

## Methodist Homes

# Hartcliffe Nursing Home

## Inspection report

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Date of inspection visit: 25 November 2014  
Date of publication: 04/02/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 25 November 2014 and was unannounced. The service was last inspected in November 2013 and no breaches of regulation were found at this time.

The service provides care and nursing care for up to 66 older people. There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People in the home were safe. Staff received training in safeguarding adults, and demonstrated

knowledge about recognising the signs of potential abuse. Everyone that we spoke with was positive about the care they received.

# Summary of findings

There were sufficient numbers of suitably skilled staff to meet people's needs and to ensure that people were cared for in a safe way. Staff were supported to care for people safely because there were risk assessments in place describing various aspects of people's care.

The risks associated with medicines were minimised because they were stored appropriately and administered safely.

Staff had knowledge of the Mental Capacity Act 2005 (MCA), however the principles of this legislation were not yet fully embedded in to practice to protect people who lacked mental capacity. We saw that relatives were asked to sign their consent for bed rails to be used by people. Under the MCA, a next of kin does not have an automatic right to consent on behalf of their relative. Mental capacity assessments were not always carried out and the registered manager could not demonstrate whether less restrictive options had been considered or a best interests decision had been taken.

Staff received good support in their roles, including regular supervision and training to ensure that they were able to carry out their roles effectively. Staff were positive about the support they received.

People in the home were able to see other healthcare professionals when necessary, for example GPs and the tissue viability nurse. This ensured that people received effective care and specialist support when it was required.

People were protected against the risks associated with malnutrition because their weight was monitored and

action taken to seek specialist advice if any concerns were identified. People were positive about the meals provided and we observed a meal time where people received the support they required.

We made observations of caring interactions between staff and people in the home. People and their relatives all reported that they were happy with the care, and some gave specific examples of how staff had made a positive difference to the health and wellbeing of their relative.

People were able to take part in a programme of activities if they wished to do so, and we made observations of this during our inspection. This included 1-1 support to make craft items if a person said that they wished to.

Staff understood the individual needs and preferences of people in the home and took action to ensure that these were met. Support plans were in place that supported staff in knowing the individual ways in which people preferred to be cared for.

People felt confident in being able to raise issues or concerns. There were systems in place to respond to formal complaints.

The home was well led. People were positive about the registered manager and we saw there was an open and transparent culture in the home. We heard about examples of where concerns had been raised and the registered manager had responded positively to resolve them. There were systems in place to monitor the quality and safety of the service and this included gathering feedback from people in the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe. People were supported by sufficient numbers of suitably skilled staff.

There were systems in place to manage and administer medicines safely.

Staff received training in how to recognise the signs of potential abuse and felt confident in reporting any issues or concerns.

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### **Is the service effective?**

The service was not always effective. People's rights were not always fully protected in line with the Mental Capacity Act 2005.

People were protected from the risks associated with malnutrition because their weight was monitored and action taken where concerns were identified.

People were supported to see other healthcare professionals when required.

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### **Is the service caring?**

The service was caring. Staff interacted with people in a kind and caring manner.

People were positive about the care they received and were given opportunity to provide feedback or raise concerns.

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### **Is the service responsive?**

The service was responsive. Staff understood the individual needs and preferences of people in the home.

People had the opportunity to take part in a programme of activities if they wished to do so.

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

The five questions we ask about services and what we found

The service was well led. People and staff were all positive about the support they received.

There was an open and transparent culture within the home and people felt confident that their concerns would be listened to.

There were systems in place to monitor quality and safety within the home.

# Hartcliffe 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 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.

The inspection took place on 25 November 2014 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience in older people's care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information relating to notifications. Notifications are information about specific important events the service is legally required to send to us. We also reviewed the Provider Information Return. 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.

During our inspection we spoke with eight people who lived in the home and three relatives, the registered manager, four members of staff and two volunteers. We made observations of care throughout the inspection and also reviewed records relating to people's care. We reviewed the care files of six people in the home and also reviewed five staff files. Prior to the inspection we received feedback from two GP surgeries.

# Is the service safe?

## Our findings

People we spoke with said they felt safe living in the home. Comments included "I feel safe here, I know I can't come to any harm, they look after me well" and "I am alright here, they care for me as well as they can and I can't ask for more".

