Leonard Cheshire Disability

Hydon Hill - Care Home with Nursing Physical Disabilities

Inspection report

Clock Barn Lane
Godalming
Surrey
GU8 4BA

Tel: 01483860516
Website: www.leonardcheshire.org

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hydon Hill is registered to provide accommodation and personal care for up to 46 people who may have a nursing need, a disability, learning disability or an acquired brain injury. There were 38 people living at the service at the time of our inspection

People's experience of using this service and what we found
Systems to monitor people receiving their medicines in line with their prescriptions were not always effective. This meant the provider was unable to assure themselves that medicines were being administered correctly. People and relatives told us there was a core team of staff who knew them well. However, due to difficulties in recruitment there was a large number of agency staff used which on occasions impacted on how people received their care.

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.

Based on our review of key questions Safe and Well-Led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The model and size of the service was not in line with current best practice guidance for people with learning disabilities. Hydon Hill is a large service in a rural area with limited access to community resources. The provider had implemented additional training and support planning systems for some people, but this had not acknowledged this should be applied to all people with a learning disability living at the service.

Risks to people's safety had been assessed and where people had complex needs which put them at a high risk support was provided by regular staff. Staff had worked alongside healthcare professionals and implemented guidance on how to support people safely. Staff had received training in safeguarding people from abuse and people were given the opportunity to raise any concerns.

People told us that staff were kind and caring and that the management team were available to them. People and staff had the opportunity to feedback their views of the service through regular resident and staff meetings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Requires Improvement (6 October 2020). We carried out an unannounced comprehensive inspection of this service on 14 October 2019. Breaches of legal requirements were found.

The provider completed an action plan to show what they would do and by when to improve. We carried out a focussed inspection of the key questions Safe and Well-led in August 2020 and found the breaches in these areas had been met. At this inspection we found additional concerns and the provider is in breach of regulations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hydon Hill - Care Home with Nursing Physical Disabilities on our website at www.cqc.org.uk

Why we inspected
The inspection was prompted in part due to concerns received about risks to people's care in relation to support with eating. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found the provider had implemented systems and worked with healthcare professionals to implement guidance and minimise further risks.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines, staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Hydon Hill - Care Home with Nursing Physical Disabilities

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
The inspection was carried out by three inspectors.

Service and service type
Hydon Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
The inspection was unannounced

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We sought feedback from professionals who work with the service. 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.

During the inspection
We spoke with four people who lived at Hydon Hill and observed the care people received. We spoke with six staff members including support staff, managers and the registered manager. We looked at infection prevention and control systems and reviewed a range of records which included six people's care records, accident and incident monitoring and medicines administration records.

After the inspection
We spoke with five relatives to gain their views of the service provided to their loved ones. We reviewed additional documentation requested from the provider including quality audits and meeting minutes.

Requires Improvement

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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● The provider was not able to assure themselves that people were receiving the prescribed medicines in line with their prescriptions. An electronic system was used to record when people's medicines were administered. We completed stock checks of medicines and found of the seven records checked, six were incorrect. In all six cases there were more medicines in stock than had been recorded on the system. This meant there was a risk people had not received their medicines as required.

● The registered manager informed us they had reported concerns with the system to the pharmacy concerned. However, given these concerns, no additional checks had been implemented to monitor medicines administration and check for potential errors.

● The deputy manager told us a system of stock checking two people's records each night had been introduced to ensure everyone's medicines would be checked every few weeks. This system was not regularly reviewed as part of the medicines audit process. We noted one person's stock checks had not been completed for three months.

● Body maps were not always completed to guide staff on how to support people with the use of prescribed topical creams. This meant there was a risk that creams would not be used correctly. The manager assured us body maps were completed for some people and gave assurances this would be addressed for those who did not have them in place.

The lack of robust medicines management systems was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In other areas we found medicines were managed safely. Medicines were securely stored in lockable medicines trolleys within a secure room. Any medicines that were not used and needed to be disposed of were recorded. The temperature of the medicine's room was regularly checked to ensure medicines were stored correctly.

