

Baselink Care Limited

# Hillsdon 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 well-led?

Good ●

# Summary of findings

## Overall summary

Hillsdon Nursing Home provides accommodation and personal care for up to 21 people. There were 16 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We undertook an unannounced focussed inspection on 18 December 2017, which was carried out by one inspector. The aim of the inspection was to follow-up on a Warning Notice that was issued at the last inspection in June 2017. The Warning Notice was issued as the home was not compliant with requirements of The Mental Capacity Act 2005. At the last inspection we also found there were improvements that could be made in respect to safety issues and good governance. We therefore inspected the service against the related three key questions. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At this inspection improvements had been made overall and staff reported that the morale was much higher.

Staffing levels were suitable to meet people's needs.

There was monitoring of accidents and systems to make sure actions were followed up and any trends identified.

Staff were recruited in line with robust policies and all the necessary checks had been carried out.

Medicines were managed safely and people received the medicines prescribed by their doctor.

People's needs had been assessed and risks identified for care delivery as well as safety of the premises.

The home complied with infection control standards.

Staff were supported through supervision and annual appraisal.

The home was working collaboratively with health services so that people's needs were met.

The home provided a good standard of food with people having choice of what they wanted to eat and their individual needs catered for.

There were auditing and monitoring systems being followed seeking overall improvement. Overall the

home was well-managed.

## 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 ●

Action had been taken to make the service safer.

All required checks were undertaken before staff started employment to ensure they were competent and suitable.

Staffing levels were suitable to meet people's needs.

medicines were managed safely.

### Is the service effective?

Good ●

People's needs had been assessed and their care delivered in line with good practice.

The service was now complying with principles and requirements of the Mental Capacity Act 2005.

Staff were suitably trained and supervised.

People received a good standard of food.

### Is the service well-led?

Good ●

The service was well-led.

There was a positive morale amongst staff and a positive culture.

More robust systems had been put in place to monitor quality of the service.

# Hillsdon 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 was 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. The aim of this inspection was to follow-up on a Warning Notice issued at the last inspection in June 2017 and to follow-up on improvements to health and safety issues and good governance.

The inspection was unannounced on 18 December 2017 and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This did not include a Provider Information Return (PIR) as one had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also liaised with local authority and health commissioners to obtain their views.

We met with the registered manager and also with the nominated individual for the company, who both assisted us with the inspection. We met with the majority of people living at the home and spoke with three people who were able to give an in-depth account of what it was like to live at the home. Many of the people living at the home were not able to tell us about their experience because they were living with dementia. We therefore the Short Observational Framework for Inspection (SOFI) as many of the people living at the home were not able to relate their experience of the home to us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition, we made general observations, including watching the delivery of care in communal areas. We viewed three people's care and assessment records in depth as well as sections of a further three set of care records. We reviewed everyone's medicine administration records, two staff files, staff rotas and other records relating to training, supervision of staff and management of the service.

# Is the service safe?

## Our findings

We have inspected this key question to follow up on the concerns found during our previous inspection in June 2017. People living at the home and relatives had no concerns in respect of safety issues and were positive overall about the standards of care and treatment people received. One person told us, "I am happy as a sand boy; I am very well looked after". Another person, who had only been in the home a short time, said; "They have been so kind. They are so charming; they can't do enough for me".

At the last inspection we identified hazards where action could have been taken to make the environment safer. For example, free standing wardrobes that could be toppled over were not attached to the wall, there were two windows above ground floor level that were unrestricted, radiators in people's bedrooms that were not covered to protect people from hot surfaces and hand basins where the temperature of the hot water was in excess of 43C. These issues were addressed promptly by the provider and, at this inspection when we looked around the premises; we found steps had been taken to make the environment as safe as possible. No hazards were identified.

