

Baselink Care Limited

Hillsdon Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hillsdon Nursing Home provides accommodation, nursing and personal care for up to 21 older people.

This was an unannounced comprehensive inspection carried out by two inspectors on 9 June 2017 and one inspector on 22 June 2017. We last inspected the home in November 2016 when we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We carried out this comprehensive inspection to follow-up on these requirements and because of concerns that had been raised.

The registered persons had not taken action to fully address all the areas for improvement outlined at our previous inspection. At this inspection we identified two breaches of the regulations that had not been met from the last inspection; namely compliance with The Mental Capacity Act and good governance.

There was a registered manager at the home at the time of the inspection. 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.

An environmental risk assessment and action plan had been carried out, as required at our last inspection; however, on being shown around the home on the first day of the inspection, we identified hazards where action could have been taken to make the environment safer for people. These issues were addressed by the second day of the inspection.

There had been improvement in following the procedures for the recruitment of new members of staff but one person's employment history should have been more robust.

With regards to compliance with the requirements of the Mental capacity Act 2005 (MCA), there was still a need for better understanding and implementation.

There was a positive culture and morale at the home, however there was still a need for better overall assessment and management of risk in the running of the home.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Risk assessments had been completed to make sure that care and support was delivered safely with action taken to minimise identified hazards.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

There were sufficient staff employed at the home to meet the needs of people accommodated.

Medicines were ordered, stored, administered and disposed of safely and overall there was good management of people's medicines.

The staff team were both knowledgeable and well trained and there were induction systems in place for any new staff.

Staff were well-supported through supervision sessions with a line manager and an annual performance review.

People were provided with a good standard of food, appropriate to their needs. Action was taken in circumstances where people had lost weight.

Relatives, staff and people were positive about the standards of care provided at Hillsdon Nursing Home. People were treated compassionately as individuals with staff knowing people's needs.

People's care and support needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred, covered people's overall needs and were up to date and accurate.

A programme of activities was provided to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

Systems were not fully effective in monitoring the quality of service provided to people.

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 overall safe but some improvements were still required in risk management and staff recruitment.

There were systems in place to make sure people were both cared for safely.

Staffing levels were appropriate to meet people's needs.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was generally effective but improvements were still required in understanding and implementing the requirements of the Mental Capacity Act 2005.

The staff team were both knowledgeable and well trained.

People enjoyed a good standard of food that was appropriate to their needs.

Requires Improvement ●

Is the service caring?

The service was caring.

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

Good ●

Is the service responsive?

The service was responsive.

People's care and support needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged based on people's individual interests

Good ●

and hobbies.

There was a complaints procedure that was well-publicised and followed.

Is the service well-led?

The service was generally well-led but there was still need for improvement.

There was an open and transparent management culture and good staff morale.

People's and relatives views were sought about the quality of service provided.

There were systems in place to monitor and audit the quality of service provided; however, these were not fully effective as they had not identified the shortfalls found during the inspection.

Requires Improvement 

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.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place 9 and 22 June 2017 and was unannounced. Two inspectors carried out the inspection on the first day and one inspector on the second day. We met with the majority of people living at the home and spoke with two people who told us about their experience of living at the home.

The registered manager and members of staff assisted us throughout the inspection. We met and spoke with seven members of staff and two relatives. We also liaised with local commissioners.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises, maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Is the service safe?

Our findings

At the last inspection in November 2016 we found that not all risks to people's personal safety had been assessed (particular reference to the safe use of bed rails) and oxygen cylinders were not stored safely. The provider sent us an action plan in January 2017 outlining how this requirement would be met. We found at this inspection that for each person who had bedrails in place a risk assessments had been carried out to make sure their use was safe. Oxygen cylinders were chained to the wall and the provider told us that the stock level of oxygen had been reduced. An oxygen risk assessment had also been carried out as required.

Other risk assessments had been carried out with respect to the environment such as an updated fire risk assessment in January 2017 and identified actions were being addressed. Risks from asbestos in the building were being managed, so too the risk from water born bacteria such as Legionella.

Risks in managing the delivery of people's care had been identified and actions taken. For example, people with swallowing difficulties had been referred to speech and language therapists for advice on a 'safe swallow' plan. Care plans and individual risk assessments were reviewed regularly and covered areas such as risk of falls, malnutrition, moving and handling and tissue viability and pressure sores.

However, on being shown around the premises on the first day of the inspection, we identified other hazards that had not been identified 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. By the time of the second day of the inspection the registered manager had taken action to reduce the risks from these hazards by, covering the radiators, fitting window restrictors, bracketing the free standing wardrobes to the wall and fitting thermostatic mixer valves to the hot water outlets. Although action had now been taken, the provider's own risk assessment systems had not been fully effective as these should have identified and addressed these issues.

