

Speciality Care (Rehab) Limited

Notts Hill House

Inspection report

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Date of inspection visit:
08 December 2020

Date of publication:
04 February 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Notts Hill House is a residential care home providing personal care and support to people with a physical disability, learning disability and/or acquired brain injury. The service is registered to accommodate up to 16 people. At the time of the inspection there were 12 people living at the service. The home is adapted to meet people's physical needs.

People's experience of using this service and what we found

At the time of the inspection the service did not have a registered manager. An interim manager was overseeing the day-to-day running of the service, and the provider had appointed a new manager who was due to start working in the service. Staff and relatives said they felt people benefitted from a committed staff team, but that the quality of the service could be improved by the service having a consistent manager.

We were assured that improvements had been made since the last inspection. The manager told us staff had a better understanding about assessing people's capacity and improvements had been made to ensure more person-centred care. At this focussed inspection we did not look closely at these areas of care, therefore it was not possible to see if improvements had been fully embedded.

There were enough staff who had been appropriately recruited to meet people's needs. Staff understood what they needed to do to protect people from the risk of abuse.

Risks associated with people's individual health and care needs were assessed and guidance was available to staff on how to minimise known risks to keep people safe.

We have made a recommendation in relation to the management of risks associated with people's behaviours.

Incidents and accidents were well managed. People's medicines were managed safely.

Relatives, staff and other agencies told us the staff and managers were open and supportive. Robust systems had been developed to assess and monitor the quality of the service offered to people.

People had access to advocacy services and were supported to keep in regular contact with people who mattered to them.

The home was clean and tidy on the day of our inspection and the provider had appropriate systems in place to prevent the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autism.

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. We saw people were supported to make choices where possible about their care and the staff and management promoted a culture, which supported people to lead confident, inclusive and empowered lives.

Comments from staff included, "We look after them emotionally and physically and always put them first to make sure they are safe. Everyone has the freedom of choice. They have the choice to do what they want we explain risks but if they want to do it is their choice."

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. (Published 28 August 2019)

The service was rated as Requires Improvement because we found the registered provider to be in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do to improve and by when.

During this focussed inspection on 8 December 2020, we were given assurances that improvements had been made in relation to assessing people's capacity and person- centred care. However, as this was a focussed inspection based on risk, we did not look in detail at these areas of care, therefore the rating remained the same.

Why we inspected

We received concerns in relation to the number of safeguarding incidents reported by the provider and other agencies. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well- led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurances that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Notts Hill House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The rating remains the same.

Details are in our well-Led findings below.

Notts Hill House

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

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Notts Hill House 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.

At the time of the inspection the service did not have a registered manager. A registered manager has responsibility for how the service is run and for the quality and safety of the care provided. The service was being managed by a 'Peripatetic manager' who was employed by the provider and overseeing the service on a temporary basis. We will refer to them as 'the manager' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the provider and any information we had received since the last

inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and other professionals who work with the service.

During the inspection

We met seven people who used the service. We observed how people occupied their time and interactions between people and staff supporting them. We spoke with four members of staff including the manager, deputy and senior carer. We looked at four care records in relation to people living at the service. We reviewed medicines administration records, three staff files, and records relating to the management of the service. This included incident reporting, safeguarding records and quality audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and a further five staff. We spoke with three professionals who have contact with the service and people who live there. This included a community nurse, psychiatrist and an independent advocate.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safeguarded from abuse and avoidable harm. Staff had completed safeguarding training and said they would be confident to report any concerns about poor practice or potential abuse.
- The positive and friendly interactions we observed between people and staff told us people felt safe and comfortable in their home.
- Relatives and other agencies told us they felt people were safe living at Notts Hill. Comments from relatives included, "We have regular video calls and we can see they look happy and well looked after". Other agencies said they had been kept well updated about their clients during the COVID-19 pandemic and had opportunities to speak to people regularly.
- The staff supported people to understand the importance of keeping safe and helped them understand what they needed to do if they felt unsafe. People had access to advocacy support to help them raise or discuss any concerns.

Assessing risk, safety monitoring and management

- Risks relating to people's health and lifestyle were documented and understood by staff. Professionals, family and advocates were involved in discussions about managing risk.
- Risks in relation to people's eating and drinking were assessed and measures put in place where risks were identified, such as preventing choking. Measures had been put in place for people who were at risk if they left the service unsupervised. For example, a keypad had been fitted to the front door.
- People were supported to take positive risks to maximise their independence and choice. For example, it had been recognised that one person was more at risk if they were prevented from leaving the service unsupervised. Plans had been put in place to support the person to go out safely and on a more regular basis.
- Staff and management had a good understanding of people's behaviours and how they needed to be managed. Staff undertook training specifically related to people's behaviours and were trained in how to keep people and others safe, if people's behaviour escalated.
- We were told that on occasion staff may need to remove themselves from a person's accommodation if their behaviours escalated. This would mean that the person would be left for a period of time without direct staff support. The manager told us staff were aware of when they needed to take this action and what they needed to do to keep the person and others safe. However, the person's care plan did not include this information in sufficient detail to ensure consistency. The manager told us they would address this issue as a matter of priority.