We saw that staff had received training to support them in protecting people from the possibility of abuse. We observed that people responded positively to interactions from staff, for example by showing obvious pleasure in receiving comfort from staff.

As part of recruitment procedures, staff in the home underwent checks to help the manager make safe recruitment decisions. This included a Disclosure and Barring System (DBS) check and references being obtained from previous employers.

We reviewed the ordering, recording, storage, administration and disposal of medicines on both floors of the home. We observed that the treatment rooms were air conditioned at an appropriate temperature. We found that medicines, including controlled drugs, were stored securely in accordance with the Misuse of Drugs Regulations 2001.

We checked a sample of 10 medication administration record (MAR) charts across both floors of the home. They had been completed correctly and the balances were consistent with the doses remaining in people's individual packs. When we reviewed MAR charts, we saw an example of a person having declined to take prescribed medication. Nurses we spoke with told us that, when a person declined medication regularly, they would make relatives aware of this. Nurses explained that the issue would be reviewed as soon as possible with the GP, who visited weekly.

We reviewed the controlled drugs recording books for five people and saw that medicines had been signed as administered, signed as witnessed and the remaining balance recorded. We checked these medicines in the

controlled drugs cabinet and found the balances to be correct. In our review of documents relating to medicine administration, we found one error when the total remaining amount of one medicine had been recorded incorrectly from one sheet to the next. This was highlighted with the registered manager and rectified.

We observed that there enough staff during our inspection to ensure that people's needs were met. People we spoke with told us "if I want something I can press my button and they will come and ask me what I want" and "they never rush you; they take their time and chat to you when they are doing things". Other people confirmed that staff arrived quickly to help them when they pressed their call bell. Staff that we spoke with told us they felt there were enough staff in the home. The registered manager told us they did not use agency staff and they were able to cover unplanned absence through their own bank staff. This meant that people in the home benefitted from a consistent staff team who knew them well and understood their needs.

From the records held in people's files, we saw staff had identified risks associated with people's care and taken steps to ensure that these were addressed and people cared for in a safe way. For example we saw that people's safety in relation to the use of particular equipment needed for their care had been assessed. We also saw that people at risk of pressure ulcers or malnutrition had been identified using standard assessment tools.

Equipment in the home was checked regularly to ensure it was safe to use and we reviewed records relating to this. These included regular checks of equipment such as grab rails, hoists and stand aids. This meant that reasonable steps were taken to ensure that equipment was in good working order.

People in the home were protected in the event of fire because Personal Emergency Evacuation Plans were in place for individuals and staff had received training in managing emergency situations.

# Is the service effective?

## Our findings

We discussed the Deprivation of Liberty Safeguards with the registered manager and saw that authorisations were in place for some people in the home who lacked mental capacity to be deprived of their liberty lawfully and safely. For other people, urgent authorisations had been made by the home whilst the local authority dealt with the standard applications. This was in line with the Deprivation of Liberty Safeguards Code of Practice and ensured people's rights were protected.

However we found other examples where people's rights were not fully protected in line with the Mental Capacity Act 2005 (MCA). For example, we saw that relatives had been asked to sign their consent for the use of bedrails for people who lacked mental capacity. The MCA does not give an automatic right to a next of kin to consent on their relatives behalf. There were mental capacity assessments on file but these were not specific to the decision being made and therefore did not meet with the requirements of the Act. No best interests decision was documented to demonstrate that less restrictive options for the person had been considered.

This was a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We found that staff were well supported in their roles and received regular training and supervision. We reviewed training records and saw that certificates were in place for a range of training. This included, equality and diversity, moving and handling and safeguarding adults. Training needs were reviewed regularly as part of supervision meetings with staff. We spoke with a new member of staff who told us they had been through a comprehensive induction and were due to be tested on their medication competencies before being allowed to undertake these duties. This meant that people received care and support from staff who were supported in their professional development and had their skills updated regularly.