At the last inspection we made a requirement regarding safe recruitment practices as procedures did not ensure that staff were of good character because appropriate references had not always been obtained. Improvements had been made. Recruitment records for two members of staff recruited since the last inspection showed that appropriate references had been taken and the checks and records required by regulation were in place. For one person, however, there could have been more robust scrutiny of their employment history as the reason for the person leaving some positions in care had not been recorded. This is still an area for improvement and will be followed up at future inspections.

The staffing levels were appropriate to meet the needs of people accommodated. Relatives, staff and the registered manager all felt the staffing levels were suitable. A relative who visited regularly told us, "The staff are always around", and another person told us, "If I need them, they are here like a shot". Observations showed that staff were available to assist people when call bells were rung and there were enough staff at lunchtime to assist people. At the last inspection we recommended the provider reviewed their

arrangements for allocating staff to support people who spent time in communal areas. At this inspection staff were seen regularly checking in on the three people sitting in the lounge area.

At the last inspection in November 2016 we made a requirement action as we identified shortcomings in the cleanliness of the premises. Following the inspection the provider sent us an action plan informing that a deep clean of the premises had been carried out and an environmental audit had been put in place to monitor the cleanliness of the home. At this inspection we found that action had been taken to improve the infection control standards in the laundry and, apart from the lounge area, which still had an odour, standards had been improved. The registered manager agreed to take action to address this. Records were in place to show the audits of cleanliness were taking place.

People were protected from bullying, harassment and avoidable harm as staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations.

The staff we spoke with were aware of the provider's policy for safeguarding people. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

Systems were in place to manage medicines consistently and safely. Registered nurses administered medicines (apart from some topical creams applied by care staff when providing personal care) and had received appropriate training including a competency assessment. A monitored dosage system was used where all the medicines were prepared and labelled by the pharmacy. Some medicines required storage at a low temperature and there was a small fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature. There were appropriate systems in place for the management of controlled medicines. Medicine administration records were kept up to date and showed people received their medicines as had been prescribed by their GP.

Is the service effective?

Our findings

At the last inspection in November 2016 we made a requirement concerning The Mental Capacity Act 2005 (MCA) as there was no valid consent for the use of bed rails for three people, nor had a mental capacity assessment and best interest decision been documented in relation to the use of bed rails. The provider sent us an action plan in January 2017 informing that additional training was to be provided to the staff and that assessments of bedrails and suitable evidence of consent was being sought and documented. At this inspection we found there had been some improvement as bedrail assessments were in place and consent, either by a relative with a Lasting Power of Attorney for the person's health and welfare or through best interest decision were in place. However, the service was still in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

On the first day of the inspection we found one person who had bedrails in place who could not give their consent for their use as determined by a mental capacity assessment. The assessment also identified that there was a risk of the person attempting to climb over the bedrails, as they had done so in the past. Documentation was not clear regarding the best interest decision process agreed with the relative that a pressure mat be sited next to the bed to alert staff should the person climb over their bedrails. There was no record of other options considered in making the least restrictive alternative, such as a 'crash mat' instead of a pressure mat beside the bed that would make a fall from bed less harmful. We asked the registered manager to review the documentation to reflect the agreed actions and reasons for their concluding intervention. On the second day of the inspection the registered manager showed us the revised assessment. This recorded that the bedrails were being used to prevent falls by keeping the person in bed and were not being used to prevent their falling from bed. The use of bedrails was therefore a potential deprivation of the person's liberty. A DoLS had been granted by the local authority but this had expired in 2016 but no new authorisation had been submitted with regards this potential deprivation. On discussing this with the registered manager it was clear that there was still work and understanding required in embedding the core requirements of MCA principles and practices into working practices. There was also another person who had been subjected to a DoLS but this had expired and not been followed up.

Failure to comply with the principles of the Mental Capacity Act 2005 was a repeated breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives we spoke with told us they felt people were appropriately supported by the staff team and had confidence in their abilities. One relative told us, "There is a consistent staff team, who seem happy and

capable".

Staff were satisfied with the levels of training provided, much of which was provided through online learning. 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. Other training provided included safeguarding adults, the MCA and deprivation of liberty, infection prevention and control and food hygiene.

New members of staff received induction training that included shadow working with more experienced staff. Staff new to care were also enrolled on the Care Certificate, which is the recognised induction standard. Staff felt supported through line management structures and said there was always someone they could seek advice from if the need arose. Records of formal one to one supervision was up to date at the time of the inspection.

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.

People's weight was monitored regularly and steps taken if people were at risk of becoming malnourished. For example, checking that the staff were supporting people appropriately, providing snacks and alternatives as well as fortifying meals. People were monitored for their food and fluid intake if this was needed and records were kept in order to assess whether people were eating and drinking enough. There was also a system to check that people on air mattresses had the mattress set to correspond to their weight. Some people had 'safe swallow' care plans in place because of swallowing difficulties and prescribed thickened drinks. Thickener was stored away safely and we saw when looking around the premises people had their drinks thickened with a safe swallow plan clearly displayed to remind staff on this need.

Relevant healthcare professionals were involved in people's care when required, such as speech and language therapist, district nurses, and doctors. A visiting GP told us that the home made appropriate referrals, were responsive to people's healthcare needs, and followed their instruction.

