

# Trustees of British Home & Hospital for Incurables

## British Home & Hospital for Incurables

### Inspection report

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### 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 ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 1 and 15 September 2017. The British Home and Hospitals for Incurables [also known as The British Home] is a large nursing care service for up to 127 adults who have physical disabilities and require nursing care. At the time of the inspection there were 74 people using the service. The service is situated in the London borough of Lambeth.

At the last inspection on 16 June 2016 the service was rated Good.

The service has a registered manager in post. 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.

People did not always receive care and support from staff that had undergone regular training to meet their needs. Since the inspection the provider has submitted a training schedule with upcoming training. We are satisfied with the action the provider has taken.

People were protected against the risk of unsafe medicine management. Records confirmed people received their medicines as prescribed. Storage, recording and administration of medicines was undertaken by staff competent to do so.

People were protected against the risk of abuse. Staff had sufficient understanding of how to identify, report and escalate concerns around suspected abuse. Risk management plans in place gave staff guidance on how to manage identified risks.

The service had comprehensive health and safety plans in place to ensure the safety of the premises. Accidents and incidents were monitored and reviewed to learn from and enhance people's safety.

The service employed adequate numbers of staff to keep people safe. Staffing levels were monitored and adjusted in line with people's changing needs.

People's consent to care and treatment was sought. People's decisions were respected, recorded in their care plans and implemented in the delivery of care they received.

The service ensured people received sufficient food and drink to meet their dietary needs and requirements. People's dietary needs were monitored regularly to identify any concerns and issues shared with healthcare professionals in a timely manner. People were supported to access a wide range of healthcare services.

People told us staff were considerate, compassionate and treated them with dignity and respect. Staff ensured people's confidentiality was maintained with only authorised personnel having access to

confidential information.

People received personalised care that was tailored to their individual needs and preferences. Care plans were devised with people and their relative's input and reviewed regularly in line with people's changing needs. People were encouraged to participate in a wide range of activities of their choice.

Concerns and complaints were fully investigated and managed to seek a positive resolution, in line with the provider's policy. Complaints were shared with the relevant healthcare professional bodies.

The registered manager was highly thought of by people, their relatives, staff and healthcare professionals. People confirmed he was supportive, approachable and listened to people's ideas and suggestions.

Regular audits of documents relating to the management of the service were undertaken. Issues identified were then acted upon swiftly.

## 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. People received their medicines in line with good practice and the correct documentation was in place.

People were protected against harm, abuse and identified risks. The service had comprehensive risk management plans in place.

People were supported by sufficient numbers of staff to keep them safe. Staff underwent robust employment checks to ensure their suitability to work at the service.

Good ●

### Is the service effective?

The service was not always as good as it could be. Staff training was not always up-to-date. Records confirmed although training had been scheduled, there were staff that had not received all mandatory training.

People received care and support from staff that reflected on their working practices, through supervision, appraisals and team meetings.

People's consent to care and treatment was always sought in line with good practice. Mental Capacity Act 2005 legislation was followed.

The service provided food and drink that met people's dietary requirements and preferences.

Requires Improvement ●

### Is the service caring?

The service was good. People received care and support from staff that demonstrated compassion and empathy.

People were encouraged to make decisions about the care they received and had their decisions respected.

People confirmed their privacy was respected and their dignity maintained.

Good ●

### Is the service responsive?

Good ●

The service was good. The service developed comprehensive care plans to meet people's changing needs. People were encouraged to contribute to their care plans.

The service provided and encouraged people to participate in activities of their choice.

Concerns and complaints raised were investigated by management in a timely manner.

### **Is the service well-led?**

The service was good. People, their relatives, staff and healthcare professionals spoke highly of the registered manager. People confirmed they were consulted on matters relating to their care and the service.

The registered manager completed regular audits of the service to drive improvements and monitor the service delivery.

People's care was enhanced through the service seeking partnership working with other healthcare professionals.

**Good** ●

# British Home & Hospital for Incurables

## **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 checked 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 was a comprehensive inspection and took place on 1 and 15 September 2017 and was unannounced.

The first day of the inspection was carried out by two inspectors, two experts-by-experience and a specialist advisor who was a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by two inspectors and a specialist advisor who was a nurse.