We observed people had a positive experience at meal times. People were supported to make choices about their meal by being presented with the options available on a

tray. Meals were then served from a heated trolley to ensure they were still warm for people when they began their meal. People who did not want either choice were offered an alternative meal of salads, omelette or jacket potato. We saw that individual preferences and dietary needs were met. For example, one person was provided with vegetarian meals and another person was provided with food from their own cultural background on a regular basis. People who were supported by staff were assisted at an appropriate pace and offered sips of drink frequently. People we spoke with said they enjoyed the food.

People were protected from the risks associated with malnutrition because staff assessed people's needs regularly and took action when concerns arose. For example we saw that where a weight loss had been noted, this was discussed with the GP. Some people in the home had been prescribed nutritional supplements and we saw that people had these supplements in their rooms.

We saw that where a person was at risk of developing pressure damage to the skin, support plans were in place to prevent ulcers from developing. In one case, we read that a person needed support to reposition every two hours. We viewed records relating to this and saw that this support had been delivered in line with the plan.

We also saw that if a person had a pressure ulcer, a specific wound management plan was put in place and photographs taken regularly to allow staff to monitor how well the wound was healing.

People could see other healthcare professionals when their advice was required. We saw that a log of visits was maintained and this included specialist tissue viability nurses, audiologists and the person's GP. For one person, we heard that the mental health team had been involved to try and find a solution to them becoming distressed when personal care was needed. We saw that the advice of the team was documented in their care plan. This showed that people had access to specialist support when required.

We received positive feedback from healthcare professionals who visited the home regularly. This included; 'they are very good at ensuring the records are kept up to date' and 'they are clinically proactive'.

# Is the service caring?

## Our findings

On the day of our visit we observed staff treating people in a caring manner. Terms of endearment were often used, but in an appropriate manner and people appeared to welcome this. On one occasion we heard a volunteer in the home address people using a term that was not appropriate. We discussed this with the registered manager who told us they would monitor this.

People told us they were well cared for. They said they were treated with respect and dignity and personal care was carried out in a caring, sensitive way. One visitor told us "all the staff here are amazing; they care for everyone as well as they can; I have seen people's faces light up as their carer approaches". One visitor told us "my relative gets fantastic care, everything they need for their wellbeing is being provided".

A visitor said their relative had improved dramatically both physically and mentally due to the care they received, from monitoring their food intake and balancing their medication to providing excellent personal care; they added: "they have given them their life back and mine too. I now visit and have quality time knowing that they are being cared for by qualified staff".

We saw that staff knocked on people's doors before entering their rooms. People told us that staff respected their privacy and dignity. Comments included "staff are very kind and caring; they respect my privacy and close the curtains and door before they do anything and are very respectful; they listen and more often than not do as I ask", and "they are kind, we always have a laugh and joke".

We saw that people were supported to be independent where possible. In support plans, it clearly identified where people wished to carry out their own care. In one example, it was documented that a person wished to shave by

themselves. Another support plan documented that a person wished to be independent with part of their wash routine. This showed that people's individual wishes had been incorporated in their support plans.

We observed that one person in particular appeared to receive a lot of attention from staff when in the lounge. We discussed this with the registered manager who told us the individual concerned had expressed a lot of anxiety in the past and was worried about having to leave the home so staff offered a lot of reassurance and comfort. This person responded positively to the interactions with staff. This showed that staff were aware of this person's particular needs and supported them appropriately.

We also heard that people's birthdays were celebrated with a cake made by the chef. One family said the home had arranged a buffet for them to celebrate their relative's birthday with all their family.

We made observations throughout the day of people being treated in a kind and caring way. For example, in the morning we observed people being approached by staff in the communal areas of the home, checking if they were well or if they needed any drinks.

Care plans were kept in people's rooms so that they could look at them if they wished. Not everyone we spoke with was interested in their care plans; however visitors that we spoke with told us they viewed them and were told verbally about any issues or concerns. One visitor told us that they had been involved in a recent review alongside their relative. Everyone told us that they felt able to raise any issues or concerns if they had them.

During our inspection we made observations of a number of visitors to people in the home. In some cases, relatives were involved in supporting aspects of care such as meal times. This meant that people had opportunity to maintain relationships that were important to them.



