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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Hillsdon Nursing Home is a 'care 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.

Hillsdon Nursing Home is registered to accommodate a maximum of 21 people who require both nursing and personal care. There were 18 people, all requiring nursing care, living at the home at the time of our inspection.

The home was led by a registered manager. 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.

At our last inspection in September 2018, which was a focused inspection, we found the home had made improvements we required from the previous inspection in June 2017 and the service was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Is the service safe?

People were protected from potential abuse and avoidable harm. This was because staff had received training and were knowledgeable about recognising and reporting different signs of abuse. There were enough appropriately qualified staff available on each shift to ensure people were cared and supported safely. Risks to people had been assessed and were well managed. Medicines were managed safely and there were effective systems in place. People were protected by the prevention and control of infection. The registered manager reviewed and learned from incidents when things went wrong.

Is the service effective?

People's needs were fully assessed and they had access to health care professionals who worked in collaboration with the staff at the home. Staff received training to meet the individual needs of people. Staff told us they felt supported to carry out their roles. There was good team moral and staff were committed to enhancing the lives of people at the home. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible with policies and systems to support this practice. People were satisfied with the standard of food provided and told us there was good choice in menus. People's independence and wellbeing was enhanced by the environment of the home.

Is the service caring?

There was an open, friendly and homely atmosphere at Hillsdon. People and relatives all said the staff team were kind and caring. Staff were knowledgeable and understood the care people needed. People were treated with dignity and respect and were supported to make their own choices.

Is the service responsive?

People received good personalised care and treatment as up to date care plans were in place for each individual. Staff took the time to get to know people, their life and social histories. This ensured good outcomes for people. Activities were provided based on people's interests and past experiences. There had been no complaints raised about the service since our last inspection.

Is the service well led?

The service was led by the registered manager and Nominated Individual for the company. Staff told us they were approachable whilst at the same time setting high standards. People, their relatives and staff were consulted and involved in their care and support. There was a programme of quality checks and audits to ensure the quality of the service was maintained.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 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 comprehensive inspection took place on 4 and 8 October 2018 and was unannounced. The inspection was carried out by one inspector on both days of the inspection.

We met most of people living or staying at Hillsdon Nursing Home and spoke with seven people about their experience of living at the home. Some people were not able to tell us about their experience of the home because they were living with dementia so we used the Short Observational Framework for Inspection, SOFI. This is a specific method of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives who were visiting people living at the home. The registered manager assisted us throughout the inspection as well as the Nominated Individual for the organisation. We spoke with five members of staff, who included care staff, nursing staff and ancillary staff.

We looked at three people's care, health and support records and care monitoring records in detail and samples of monitoring records for other people, such as food and fluid monitoring and mattress checks. We looked at people's medication administration records and documents about how the service was managed. These included three staff recruitment files and the staff training records, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered persons notified us of and a provider information return (PIR). A PIR 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.

Commissioners had carried out their own review of the service in the month before this inspection giving positive feedback following this visit.

Good

Is the service safe?

Our findings

The service was managed safely. People able to tell us about their experiences were very happy with the service being provided. One person told us, "There is not one thing I can complain about; it's superb". The relatives we spoke had no concerns about safety issues and all felt their relatives were receiving good care.

The registered manager had taken steps to protect people as far as possible from abuse and to protect their human rights. All staff had all been trained in safeguarding adults, as well as receiving update refresher training when required. The staff therefore had a good understanding of what constituted abuse and how to make referrals, if necessary. Information posters were displayed in the home as a reminder for staff and to impress the importance of safeguarding.

The home had been made as safe for people as possible as the registered manager had carried out a comprehensive risk assessment of the premises. Where hazards had been identified, steps had been taken to minimise the risks to people. Examples included: freestanding wardrobes attached to the wall to prevent risk of being pulled over, window restrictors fitted to windows above the ground floor and radiators covered to prevent scalds and burns. Portable electrical wiring had been tested and the fire safety system inspected and tested at the required intervals.