Prior to the inspection we gathered information we held about the service, for example, information shared by members of the public and healthcare professionals. We also reviewed statutory notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 13 people who used the service, two relatives, five care workers, four registered nurses, the visiting G.P, maintenance supervisor, activities coordinator, deputy manager, registered manager and the Chief Executive Officer (CEO). We reviewed 12 care plans, 10 medicine administration records, 12 staff files, training records and other records related to the management of the service.

After the inspection we contacted two healthcare professionals to gather their feedback of the service.

## Is the service safe?

### Our findings

People told us they received their medicines as prescribed. One person told us, "Yes [I receive my medicines] at fixed times." A relative told us, "Yes I do know what medication [relative]'s taking. We had a medicine review in December last year with the GP and nurse. You feel listened to and your views are taken on-board." We reviewed the medicine administration records (MAR) and found, these clearly documented people's details, including any known allergies, medicine to be administered, dosage, route and their preferred method of taking the medicines. All MARs reviewed were completed correctly with no omissions. Medicines were stored in line with good practice and audits undertaken frequently to ensure issues identified were acted upon in a timely manner.

People were protected against the risk of harm and abuse. People told us they felt safe living at the service, for example, one person told us, "All [staff members] are experienced in what they do and have worked here for many years." Staff received safeguarding and whistleblowing training which enabled them to identify the different types of abuse. For example one staff member told us, "The training covered what steps to go down once the resident has discussed their concern with you. It could be physical or a personality change. I know the residents well enough to know if something was going on. Through talking to them I could determine whether it was a urine tract infection or something else. I would go to the person in charge to discuss my concerns. I would go to [registered manager] if it needed to go further."

People were protected against identified risks. The service had developed comprehensive risk management plans that identified the risk, possible outcome and guidance for staff in managing those risks. Records confirmed risk management plans were regularly reviewed to reflect people's changing needs and ensure staff had up-to-date guidance. Risk management plans covered, for example, mobility, falls, medicine management and eating and drinking. The registered manager completed regular audits of incidents and accidents to minimise the risk of repeat incidents.

People continued to be protected against an unsafe environment as the service had robust comprehensive systems and protocols in place. The service employed three maintenance personnel to ensure the safety and upkeep of the building. Records showed regular audits of fire safety, gas, water temperatures, hoists and electric wheelchair checks were in date. The health and safety audit inspection was completed by an external company and where action points had been identified a plan of action to address these was in place and work scheduled to complete them.

We received mixed feedback regarding staffing levels within the service. One person told us, "No, they [staff members] are not around when you need them." However, another person said, "There are enough staff each day." A staff member told us, "There's enough staff. We are using agency today, a care assistant. She is a regular, we normally have regulars. It makes it easier for staff and residents." Records showed there were sufficient numbers of staff on duty at any time. Where people's needs increased, the registered manager would increase the staffing levels to ensure people were safe. Records also confirmed suitable staff were employed by the service, for example staff files contained two references, completed application form, photo identification, employment history and a Disclosure and Barring Services [DBS] check. A DBS is

criminal record check employers can undertake to enable them to make safe recruitment decisions. For registered nurses the Nursing & Midwifery Council (NMC) PIN were recorded and date of revalidation expiry were noted. All records for nursing staff contained up to date PINs.

# Is the service effective?

## Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was following the guidelines of the MCA. During the inspection we identified people's consent to receive their medicines covertly followed the legal framework as set out by the MCA. For example, where people were assessed as lacking capacity to make informed decisions, a best interests (BI) meeting had been undertaken.

People confirmed their consent to care and treatment was sought and respected by staff delivering care. Records showed care plans detailed if people were able to give consent and how to support them to make decisions. One person told us, "They [staff members] come into my room and ask if I want the light on and if I want to get up." A relative said, "They [staff members] involve you in helping to make decisions for my relative, as she is unable to make decisions for herself. They [staff members] speak to my relative and assume she can understand them, when medically, she is deemed as not being able to. They assume she has the capacity. They call me every year and I'm involved in the MCA assessment process." Staff were able to demonstrate a clear understanding of how to support people to make decisions by ensuring they had sufficient information to make that decision.