# Is the service responsive?

## Our findings

We saw that people in the home had access to a range of activities. On the morning of our inspection people were being supported to make Christmas decorations. This was supported on an individual basis for people who wished to take part. Staff spoke kindly and in a caring manner when supporting this and people responded positively. There was evidence in people's rooms of items made in craft sessions and also certificates won for friendly competitions such as table tennis, bowls and bingo.

Most people we spoke with were enthusiastic about activities, although others said they preferred to sit and watch. Visitors also told us they were involved in activities and helped with fundraising. People told us that they were able to access the local community because staff supported them to go the local shops. We also heard that people went on trips to nearby locations; in the summer people had been supported to take part in a trip to Weston Super Mare.

We saw that staff understood the individual needs and preferences of people in the home. One person preferred to be on their own and we saw they were given space to be by themselves in a reminiscence room. They had been provided with tea and biscuits and had paper and pencils available as drawing was an activity they enjoyed.

People that we spoke with were positive about how well staff understood their needs. One person said: "they know when I want to be left alone and when I want company". Another person said: "they know I like my hair to be nice so they take me to the hairdresser".

One person told us about a particular care routine they had had in place for three years prior to moving in to the home. With the support of staff at the home, the person had been able to manage without this intervention and was very happy and grateful for this.

People told us that they felt able to raise complaints or issues of concern and we heard about incidents where action had been taken in response to concerns raised. One relative told us they had raised concerns about the staffing levels after lunch time when staff were taking their breaks. The registered manager had come to observe the situation the next day and consequently took action by staggering staff break times and placing an extra member of staff on the floor at this time.

We reviewed the three most recent complaints received since July 2014. We read the provider's complaints log and saw that two of these had been investigated fully by the registered manager. The complainants had been given full responses and the complaints had been closed. One complaint remained open because the local authority safeguarding team had been involved. The registered manager explained that the provider was waiting for the local authority safeguarding team to confirm closure.

We noted a large number of 'thank you' and complimentary cards sent to the provider during the past two years.



# Is the service well-led?

## Our findings

There was a positive and caring atmosphere in the home, with people and relatives reporting that they were happy with the care provided and felt positive about raising concerns. Staff, people and relatives were all positive about how well led the home was.

One healthcare professional who visited the home regularly told us "I find the nursing home to be efficient, well run and professional but caring. I enjoy going to the home where I feel I am treated very professionally and I am welcomed by all the staff I come across." Another professional commented that the home was 'well led and managed'.

There were quality assurance systems in place to monitor how well the home was performing. This included the use of questionnaires to gather feedback. The results of the latest survey were not available as they were still being analysed by an external organisation. We saw the results of the 2013 survey of people who use the service and the registered manager's action plan. We saw a number of thank you cards on a board outside the office which demonstrated that families were satisfied and happy with the care provided in the home.

The registered manager gave us a copy of recommendations entered by family members on a care home listing website. Of nine recent entries (August-November 2014), eight gave an overall rating of 'excellent', the other being 'good' with excellent ratings in most categories. Comments included 'the manager, admin., nursing and care staff receive an absolute 10 out of 10 for the care my father has' and 'I am delighted to recommend this exemplary nursing home'.

We reviewed minutes of quarterly residents' meetings. At a meeting in July 2014, it was decided to have a big day trip annually and more frequent trips for smaller groups. The registered manager told us this change had been implemented. We read minutes of relatives' meetings. We noted an example of action having been taken in response to feedback about staff availability after people had finished lunch. The registered manager told us they had acted on the same day to stagger staff lunch breaks to ensure more staff were present. The manager told us that attendance at relatives' meetings was low because people felt able to approach senior staff at any time. This showed there was an open and transparent culture within the home and that the registered manager acted on concerns when they arose.

Staff also told us they attended meetings in which the registered manager informed them of any important changes within the home. Staff told us they felt able to give their views without fear of repercussions and felt confident that they would be listened to.

We saw that the home had been given an award within the provider's group of homes as the 'best performing home'. This showed that the home was achieving the standards expected of them within the organisation.

The registered manager was aware of their legal obligations and submitted notifications when required, in line with legislation.

We observed during the day that staff worked well together as a team; this showed that staff had a clear understanding of their roles and received direction from senior staff to ensure that the needs of people in the home were met.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment  People's rights were not always protected in line with the Mental Capacity Act 2005.