● There were clear instructions for 'as and when required' medicines (PRN). The instructions gave staff details on when and how the medicines should be administered .

Staffing and recruitment

● Relatives told us they felt they service needed more staff. One relative said, "There never feels as though there are enough staff. At the weekends, it's just skeleton staff. They look like they're run off their feet. We may have to wait quite a while if (family member) needs to go to the toilet." A second relative told us, "I have concerns about staffing. Regular staff know (family member) well, but I feel there is not enough staff."

● We received mixed responses from staff regarding staffing levels. Comments included, "I don't feel we are

given enough time for each person. You try and do your best with conversations and spending extra time when you can but you are still trying to rush through as you still have other people to help. It's been made worse recently with the more (people with) complex needs (moving into the service)." And, "We always have enough staff."

● The registered manager told us staff recruitment was difficult which meant there was a high use of agency staff. To provide consistency the service tried as far as possible to use the same agency staff. The registered manager told us there were occasions when due to the skills mix or last- minute staff sickness, decisions would need to be made regarding people's care. This included reviewing if it was safer for people to be cared for in bed rather than getting up for the day. Whilst decisions were made for people's safety, this may have impacted on people's opportunities.

● There was a risk people would be socially isolated. Staff supported people with care tasks and eating but did not always spend time engaging in activities with people who remained in their rooms. On the day of our inspection we observed people did not need to wait for their care and staff were responsive to people's needs. This was also found to be the case when reviewing call bell audits for those able to use them. However, we observed there was little opportunity for social interaction with those people not taking part in group activities. The registered manager told us the opportunity for people to access activities in the community was restricted due to staffing concerns.

● The provider was aware of the staffing concerns within the service and had reviewed processes in order to attract applicants. This included offering introductory bonuses, reviewing staff terms and conditions and recruiting some agency staff as permanent members of the team. The registered manager told us they continued to assess people to move into the service although had not accepted people who required a dedicated staff member with them at all times.

The lack of sufficient staff to ensure the needs of all people were met at all times was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Robust recruitment checks were completed which included all potential staff completing an application form and undergoing an interview. Disclosure and barring service checks (DBS) were completed prior to staff starting their employment.

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

● Concerns had been raised by healthcare professionals in relation to the support people required with eating and staff knowledge of their needs. Healthcare professionals had offered additional support to the service. We found the guidance provided by healthcare professionals had been implemented and staff we spoke with were aware of people's needs.

● Risk management plans were in place in relation to the support people required. Additional guidance was available for those with the most complex needs to guide staff in supporting the person's position correctly when eating. We observed this guidance was followed by staff. The registered manager told us that due to the concerns identified, people with the most complex needs were being supported solely by permanent staff who were aware of the guidance in place.

● In other areas we found risks to people's safety had been assessed in areas including nutrition, mobility, skin integrity and catheter care. Control measures had been implemented to minimise risks whilst still respecting people's independence.

● Accidents and incidents were recorded and action taken to minimise the risk of them happening again. The registered manager or deputy manager reviewed all accidents and incidents to assure appropriate action was taken both immediately and longer term. Where one person had been abusive to staff and showed signs of anxiety, they had been offered reassurance and referred for talking therapies. Guidance had been produced for staff regarding the triggers to the person's anxiety and the actions to take to support

them.
● Monitoring systems were in place to ensure people's safety in areas including maintenance, fire and health and safety. Records of regular equipment testing, evacuation plans and servicing were in date and maintained in an organised manner.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe living at Hydon Hill. One person told us, "The staff keep me safe, I always feel safe." One relative said, "I have no concern about the way he is looked after. I've never had any concerns that he's not safe."
● Staff were aware of their safeguarding responsibilities. Staff were able to describe the different types of potential abuse and how they would report these. One staff member told us, "First address it with a team leader, or I would take it to the deputy of manager, if I felt it was so urgent, I would go straight to the manager. I would phone the local authority if I did feel it wasn't being dealt with."
● Staff had received training in safeguarding and information was available to them within the service. Safeguarding was a standard agenda item at residents' meetings. This gave people the opportunity to raise concerns and informed them to approach staff or the manager should they wish to discuss any issues.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

