

Barchester Healthcare Homes Limited

Hugh Myddelton House

Inspection report

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Date of inspection visit:
15 June 2021

Date of publication:
13 July 2021

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Hugh Myddleton House is a residential care home providing accommodation and personal care for up to 48 people. At the time of the inspection there were 38 people living at the service.

On the ground floor there is capacity for 19 elderly frail people. On the first floor there is capacity for 19 people living with dementia and on the second floor there is capacity for ten younger people with disabilities.

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

Most people told us staff were kind and caring and they felt safe. We received positive feedback from health and social care professionals regarding the kindness of the staff and their competence in providing care. Relatives confirmed this was the case.

We found one person had been prescribed and been given more than the recommended dose of a medicine, although this had not adversely impacted on their health. This error was immediately addressed by the service; and appropriate advice was sought from health professionals. However, this illustrated a failure of staff to follow systems in place to safeguard people from harm.

Although food was plentiful and freshly cooked, a number of people told us they could not influence the menu. This issue has now been addressed following the inspection.

Care plans were person centred, up to date and together with risk assessments provided staff with detailed guidance in how to care for people safely.

The home was clean and odour free. There were increased infection control measures, including daily audits, in response to the coronavirus outbreak.

Staff recruitment processes and procedures were safe. Essential checks on staff had taken place on staff before they started working for the service. Staff received the training and support to carry out their role effectively. Staff were busy at all times, but the service used a dependency tool to review staffing levels, and staff confirmed there were enough staff. We have made a recommendation in relation to staffing levels.

Staff understood how to safeguard people from abuse. The registered manager understood their obligations to notify relevant bodies of safeguarding concerns.

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.

There had been significant changes in staff personnel and management over the last year, however by the time of this inspection a newly established management team and recruitment of staff had taken place. Provider representatives supported the service in a number of ways, for example, undertaking audits and providing clinical and training support. Local audits in key areas took place.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 2 February 2018.

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

Why we inspected

We carried out a full inspection of this service on 15 June 2021. This was a planned inspection based on the previous rating.

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 assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hugh Myddelton 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.

Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor.

Service and service type

Hugh Myddleton House 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

We carried out the inspection visit on 15 June 2021. This inspection was unannounced.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The 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.

In addition, we reviewed recent communications and statutory notifications received by CQC from the service.

During our inspection we spoke with the registered manager, deputy manager, the training lead, three

nurses and four care assistants. We also spoke with the chef and head of housekeeping.

We spoke with 10 people who lived at the service and two-family carers who were visiting the service.

We looked at five care records, four of these included nursing notes and Medicine Administration Records (MAR) and three staff files.

We looked at various documents relating to the management of the service which included infection control measures and audits; building and fire safety documents and training and supervision records.

After the inspection we reviewed quality audits and additional supporting documentation including safeguarding and complaints records.

We received feedback from two additional relatives and from five health and social care professionals.

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 remained the same.

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

Using medicines safely

- The service had suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- MARs had photos of people, their allergies and how to support them with medicines. However, we found one person had been prescribed and been given more than the recommended dose of a medicine, although this had not adversely impacted on their health. This error was immediately addressed by the service; and appropriate advice was sought from health professionals.
- At the time of writing this report a whole systems review was taking place across a range of professionals to ensure learning took place both internally and externally to the service.
- Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines. These were personalised.
- Nursing staff administered medicines and undertook suitable training to do so.
- Audits took place regularly to ensure medicines were accurately accounted for.

Assessing risk, safety monitoring and management

- Risk assessments were detailed, up to date, and covered a wide range of risks which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviours and falls.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire systems and equipment were monitored and checked to ensure they were in good working order.
- Equipment was safely stored and there were systems in place to regularly maintain equipment. This included hoists, slings and mattresses. Following the inspection additional information was added to care plans to ensure staff understood the frequency of checks and the correct settings.

Staffing and recruitment

- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.
- Most people told us there were enough staff and they were supported in a timely way. Views ranged from "There are enough people to look after you," and "Staff are actually quite available." However, another person told us they had to wait for personal care. One relative told us "Normally enough staff for necessary things, but not going out of the service."