People were supported by staff that received a comprehensive induction, training and reflected on their working practices. One person said, "They [staff members] do training every other week the last one was the evacuation slide. I said I would volunteer and they said they are not pulling me up the stairs and used one of the nurses, it's a good humorous rapport." One staff member told us, "I've had an appraisal in the last few days. It was at the beginning of this week. We have supervisions quite often." Records confirmed the induction programme covered emergency procedures, the organisational values and the on-call system. Throughout the induction, staff were supported to reflect on the work undertaken and share any concerns or additional support they required. Staff had their competencies assessed and when satisfactorily completed were signed off by a senior member of staff. During the inspection we reviewed the training matrix for staff and identified that not all staff were up-to-date with their training. We shared our concerns with the HR manager and registered manager who confirmed training for some staff had been scheduled. After the second day of the inspection the registered manager had further secured additional training. However this still meant there were staff who had not received all mandatory training.

We reviewed the staff supervision and appraisal records and found these were not always up to date. Whilst staff confirmed they received regular supervisions and appraisals these were not always documented. We shared our concerns with the registered manager who sent us a detailed action plan, demonstrating systems that were being implemented to ensure all supervisions and appraisals were recorded. We were satisfied with the registered manager's response to our concerns.

People were encouraged to eat a wide range of food that met their dietary requirements and preferences. We received mixed feedback regarding the food. One person told us, "Certain things they cook very well and I tell [the chef] when things are over done." Another person said, "It's [the food] very good, varied but not always to everyone's taste." During the inspection we observed lunchtime on two floors, we found that people were supported to eat their meals appropriately and staff were patient with people, enabling them to eat at a pace that suited them. Where people required Percutaneous Endoscopic Gastrostomy (PEG) feeding, they were supported by qualified nurses. PEG feeds are a way of introducing nutrients and food into the stomach via a tube.

People continued to have access to a wide variety of health care professionals to monitor their health. One person told us, "Yes I'm very happy, if I don't feel well, they [staff members] would call the doctor." Another person told us, "We have our own private ambulance which they [staff members], use to take us to dentists". People accessed the G.P, dentist, optician, district nurse and chiropodist. Records confirmed guidance and advice given to the service from healthcare professionals was implemented into people's care plans. We spoke with a visiting healthcare professional who told us, "The service is really good at following our instructions and will always follow up with us. They [staff members] can be too cautious and alert us on everything, however this means that things are picked up at an early stage. There is a good working admission process here, low rate of bedsores and people with chest infections or urinary tract infections, are alerted early to us."

## Is the service caring?

### Our findings

People and their relatives spoke positively about the care and support they received from staff. One person told us, "[Staff members] are very good here in this home they have the right attitude." A relative said, "When they [staff members] come in they have a laugh. When [relative]'s a little bit frustrated they're engaging." Another relative said, "They [staff members] give good compassionate care. There's lots of empathy shown towards my relative. The staff are amazing and when I'm not here I'm at peace knowing that she is being looked after well." During the inspection we observed staff speaking to people with compassion.

People's diversity was respected and encouraged. The service supported people to follow cultural and religious beliefs both within the service and out in the local community. One person told us, "I get to go to church, there's one here [in the service]." Another person said, "I go to church on a Saturday, the service transport takes me." The service had a large chapel within the building that held regular services, whereby people could attend if they so wished.

People were treated with dignity and respect. People confirmed staff would ensure their bedroom doors were closed when receiving personal care and that staff would always knock on the door and wait for permission before entering. During the inspection we observed staff speaking with people respectfully, in a way they understood and affording them time to digest the information and respond.

People's wellbeing was monitored regularly and where concerns were identified, information was shared with relevant healthcare professionals swiftly to ensure medical intervention was sought.

Staff were aware of the importance of maintaining people's confidentiality and ensuring only people with authorisation have information shared with them. We observed staff speaking to people, their relatives and two health care professionals in private areas, to ensure information shared could not be overheard. Records were stored securely in locked cabinets or on a computer system. Only those with authorisation had knowledge of the security codes to access the information held on the system.

People received care that was person centred. This was evident in the way in which staff spoke to people and how they knew people's likes and dislikes and preferences.

People receiving end of life care were treated with dignity, compassion and kindness. During the inspection we observed staff delivering support and care to people nearing the end of their lives. Staff demonstrated, great respect and tenderness to one person and their relatives. The delivery of end-of-life care was of a high standard, as was the sensitivity to the emotional aspects involved.

## Is the service responsive?

### Our findings

People were encouraged to participate in the development of their care plans. One person told us, "Last time [care plan review took place] was [staff member] and it was done recently. It's done once a year." A relative confirmed that their relatives care plan was reviewed by the clinical lead. Another relative told us, "I developed my own care plan to help my relative when I'm not here in the service for a week. They [management] took it on board and incorporated it into her care plan that they have here."

