

Sevaline Care Homes Limited

# Hurstead House 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

Hurstead House Nursing Home is a residential care home which is registered with the Care Quality Commission to accommodate up to 30 people in one adapted building. There were 25 people living at the home at the time of inspection.

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

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 supported this practice.

We made a recommendation around improving how all staff respond to an emergency such as a fire.

We also made a recommendation for more personalised end of life wishes be recorded.

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. 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 supported this practice.

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team and where they wanted they were supported pursue their religion.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff training enabled them to care for people at the end of their lives.

The deputy manager conducted audits and attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service and staff were able to air their views about how the service was run.

Rating at last inspection.

The last rating for this service was requires improvement (published 22 August 2018) and there was a breach of Regulation 17 HSCA RA Regulations 2014. Good governance. The oversight of the service did not always detect or react to issues which may affect the safety or wellbeing of people who used the service. The

provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found further improvements had been made and the provider was no longer in breach of regulations.

Why we inspected.

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hurstead House Nursing Home

## **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.

#### Inspection team

The inspection was undertaken over two days by one inspector.

#### Service and service type

Hurstead House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted the local authority, other professionals and Healthwatch Rochdale for their views about the

service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerning information. We looked at the notifications the provider is required to send us. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service, the registered manager, deputy manager, senior carer, the activities coordinator, cook, financial director and two care staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of other records relating to the management of the service, including policies and procedures, minutes of meetings and quality assurance systems.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us, "I feel safe here. Nobody bothers me" and "I think it is lovely here. Staff keep me safe."
- Staff were trained in safeguarding vulnerable people and knew where to find information to report any incidents. Staff were aware of the whistle blowing policy and said, "I am aware of the whistle blowing policy. I would report any poor practice" and "There is no way I would put up with any abuse."
- We saw the service used the local authority safeguarding policies and procedures and the registered manager recorded and acted upon any safeguarding referrals and liaised with other organisations to seek satisfactory resolutions.

Assessing risk, safety monitoring and management

- At the last inspection of August 2018, we saw there were some issues around safety such as some call bells were not working, some rooms did not have hot water and a smoke detector had been covered by builders making it inactive. We saw these faults had been rectified.
- There was a fire risk assessment, staff received fire training and fire drills were undertaken each week. However, because they were held at the same time each week it may be that some staff never get to be involved in how they should respond to a fire. We have made a recommendation that the provider should look at best practice around fire drills and evacuation procedures that include all staff. A drill has since been arranged for the night staff.
- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling and mental capacity. Where a risk was identified we saw that people had access to the relevant professionals and provided with equipment such as pressure relieving devices, mobility aids and dietary supplements.

Staffing and recruitment

- People who used the service told us, "Staff come quickly if we need help" and "They [staff] attend to my needs promptly." We observe staff had time to sit and talk to people who used the service.
- The recruitment of staff was safe because all the required checks were undertaken prior to a person commencing employment.
- Staff told us they thought that there were enough staff to meet people's needs.

Using medicines safely

- The administration of medicines remained safe. We checked the systems for ordering, storing, administering and disposing of medicines. There were no identified errors.

- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice. The medicines systems were audited regularly to check for any mistakes and daily to ensure people had received their medicines.
- We checked the controlled drug register and the medicines contained within the dedicated controlled drug cupboard. We found they tallied. Controlled drugs are stronger medicines which require more stringent checks.

#### Preventing and controlling infection

- A person who used the service said, "They keep the room clean and tidy. They look after my laundry and keep my clothes clean and fresh smelling."
- We observed the home to be clean, tidy and there were no offensive odours. The cleanliness of the home was audited by management to ensure standards were maintained. There were policies and procedures for the prevention and control of infection staff could refer to if needed.
- The home had been inspected by the local infection control team, who had made some recommendations which the deputy manager and registered manager were acting upon to improve the prevention and spread of infection.
- Staff were trained in infection control topics and had access to personal protective equipment (PPE), which we observed being worn to help prevent the spread of infection.

#### Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning. The registered manager had learned that systems needed to be checked when builders had been into the home, such as covering smoke detectors.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection of August 2018, we found the service did not always record best interest meetings in detail. We found at this inspection the service had improved and we could see when and why a person was placed under a DoLS.
- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork.
- Where possible people signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was an assessment of need for each person prior to admission to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Staff support: induction, training, skills and experience

- The service did not employ people who were new to the care industry and the induction staff completed familiarised them with other staff, service users, policies and procedures and other key aspects of working at the service. Staff employed usually held a qualification such as a degree in health and social care, were

experienced in care and had completed basic training.

- Staff were given the training and support they needed to meet people's needs. Staff we spoke with said, "I have completed all the necessary training. I have had medicines training here by the pharmacist lately but would like to do the hospital passport end of life training" and "I have done all the necessary training." Staff had NVQ or a degree in health and social care which covers the care of people with a dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- People who used the service told us, "The food is lovely. I had lasagne and it was gorgeous. I have bacon sandwich's for breakfast", "The food is very good" and "The food is all right. Good actually. We get a good choice of meals." People we spoke with were satisfied with the meals served at the home.
- We observed a lunch and saw it was a social occasion and any assistance a person required was done so individually and as discreetly as possible.
- Whilst we were on inspection an officer from the local food safety department also conducted an inspection. The service had made the necessary improvements from the last inspection and had been elevated from three to five stars which means all systems for the preparation, storing and serving of food were very good.
- We saw in the plans of care that people's nutritional needs were recorded and where necessary had access to specialist advice and treatment.