● People told us that staff were kind and caring and they had access to the management team when required. One person told us, "The staff are very nice and they make me comfortable." A second person said, "There are a few (managers) and they are all very nice, approachable"

● Relatives told us they did not have a lot of personal communication with the registered manager. Comments included, "I couldn't tell you what the manager looked like which is not what we've experienced before with previous managers." And, "I don't have a lot to do with (registered manager). I've spoken to her on a couple of occasions. But they (the service) have been quite responsive." A third relative told us they felt communication from the service could be improved. Following the inspection, the registered manager told us due to COVID-19 visiting restrictions communication over the past 18 months had been difficult although efforts to maintain contact through letters, phone calls and emails had been made.

● We received mixed comments from the staff team regarding how they were supported by the management team. One staff member told us, "We go to them with problems, but I don't think they are 100% aware of how things are (for staff). I don't always feel a sense of teamwork from the managers." A second staff member said, "(Registered manager) is one of the best (managers) I've ever worked for. You can easily talk to her. She always gives you the time, even if they're busy they get straight back to you.

● Statutory guidance was not always followed in relation to people's care. We asked the registered manager to describe how they were meeting the Right Support, Right Care, Right Culture guidance in relation to the support provided to people with a learning disability. The registered manager told us they believed this only applied to three people living at Hydon Hill and as this was not the 'primary need' of the remaining 10 people assessed as having a learning disability. This demonstrated a lack of understanding of this guidance which states all people with a learning disability are as entitled to live an ordinary life as any other citizen.

● Adaptions were being made to the building for the three people who the service recognised as falling under the scope of this guidance. The registered manager told us a different style of care planning was being used, that staff supporting them had received additional training and a self-contained area was being created to provide a smaller living environment where people could be supported with cooking etc. However, consideration had not been given to how these same principles could be applied to the other people with a learning disability living at Hydon Hill.

● Concerns in relation to the medicines recording system had not been responded to in a timely manner to ensure people's medicines were being administered in line with their prescriptions. Whilst audits had

identified the concern, no effective system had been implemented to ensure people's medicines were being administered correctly. The provider audit had identified the need for body charts to be completed for topical creams in May 2021. This had been added to the service action plan but had not been implemented at the time of our inspection.

● There was a lack of management oversight in relation to staffing concerns within the service. Whilst the provider had reviewed recruitment systems to attract applicants, the impact of the staffing concerns on people living at Hydon Hill was not consistently recognised.

There was a lack of consistent management oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In other areas we found the service was managed well. Regular audits were completed in a range of areas including care plans, risk monitoring, health and safety and call bell response times. Where concerns were identified relevant action was taken such as updating records or providing additional guidance for staff.

● The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

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

● People were able to contribute to the running of the service. Residents meetings were held regularly which gave people the opportunity to raise any concerns they had. A standard agenda was used which reviewed areas including safety, care provided, catering and complaints. Actions were recorded and feedback provided at the next meeting.

● The service completed annual surveys to gather people's views. This gave people and their relatives the chance to give their opinion of the service they received. No surveys had been due to distributed since our last inspection in February 2021 when feedback received was positive.

● The service manager told us they continued to hold individual supervisions and regular staff meetings in small groups to provide staff with the opportunity to discuss concerns during the pandemic. They also told us they had shown their appreciation to staff through thank you gifts and reviewing their terms of employment.

● The provider had a duty of candour policy in place which highlighted their responsibilities in being open and transparent with people and where applicable, their representatives. Relatives told us they were informed promptly of any concerns and that regular updates were provided by staff.

● The service worked alongside a wide range of healthcare professionals to support people's care and health needs. Where additional support was required this was accepted. Due to COVID-19 restrictions it had been difficult to form on-going relationships within the community. The registered manager told us this was something they wished to develop as the situation eased.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure robust medicines management systems were in place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure consistent management oversight of the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The was a lack of sufficient staff to ensure the needs of all people were met at all times