Emergency plans were in place for the event of situations such as loss of records, power or heating. A personal evacuation plan had been developed for each person so that they could be evacuated safely in an emergency.

Certificates showed that the home's boilers, wheelchairs and hoists, the lift, and electrical wiring were tested and maintained for safety.

The registered manager had taken steps to minimise the risks of cross infection and to maintain infection control standards. The home was clean on the days of inspection and a member of staff took the lead for the prevention and control of infection. Infection control and cleaning audits had been carried out to check that the risks of cross infection were minimised.

Accidents and incidents were reviewed monthly, looking to see if any action could be taken to minimise the risk of accidents or incidents recurring.
People we spoke with, including relatives, all felt staffing levels were appropriate to meet people's needs.

Robust recruitment processes had been followed before new staff began working at the home to ensure that appropriate people were recruited. Staff files showed photographic identification; two references, and a Disclosure and Barring Service check (DBS) had been obtained. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

The Nominated Individual for the organisation told us of situations where management had reviewed their

practice following safeguard concerns, making changes as part of lessons learnt.

Medicines were stored safely with regular auditing to make sure people received their medicines as prescribed by their doctor. There was a system to ensure unused medicines were returned to the pharmacist. There were suitable storage facilities, including a fridge for storing medicines requiring refrigeration. Records were maintained of the temperature of this fridge, to ensure 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 used beyond their shelf life.

Medication administration records were appropriately completed. There was good practice of allergies being recorded at the front of people's medication administration records together with a recent photograph. Where a variable dose of a medicine had been prescribed, the number of tablets given had been recorded to make sure people were given a safe dose. 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 administration.

Where people had 'as required' medicines prescribed there was guidance for staff on when these medicines should be administered.

Good

Is the service effective?

Our findings

Before people moved into the home, a preadmission assessment of their needs had been carried out to ensure the home was equipped to meet these. Once admitted, staff completed a range of more in-depth assessments with the person or their representative. Records showed assessments were comprehensive, covering needs commonly associated with old age such as, personal care needs, continence, risk of falls, communication, skin care, medical, social care needs, nutrition and hydration.

Some people had individual needs and risks associated with the delivery of their care. For example, requiring bedrails. Where these were used, people had bed rail risk assessments in place because of the risks of entrapment or their climbing over the top and injuring themselves. Where there was a risk of a person choking because of swallowing difficulties, people had been referred to speech and language therapists for a swallowing assessment. Systems were in place to make sure those people who needed to have their drinks thickened had these thickened to the required consistency. The thickener agent was stored safely out of reach, as these products can pose a risk to people if ingested.

Staff had the skills, training and knowledge to meet needs of people and they were positive about the staff team. One person commented, "The staff know what they are doing and I am being well-looked after". Staff we spoke with were satisfied with the training provided. Records showed that staff received core training in subjects including moving and handling, first aid, Mental Capacity Act, infection control and safeguarding. Staff could also undertake additional training in more specialised areas in some circumstances.

New staff completed the Care Certificate, which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff told us, and this was also supported by records, that they received regular supervisions and an annual appraisal.

Staff recognised people as individuals, ensuring they were given choice and their preferences respected. Staff also received training in diversity, equality and inclusion.

The registered manager had taken steps to ensure the service was compliant with The Mental Capacity Act 2005 (MCA). This 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 they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments had been carried out and recorded when necessary. These showed the specific decision a person was unable to make, the reasons why they could not make the decision, the people involved in decision making and consideration of the least restrictive solution made in the person's 'best interests'. The registered manager was aware of any relatives with Lasting Powers of Attorney that had

a bearing on who could make the decision should a person not have capacity to do so.

The service was also 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. There was a system for ensuring applications were made to the local authority and for re-applying if this was necessary when an order expired. None of the granted DoLS authorisations had conditions attached as part of the legal order.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs.

Overall, people were satisfied with the standard of food provided. Comments included, "The food is great. We have a running joke though; that there is not enough lobster on the menu", and "No complaints at all, I am very happy with the food". The midday meal we observed was a positive experience for people. Those who required help with eating were assisted appropriately by staff. A relative told us, "I am often here at lunchtime and have tasted some of the meals; quite tasty really".