Staff working with other agencies to provide consistent, effective, timely care

- We saw that the service worked well with other agencies. A member of the RMBC commissioning team was visiting the home and said the service had worked with the local authority to make improvements to the service.
- We saw from the plans of care that people had access to specialists and professionals. Each person had their own GP.

Adapting service, design, decoration to meet people's needs

- Some areas of the home needed redecoration. However, we saw the registered manager had a plan for decoration and timescales it would be completed by. There was a person employed to complete decoration and to repair or replace any faulty equipment.
- We saw there was good signage in the home which helped people with dementia find their way around the home.
- We saw some improvements had been made to the environment, including new flooring and furniture. One person was very pleased that they had chosen to move to a new room because it had en-suite facilities.

Supporting people to live healthier lives, access healthcare services and support

- From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service told us, "The staff are brilliant. They seem to be well trained. I am happy here", "I am happy here for now. I am waiting for a flat", "The staff are very nice. They know what they are doing when I need help" and "The staff are all kind and caring."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. For example, people were able to follow their religion of choice and given meals compatible to their beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions. This included what they ate, what clothes they wore, the times of getting up and going to bed and where they wished to spend the day.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- People were asked in meetings and satisfaction surveys for their views of the home. We saw the registered manager responded to their views. We saw that changes were made to the menu and different activities provided to help meet people's needs.
- We saw the service contacted family members by telephone every three months to ask what they thought of the care given to their relative. The registered manager looked at the results and acted upon any suggestions that would improve the care and support they provided.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us, "I go about doing different things on my own. I can choose what I do or where I go" and "They helped me get an electric wheelchair. I am hoping to be more independent. I have to be tested that I can use it safely next." Other people told us their independence was respected by not being cajoled into attending activities or completing personal care themselves.
- Staff received training about confidentiality topics and we saw all records were stored securely.
- Visiting was unrestricted and we saw visits could take place in communal areas or in private. One person we spoke with said, "My visitors can come when they want. Staff are welcoming and there are facilities for my family to make their own refreshments if they wish."
- We saw staff knocked on people's door and awaited a response before entering a person's bedroom, which gave people privacy and helped protect their dignity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The electronic plans of care contained sufficient information for staff to deliver effective care. The system highlighted when a review was required, and we saw staff had completed them which kept people's care needs up to date.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
- Managers were able to access the system to check the quality of the plans and ensure staff were completing and amending them correctly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered and deputy manager was aware of this standard and looking at ways to improve communication for people with a dementia. We did observe how staff were able to decipher by body language what a person wanted if their verbal communication was poor. Most of the people we observed were able to communicate their needs effectively.
- Some of the activities provided helped people with communication. Some equipment was designed to make communication easier such as outsized playing cards and reminiscence therapy to promote conversation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- We spoke with the activities coordinator who told us people had a wide range of activities people could attend if they wished. Activities were held twice a day, in the afternoon and evening. In particular evening activities were designed to calm people using music as well as provide entertainment.
- We observed people attending activities on both days of the inspection. One day there was a music playing session and on the other a card game which was well attended and enjoyed by quite a number of people.
- There were trips to places of interest, outside entertainers came into the home and themed days held such as Diwali to celebrate different cultures. Besides the many games on offer people who did not want to or were unable to attend were given the option of one to one activities.

#### Improving care quality in response to complaints or concerns

- People who used the service told us. "I would go to one of the carers I like if I have any problems. I trust that staff member", "I have no complaints but feel confident I could go to someone if I wished" and "I can tell the staff if I have any problems. They would listen to me if I had any concerns."
- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

#### End of life care and support

- We saw from looking at the care plans that basic details of a person's end of life wishes had been recorded such as if they wished to remain at the home if possible.  
However, the records were not particularly detailed, and we have recommended the provider look at best practice regarding the details needed to effectively record people's end of life wishes to ensure they receive the care they want should their condition deteriorate.
- The service did not currently provide end of life care and no person required end of life care. However, some staff had received end of life training at the local hospice and this enabled them to offer care and support for people and their families in times of bereavement. It had been arranged for several other staff to go on this course.

# 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 has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection of August 2018, the service was in breach of Regulation 17 for not having systems in place to spot faults of equipment or oversight of paperwork such as best interest records.
- At this inspection the service had made improvements. The deputy and registered managers conducted audits around the quality of service provision. The records showed that where required, action was taken to maintain or improve the service, including cleaning and repair of faulty equipment.
- There was a clear management structure and staff felt supported at the service.

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

- People who used the service told us, "I know the new manager who is very good", "The new manager is sociable. I can talk to them" and "The new manager is lovely." Staff we spoke with said, "The manager is very approachable. The changes have been for the better. I have had my supervision. It is a two way process" and "I love the new manager who is brilliant. Nice but firm and knows her job. I am happy working here. There is a good staff team."
- Staff were able to attend meetings. Good practice information was discussed and staff were asked for their views to help improve the service.

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 deputy manager and provider (who is also the registered manager) were aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home and on their website.

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

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The service was committed to involving people who used the service during meetings and by asking for their views in quality assurance surveys.
- A calendar was produced yearly which included photographs of activities and distributed to family members and other professionals free of charge.

#### Continuous learning and improving care

- The new deputy manager was making contact with other professionals and organisations, such as the local hospice to provide better training and improve care. They also intended to join in meetings with other managers in the locality, arranged by the local authority, to discuss any issues and best practice guidance.
- There was a daily handover meeting for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

#### Working in partnership with others

- We saw the service was working with the local authority to improve care at the home.