We recommend the provider consider current guidance on Positive Behaviour Support and take action to update their care planning accordingly.

- Regular checks were undertaken to ensure people's environment remained safe and fit for purpose. Fire safety checks were completed, and people had individualised evacuation plans in place in the event of a fire happening in the home.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's need. We saw staff were available to people around the home and responded promptly to particular requests or when people needed support or reassurance.
- Staffing levels were calculated on individual needs assessments, which were reviewed and updated regularly as people's needs changed. Staff told us there were enough staff to meet people's need and to keep them safe.
- Staff said they undertook training specific to the needs of people they supported.
- The providers recruitment process ensured as far as possible that new staff were suitable to work in the service. Records showed checks such as disclosure and barring service checks (DBS) had been carried out before staff were employed. This made sure they were suitable to work with people the service supported.

Using medicines safely

- Medicines were stored and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- Storage temperatures were monitored to ensure medicines remained safe and effective.
- People's care records detailed people's prescribed medicines and how they needed and preferred them to be given.
- There were PRN protocols (as required medicines) in place. This information provided staff with instructions about how, why and when these medicines needed to be administered.
- Some people had their medicines given to them covertly (without their consent). Records documented that correct procedures had been followed, including discussions with the person's GP and other health professionals to ensure these decisions were in the person's best interest.
- People had regular reviews of their medicines and advice was sought from GPs and other healthcare professionals when needed. Staff were trained in the safe management of medicines and systems were reviewed regularly to ensure they met best practice guidance.

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.

Learning lessons when things go wrong

- The provider had systems to audit all accidents and incidents which occurred and acted to minimise further risks to people.
- The manager told us how the provider had reflected on incidents that had happened in the service since the last inspection and had made changes to their practice. This included, the introduction of daily 'safety huddles', to ensure staff received consistent messages about people's needs and what good, safe care should look like.

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 requires improvement. At this inspection this key question remained the same. The manager assured us improvements had been made in relation to the breaches of regulations we found at the last inspection. They told us improvements had been made in relation to the assessment of people's mental capacity, the delivery of person-centred care and the quality auditing process. However, as this inspection was focussed to assess risk, we did not look at these areas in detail. It was therefore not possible to see if these improvements had been embedded in practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection the service did not have a registered manager in post. An interim manager was overseeing the running of the service, supported by a deputy and regional manager.
- The manager who had been overseeing the service on a temporary basis told us a new manager had been recruited and was due to start working in the home the following day.
- Staff said the deputy manager who had worked in the home for many years had provided them with 'excellent support' and had created consistency of leadership in the absence of a registered manager. Staff did say the frequent change of management had at times been very unsettling, and they felt the quality of the service could be further improved by more consistent leadership.
- Relatives and other agencies said they felt the home was well-led but did comment on the frequent change of manager.
- Notifications of important events were submitted to CQC as required.
- Regular audits were carried out within the service and by the provider. This included audits of health and safety, care documentation, staffing, training and medicines. Action plans were developed with improvement plans and timescales when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the people they supported and were proud of people's achievements and progress. One staff member spoke about a person who they supported to go out more, and who had progressed so much they required less support and medical intervention. They said, "We tell them all the time how proud we are of them".
- People's relatives and health professionals, we spoke with told us they felt the manager and staff were person-centred and open in their approach. A relative said, "Unfortunately, due to COVID19 we haven't been able to visit, but staff have made every possible opportunity for us to speak to [person's name] by phone or video link". A healthcare professional was very positive about the care provided by staff, comments included, "I have seen them flourish and make sustained improvement, which has greatly improved their quality of life" and, "The staff make sure people get the right support in a timely manner".
- Staff knew about how to whistle-blow and raise concerns with the local authority and the Care Quality

Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- The manager understood their duty of candour requirements and records showed the service investigated issues and concerns and acted appropriately. Learning from complaints, incidents and accidents were used to drive improvement. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.
- The manager said they had recognised when they were no longer able to meet a person's needs and keep them and others safe. They said they had supported the person concerned to move to a more appropriate placement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives said staff and management kept them fully informed about issues relating to their loved one's care. All the relatives we spoke with said that during the COVID19 pandemic staff had worked really hard to keep them updated and connected. Comments included, "They have been as good as their word and have called me regularly to keep me informed about how they are".
- People had access to advocacy services when they needed support to make decisions about their care and lifestyle. Advocates told us staff enabled people to speak to their advocates when they requested or needed.
- Staff spoke positively about the provider and the management team. Comments included, "We feel supported and we work well as a team. I feel we have the people's best interests at heart", and, "The deputy manager is amazing. I cannot praise them enough. If there is a problem, they are there".
- Regular staff meetings took place to enable staff to receive updates and raise any issues for discussion.

Continuous learning and improving care

- The manager gave assurances that improvements had been made since the last inspection. They said staff had undertaken training in relation to the Mental Capacity Act 2005 resulting in a better understanding, and approach, to assessing capacity and recognising people's rights.

Working in partnership with others

- People's health and welfare needs were met by a range of local healthcare providers, social work teams and community services. Records showed that staff supported people to access healthcare appointments to maintain their wellbeing.