Is the service caring?

Our findings

One of the reasons for carrying out this inspection was because we received concerns about the care of people living at the home. Many people, because they were living with dementia, could not tell us about their experience of care at the home. However, some people were able to and, apart from one person; they all had positive things to say about the home and the staff. One person told us how they much preferred the care and support they had received in the home as opposed to that in hospital. They told us of the nurses, "I love them". Other comments included, "She's a great nurse, a fantastic person", and another person when asked if they were well-cared for said, "Yes I suppose I am really; very good, we chat and have a laugh together". Relatives also gave good feedback about the care and nursing provided. One relative told us, "It has been very good and gone very well; the staff are very caring". Another relative told us, "We have been very happy with the staff and they are always welcoming. They always pop their head round the door to check that everything is alright". The person who expressed concerns about their care had these investigated through the local safeguarding authority but these were not substantiated.

Throughout the inspection we observed good, positive interactions between the staff team and people living at the home. People were well-groomed with attention paid to their personal appearance and they appeared comfortable with the staff.

Staff were able to tell us about people's preferences regarding their care and were knowledgeable about people's care and nursing needs.

We observed that staff knocked on people's doors before entering and that any personal care was provided in privacy.

The home had attained accreditation for the National Gold Standards Framework Centre in End of Life Care. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling generalist frontline staff to provide a gold standard of care for people nearing the end of life. The manager told us that people's advanced wishes were also documented if people wished.

Is the service responsive?

Our findings

Relatives we spoke with during the inspection felt that the staff had been responsive in meeting their relatives care and treatment needs. The relatives also said that they were kept informed of any changes as well as able to visit at any time. The staff we spoke with understood people's care plans and the care and support people needed.

Before a person was accepted for a placement at the home, a procedure of a preadmission assessment of their needs was followed to make sure the home could meet these.

Further risk assessments and assessment tools were used to develop an individual care plan with each person or their representative after the person was admitted into the home. Care plans were up to date and reflected people's needs, as well as being person centred in the way they were written. Overall people's care plans provided sufficient information about each person's ability and how staff should care and nurse people. Care plans also showed that when people's health deteriorated appropriate responses were made to external professionals; examples being, referrals to speech and language therapists when people had difficulties in swallowing and referrals to GPs when people were unwell.

People had been provided with specialist equipment where this was needed, such as air mattresses and equipment to meet their moving and handling needs. Where people needed regular checks or repositioning, these had been undertaken and recorded. People who had wounds had these dressed in line with their wound management plan and the healing of wounds was monitored and recorded, including the use of photographs. Referrals had been made to the Tissue Viability nurse for people with more serious or complex wounds.

Forms had been completed to provide information about people's life history and interests. This information was then used to provide a personal approach to each individual.

The majority of people were cared for in bed or in their bedroom, although some people were got up and used the lounge during the daytime. Some group activities were provided in the lounge such as singers and entertainers. Records were maintained of activities provided including those provided to individuals..

The complaint's policy was made easily available for people and their relatives and there was a system for logging complaints and responses from the provider. There was an ongoing investigation by the home into concerns brought forward by one relative.

There was a system in place for when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. The system ensured information accompanied the person, which meant they would receive consistent, planned care and support if they had to move to a different service.

Is the service well-led?

Our findings

At the last inspection in November 2016 we made a requirement action as the systems and processes did not operate effectively to monitor the quality of service and to bring about the improvements that were needed. Although an action plan had been written and steps taken to address our requirement, there was still a need for improvement, as outlined below.

On the first day of the inspection we noted that the ratings awarded at the last inspection were not displayed as required in the home, nor on the provider's webpage. The rating was displayed on the second day and the provider had contacted their web designer to have the rating displayed on their web landing page. Despite carrying out an environmental and work place risk assessment, there were hazards identified on the first day of the inspection when we looked around the premises where mitigating action had not been taken to reduce likelihood of harm. There were also the shortfalls in implementing the requirements of the MCA. These shortfalls in quality monitoring and improvement were a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were satisfied with the management systems in place and had confidence the registered manager would listen to their concerns. One member of staff told us, "The owner is great [The registered manager], she is very friendly and is in every day". Another member of staff who had experience of working in other services told us, "I really like working here, there is a good team". We discussed the management arrangements with the registered manager who informed that managerial responsibilities were divided between the Nominated Individual and themselves. 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.

The Nominated Individual for the organisation was on leave at the time of our inspection. At the last inspection documents we needed to see were locked in their office and staff and the registered manager did not have access to these. At this inspection the registered manager had access to the office and was able to gain access to all records we required.

Following the last inspection the provider sent us an action plan setting out how they would improve governance of the home. Part of this was to implement more audits. Records showed there was better monitoring of the environment and infection control standards, however, as mentioned above improvements were still required.

Annual surveys were undertaken of residents, visitors and staff. The most recent survey had been undertaken in November 2015 and the results were broadly positive.