Care plans were person centred and documented people's health, medical, nutritional and mental health needs. In the last six months the service had implemented an electronic system to record and store people's care plans. Whilst this was still a relatively new system, it was at times difficult for staff to navigate. Care plans stored on the system contained significant amounts of information, however we identified instances of inconsistencies. We raised this with the registered manager who informed us they would be reviewing the information held to ensure it was consistent. We identified that care plans were reviewed regularly to reflect people's changing needs.

People confirmed they were encouraged to make choices about the care and support they received, and have their decisions respected. We spoke with staff who understood the importance of ensuring people were offered choices. One staff member told us, "When you give people personal care you give them a choice. You show them three outfits and ask them which one they want. We ask people would you like a shower or a wash or would you like to go down for activities or stay in your room." A healthcare professional told us, "Offering people a choice is definitely a priority for the service], they [staff members] are resident focused".

The service provided a wide range of activities for people to engage in should they wish. Staff were aware of the importance of identifying and reporting concerns around social isolation. People confirmed there was lots to do, for example, play bingo, using the computer room, accessing the garden, playing board games, coffee mornings, karaoke afternoons and going out on day trips. The service employed two full time activities coordinators who demonstrated a clear understanding of people's likes and dislikes when it came to activities. The activities coordinator told us, "We give people what they want as much as possible, it's normally possible." A staff member told us, "There are enough activities. Some people might like you to sit in their room with them. We get to do that every day. There are always two activities going on. When it's nice we go out in the garden. We went to the seaside for a day recently."

People were supported to raise their concerns and complaints and felt these would be addressed in a timely manner. We reviewed the complaints file held by the service and found there had been six complaints received in the last 12 months. Complaint records contained the date received, nature of the complaint, date the acknowledgement letter was sent and the outcome. Of the records reviewed, letters of acknowledgment were sent typically within 24 hours. Where outcomes were reached and the complaint upheld a letter of apology was sent.

People told us staff were responsive to their needs and call bells were answered in a timely manner. One

person said, "Usually the call bell is answered between three to five minutes. They [staff] come in to see what you need and then come back." During the inspection we identified that call bells were answered swiftly, ensuring that people were not waiting for long periods without assistance.

## Is the service well-led?

### Our findings

People, their relatives, staff and a healthcare professional spoke highly of the registered manager, stating he was approachable, respectful and gave good support. For example, one person told us, "This home leaves other homes in the dark. He does his job, is very thorough in what he does, he doesn't mind sitting down with residents." Another person said, "I've been other places, doesn't compare, he's alright, he's wonderful." A relative told us, "They have a management that is open and accessible to hearing from you any ideas and suggestions you have and how to improve things. They are open to acting on concerns and it makes it a better run place. You do get the impression that [relative's] interests are taken into account." The healthcare professional told us, "The staff really likes the registered manager and I only hear positive things. Under his leadership there have been massive changes within the home. The changes are really good. I'm really happy with the service and don't really have any concerns."

Throughout the inspection we observed staff speaking with the registered manager to seek guidance. Staff appeared at ease with the registered manager who ensured he was a visible presence within the service. A staff member told us, "I feel well supported. If I've got issues or any problems, I would take it up with the ward sister or the [registered] manager. He is very approachable. He always has time and always listens to what you say or says he will get back to you with an answer. You don't feel scared to approach him with anything. I see him on the floor most days." The service had a very relaxed, welcoming and inclusive atmosphere where people could be heard laughing and joking with staff.

The registered manager notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

People were encouraged to give their feedback on the care and support they received. One person told us, "We did a feedback thing recently; it was done about a month ago." Another person said, "I had a form someone filled it in for me, you tell them what to put." A relative told us, "Every month I'm asked to fill in a [feedback] form. It makes me feel more involved as well." At the time of the inspection the service was seeking feedback from people to help develop new core values, by way of a focus group. This would then enable the values and vision of the service to be underpinned by those that use the service.

The service carried out regular audits, to monitor the quality of the service provision. These included health and safety, care plans, accidents and incidents, fire safety and other audits related to the running of the service. Audits that identified issues were then addressed.

The service actively encouraged partnership working from outside organisations and healthcare professionals to enhance people's lives. For example, the service were aiming to carry out a pilot scheme in conjunction with Nottingham University, to enable people with rehabilitation needs to access the service, via an 18 month slow stream rehabilitation service.