The provider showed us regular assessments that had been carried out to review the premises and equipment to make sure risks were identified and mitigated. Portable electrical wiring had been tested and the fire safety system inspected and tested to the required intervals. The home had contracted with an external company and met water regulations. Emergency plans had been developed for the event of situations such as loss of power or heating. Certificates were seen that showed that the home's boilers, wheelchairs and hoists, the lift, electrical wiring were tested and maintained for safety.

People were protected against the risks of abuse because staff had all received training in this area and to ensure that they received regular refresher training. The staff had a good understanding of what constituted abuse and how to make referrals should they have any concerns. The importance of safeguarding was reinforced by information, including how to report concerns to the local authority or police, being clearly displayed around the home.

The home had systems in place to maintain infection control standards with a senior member of staff delegated as lead for the prevention and control of infection. Since the last inspection the local health service Clinical Commissioning Group (CCG) had reviewed the whole service, including infection control standards, and found improvements. Earlier in the year the CCG had assessed Hillsdon Nursing Home as 40% compliant with standards and this had improved to 82% following a recent review. Records were in place to show the audits of cleanliness were taking place. The provider had taken steps to eliminate malodours we had identified in the lounge at the last inspection.

People living at the home and also the staff spoken with all felt there were sufficient staff to keep people safe and to meet their needs. One person told us, "It depends on the time of day as to how quickly call bells are answered but the staff always come as quickly as possible". Another person told us the staff responded quickly whenever they had had to call for assistance. Observations showed that staff were available to assist people when call bells were rung and there were enough staff at lunchtime to assist people. Dependency

profile tools were not used; however, the registered manager said staffing levels were kept under review through dialogue with staff. Staff duty rosters reflected the staffing on duty on the days of our inspection.

Robust recruitment processes were being followed with required checks carried out to establish the suitability staff. This included; a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

There were organised and audited systems in place for managing medicines in the home, ensuring people took medicines administered as prescribed by their GP. Suitable storage facilities for storing medicines were in place with two medicines trollies, a small fridge for storing medicines requiring refrigeration, and lockable cupboards for storing other medicines and dressings. Medicines were stored safely and correctly and there were regularly audits to make sure that unused medicines were destroyed and storage areas not overstocked. Records were maintained of the temperature of the small fridge ensuring that medicines were stored at the correct temperature. Medicines with a 'shelf life' had the date of opening recorded to make sure that they were not when out of date.

We looked at medication administration records and found that these were completed correctly with no gaps in the records.

There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. In cases where hand entries had been made to medication administration records, a second member of staff had signed the record to verify its accuracy.

Where people had been prescribed creams there were body maps to inform the staff of where to administer the creams together with a signed and dated record of their administration.

## Is the service effective?

### Our findings

We inspected this key question to follow up on a Warning Notice with respect to compliance with The Mental Capacity Act 2005 that was issued at the last inspection in June 2017. This legislation 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. We had found at the last inspection that some principles of the MCA had not been followed where people did not have capacity to consent to aspects of their care. At this inspection we found improvements had been made. For example, all the staff had received additional training in the MCA and the staff we spoke with had a better understanding of the legislation and how this affected their working with people.

At this inspection, those people not able to consent to specific decisions, had mental capacity assessments in place for circumstances such as not being able to consent to personal care or for the use of bedrails. The assessments showed that the principles of the MCA had been followed and that any decisions made on behalf of people were the least restrictive. The manager had consulted with relatives to ascertain if there were any Lasting Powers of Attorney in place for people so that they were aware of their status in decision making where people lacked capacity.

Our observations throughout the inspection showed staff always spoke and sought consent from people before providing care or treatment. People we spoke with confirmed that they were consulted about how their care and treatment was provided. People or their representative were also invited to sign care plan as part of this consent.

At the last comprehensive inspection in June 2017 the service was also non-compliant with respect to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We had found there was no system for monitoring authorisations that had been granted by the local authority and two people who had authorisations, their DoLS had expired and no new authorisation applied for. At this inspection there was a robust system in place so that the registered manager was aware of DoLS authorisations that had been applied for, those granted with their expiry dates and whether any condition to people's restrictions had been made. At the time of this inspection, no one had conditions attached to their deprivation of liberty.