Good

Is the service caring?

Our findings

People and relatives all said the staff team were caring and compassionate. Comments included; "The staff are all very nice", "They are very patient with my Mum and she seems to get on well with all the staff", "She is always well-groomed and looks cared for when I visit", and, "I don't have a problem with any of them". Interactions we observed were all very caring, and staff seemed to have a genuine interest in the wellbeing of people. They checked with people how they were feeling and if there was anything they needed.

Staff, themselves, said there was good lead from the management and on one of the days of the inspection the registered manager was working on the floor with the staff. One of the staff told us, "XXXX (the Nominated Individual for the organisation) and the registered manager are very supportive; I wouldn't move to work anywhere else".

People who could tell us, said they were involved in making decisions about their lives and care and treatment with staff aware of the importance in respecting people's rights to privacy and dignity. We saw that the staff referred to people by their preferred form of address and spoke courteously to people. We observed that when personal care was being given, this was done behind closed doors. We noted that when people needed attention the staff responded promptly.

People told us their families and friends could visit at any time with staff being very welcoming. Relatives also confirmed this telling us that they were always kept informed of any changes.

Within people's care plans there was information relating to people's life history, their interests, people and things that were important to them and their preferred routines. Staff were knowledgeable about people and aware of the information within care plans.

Good

Is the service responsive?

Our findings

Each person had a personalised care plan that reflected their individual needs. Care plans we looked at were up to date and had been updated when people's needs changed or reviewed each month. The registered manager was aware of when relatives had lasting powers attorney for welfare and when they should consult with relatives about people's care. Monitoring charts, to validate the care staff had provided, were also up to date and well-recorded. The registered manager had put systems in place that ensured people had enough to drink, when there were concerns about fluid intake; air mattresses checked to make sure that the setting corresponded with the person's weight and where people needed regular checks or repositioning, these had been undertaken and recorded.

We found that where people who had wounds, these had been dressed in line with their wound management plan. Staff monitored the healing of wounds, recording progress that included the use of photographs. Referrals had been made to the Tissue Viability nurse for people with more serious or complex wounds appropriately.

Information had been gained from people or their relatives about people's life history and interests. This was then used to provide a personal approach to each individual and in the planning of activities.

Many people were cared for in bed or chose to spend time in their bedroom but some people 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. We saw photos of group and individual activities.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

The service sought to support people nearing end of life to have a comfortable and dignified death by consulting people about end of life wishes. 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 registered manager told us that people's advanced wishes were also documented if people wished.

Clear information about how to make a complaint was available for people. The complaints log showed the registered manager responded to and investigated complaints thoroughly. There had been no formal complaints made about the service since we last inspected the home.

Good

Is the service well-led?

Our findings

The service was well led with delegation of managerial responsibility shared between the Nominated Individual for the organisation and the registered manager. The staff told us that there were clear standards set by the management with expectations on compassion and good care. Throughout the inspection we saw this translated into practice with people and staff interacting well together. There was a core of staff who had worked at Hillsdon for a long period of time and staff we spoke with were positive and proud about working in the home. A member of staff told us, "This is a really nice place to work. We all work as a team and don't have to use agency staff".
People were involved as far as possible in the running of the home, with the registered manager seeking their feedback. Staff meetings demonstrated that their views were obtained about decisions and matters relating to the management of the home.

The provider had a whistleblowing policy and procedures, which were publicised to staff. Staff told us they would not hesitate to raise concerns.

The provider had quality assurance processes in place, aimed at improving and maintaining standards. These included a range of audits which were carried out in rotation. Annual surveys were undertaken involving residents, visitors and staff. The most recent survey had been undertaken in August 2018; however, few responses had been received. Those that had been returned were positive about the standards of service provided.

The rating from the previous inspection was prominently displayed in the hallway.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications always included what actions the service had taken in response to any incidents.