the safe recruitment of nursing and care staff. This included checks into staff's character, experience, qualifications and skills. This helped ensured staff employed were suitable to work in their role.

### Using medicines safely

- There were safe systems in place for the ordering, storage, administration and disposal of medicines. People's medicines care plans detailed reasons for prescription, instruction around administration and possible side effects of medicines prescribed.
- Staff had received training and competency assessments in medicines administration. People's medicines administration records were completed accurately and contained the required information. This reflected that staff were supporting people to manage their medicines in line with best practice
- Some people were prescribed 'when required' medicines in relation to the management of their medical conditions. Care plans identified when people may need these medicines and records reflected that these medicines were used as prescribed.

### 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 personal protective equipment (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.

### Learning lessons when things go wrong

- The acting manager and provider were responsible for reviewing any concerns, incidents or near misses. They oversaw investigations of incidents to ensure appropriate actions were taken in response to minimise the risk of reoccurrence.



# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives were positive about the leadership at the home, praising good communication and the efforts made in keeping people safe during the pandemic. Comments included, "What they have done in keeping the virus [COVID-19] out the home has been excellent", and "We have always had a good relationship with managers and staff. It is this partnership which makes the care work so well."
- The vast majority of staff we spoke to told us that there was a positive working environment at the home. Comments included, "Yes I get on really well with my management team, they're very supportive. They've been fantastic with personal situations", "We all help each other out and come together, service users [people] always come first", and, "I absolutely love High Hurlands, it's one of the best places I've ever worked, it feels like a family."
- The provider and acting manager took a hands-on approach to their role. They both had received care training and regularly helped and assisted people with their everyday care needs. The manager had a good understanding of people's needs and was very motivated in their role.

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

- The provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. There was an open and transparent approach when incidents or mistakes occurred. The provider and acting manager understood their responsibilities under this regulation and took the appropriate steps to ensure these requirements were met.

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

- The registered manager no longer worked for the provider. They were in the process of de-registering with CQC. A new acting manager was in post, who told us they intended to register as manager of the service.
- The provider and acting manager had recognised where improvements could be made to the leadership structure at the service. This included making a clear distinction between the management responsibilities for this and one of their other services located nearby. This change to previous management arrangements meant that the acting manager was able to fully concentrate their efforts on the management of the nursing home.
- There was a quality assurance manager in post, who supported the acting manager to develop and

improve quality monitoring systems. The provider had also started a restructure of senior staff, which helped to set out clear roles and responsibilities around auditing and quality monitoring.

- The provider had displayed their previous inspection rating conspicuously throughout the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.
- Providers are required to notify CQC about significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

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

- During the pandemic, people were unable to access many of the community-based services which they had previously regularly engaged with. Staff had minimised the impact on people's wellbeing by providing additional activities based in the home. The acting manager told us they had retained links with community-based services and activities would restart once COVID-19 restrictions had eased.
- The provider sought feedback from relatives about the quality of care through regular phone calls and by sending them quality assurance questionnaires. The last set of questionnaires sent in November 2020, saw 11 relatives reply, giving overall positive feedback about the quality of care.
- The provider also gained feedback from staff through team meetings and a staff survey, which they completed anonymously. The results from the last survey sent in November 2020, reflected that most staff felt supported and happy in their role.

Continuous learning and improving care

- The provider had recognised where improvements to the quality of care could be made. The acting manager and quality assurance manager had completed a quality audit of the service, which highlighted areas for development.
- From this audit, they had developed an action plan, detailing how these improvements would be made. At the time of inspection, some actions were still ongoing. These included actions around; care planning, auditing, and the use of an electronic care planning and monitoring system. This demonstrated that the provider had a clear sense of how to improve the quality of care.

Working in partnership with others

- The service worked in partnership with stakeholders to help ensure people's needs were met. These included local authority, speech and language therapists, occupational therapists, epilepsy specialists and physiotherapists. People's care plans demonstrated that professionals had an input in developing and reviewing people's care.