The provider has systems in place to assess people's needs and choices to ensure that they received a service personal to their particular wishes and circumstances. Part of this system was the carrying out a preadmission assessment of a person's needs to make sure these could be met at the home.

Once agreed and someone moved into the home, staff completed a range of more in-depth assessments with the person or their representative. The assessments covered a spectrum of conditions and risks; such



as, personal care needs, continence, risk of falls, communication, skin care, medical and social care needs, nutrition and hydration as well as people's needs in relation to their dementia. People's assessments included all aspects of their needs including all of the characteristics identified under the Equality Act.

Where there were particular personal risks for people, such as the use of bedrails or a risk of choking because of swallowing difficulties, specific risk assessments had been developed. We found bedrails assessments in place for those people who required their use. People who had been referred to the speech and language therapists, because of a risk of choking, had a 'Safe Swallow' plan in place. Where people had a plan for their drinks to be thickened to reduce risk of choking, we found that their drinks had been thickened to the stated consistency and at lunchtime those people needing a soft diet were provided with this.

People's weight was monitored and their nutritional needs assessed. Where people had lost weight action was taken such as fortifying the person's diet or referral to a GP.

There was an effective system in place for assessing and reviewing any wounds or injuries incurred by people. One person told us about how the home had treated a pressure sore they had developed before moving to the home, which had now healed successfully.

Staff said that they felt well supported by the registered manager and the provider. One member of staff told us, "The manager is very supportive and will listen and sort things out". Staff also told us that they received regular one to one support supervision sessions and an annual appraisal to review their knowledge and skills.

As found at the last inspection in June 2017, the management had a system in place to make sure people received training they needed to meet people's needs effectively. Training records showed that staff had received training in essential areas such as; health and safety, infection control, manual handling, safeguarding, first aid, food hygiene safe administration of medicines, dementia and fire safety.

New staff undertook the care certificate and their performance was monitored at work prior to being signed off by the management team. Moving and handling training was undertaken by the nominated individual, who held a current 'train the trainer' qualification.

People responded positively when asked about the standards of food provided. One person told us, "When I moved in there were a few niggles. I complained my food was cold and they now make sure my meals are hot when served, so I am happy".

Records showed people's dietary needs were assessed and catered to. People said that the cook knew about any dietary needs including what foods they particularly liked.

We observed a lunchtime period. We observed the lunchtime period on the first day of the inspection for people being assisted in the dining room, which was a positive experience for people. Staff were observed to be patient and encouraging.

## Is the service well-led?

### Our findings

The registered manager and provider had made improvements in the overall management of the home since our last inspection in June 2017. On the first day of that inspection, we had found the home's rating was not displayed in the home or on their landing webpage. The rating was displayed at this inspection and the provider reported that a new website was being developed for the home, on which their rating would be posted.

The registered manager and provider had taken action to address the shortfalls highlighted at the last inspection. The hazards identified at the last inspection had been mitigated, staff re-trained in MCA 2005 and a system put in place to monitor any people who had been deprived of their liberty.

Comments made by people included; "They have been marvellous, I can't fault them", and "...much better care than I had in hospital". The staff too felt the home was well managed and reported that there was a much higher morale in the home.

Staff told us that regular staff meetings were held, at which they could air views and contribute to the running of the home. They also felt that the management structure was effective. Care and treatment was overseen by the registered manager, who also worked some shifts on the floor, whilst audits and administration was managed by the registered provider. They told us that the registered manager and provider were constructive and motivating when they gave feedback.

The provider discussed openly with us recent safeguarding alerts and informed us of learning and actions taken as a result.

The registered manager was aware of the issues that require notification to CQC and had submitted notifications as required.

No surveys of people's, staff's and relatives' views had been carried out since the last inspection but would be carried out in the new year.