- Staff were busy on the day of the inspection, and we saw one person waiting to be supported. But staff told us "Yes" when we asked if there were enough staff.
- The service used a dependency tool to evaluate staffing needs which was updated monthly. The service was on three levels, and at night the staff had to work across floors, the tool took this into account.
- People's experience of care is discussed further in the Well-Led section of the report.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us "Yes, I feel safe" another said "'There's no danger in the home."
- Staff received training and were able to tell us what safeguarding and whistleblowing was. A staff member told us "It's about protecting people" and could identify the signs and types of abuse. Staff understood to report to the management team any concerns they had.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns since the last inspection.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well. A person told us "Yes, the home is clean."
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.
- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as masks, gloves and aprons and the service was clean.
- We saw there were hand-sanitising dispensers in the entrance, in stair wells and at the nurses' station. ● Following the inspection, the service ordered additional hand sanitisers for use in corridors, where it was safe to do so.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence. We saw lessons learnt were recorded on documents.
- Where appropriate, accidents and incidents were reported to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction which included training courses and support in their role. Some care staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received training in key areas which included moving and handling, safeguarding, infection control, tissue viability and dysphasia. Staff told us they felt supported in their role. Comments included "Yes, I get supervision and training," and "I am confident in my role."
- People at the service had complex physical and mental health needs. Nursing staff provided care to manage pressure areas, and intravenous feeding for people at risk of choking.
- Nursing staff also supported care staff in their role, both practically and through the sharing of knowledge. One nurse told us "Care staff have helped me learn how to care for specific people," for example by showing them how to turn a person in the way they want.
- Records showed and we saw that the staff supported people with complex behaviours, which could pose a challenge. Staff told us they felt confident in managing these, and health and social care professionals gave praise, "Nurse [name] is a wonderful advocate. She understands and puts into practice the skills needed to communicate effectively and to de-escalate issues related to the behaviours and symptoms of dementia, that can upset the whole floor if not handled tactfully."
- One person told us, "The home has made me better."
- Health and social care professionals praised the skills and knowledge of the staff. Comments included, "The staff show that they know all of their residents well," and "They show that they have great depth of knowledge and skill and use this to the benefit of all the residents." We were also told staff were, "very experienced and considerate and practical also. They are very organised."

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

- We saw people had enough freshly cooked food to eat. But we had some concerns that not all people were able to influence the menu sufficiently. Whilst one person told us they had food "the way they liked it" a second person said "It's not my sort of lunch", when we asked why they had not eaten the food on the plate. Another person told us they would prefer more culturally appropriate food.
- We saw some food likes and dislikes were noted on care plans, but it was not clear how this information filtered down to the menu. There were meetings for people who lived at the service to discuss the menu, which followed a cycle set by the provider. But this did not facilitate all people contributing their views. ● Following the inspection, the service introduced increased opportunities for people unlikely or unable to attend meetings to share their views on the menu.
- We saw that people who needed their food and fluid monitored had appropriate records in place and

remedial action was taken if people experienced weight loss. One relative told us they were happy as, "She's putting on weight (which was positive), and has a soft diet. She has improved since being here."

- We saw nursing staff competently and in a personalised, caring way, provide nutrition via percutaneous endoscopic gastrostomy (PEG). PEG feeding is used if you have problems with swallowing and you need long-term help with feeding.

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

- The registered manager worked to deliver care in line with best practice standards and the law.
- Potential new referrals were assessed to ensure people's care needs could be met by the service. People and their family, together with reports from health professionals contributed to the assessment which included their needs and people's preferences and routines.
- We saw care records were personalised in line with best practice and integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- They also risk assessed the person's health and well-being and the fire risk to the person.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- People's health needs were well met by the service. Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being.
- We saw from records a person was admitted from a hospital with a pressure ulcer and appeared to be receiving good and appropriate care. The tissue viability nurse (TVN) was involved and there was a detailed care plan in place following the instructions of the TVN. Each time it was dressed staff were documenting the condition of the wound. Photos were taken and improvement was evident. One relative told us their family member came from another local home, "Had a pressure area when she came here. It's getting much better."
- One health and social care professional told us, "The staff show that they know all of their residents well and make sure that they communicate any concerns they have, to either the [local community] team, GP's or doctors on call." This was confirmed by another who told us staff were "very proactive about contacting healthcare professionals with any concerns" and "I am genuinely impressed with the high level of individualised care they deliver."

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 so that they can 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw the service took seriously the need to assess people's competency and capacity to make

decisions and where there were concerns regarding this, 'Best Interest' meetings were held with the appropriate professionals and family members.

- Mental capacity assessments were on all care plans and where people's liberty was restricted the appropriate documentation was in place.

- The service had a log of when people's DoLS ran until and people's rights were protected. Staff knew to ask consent before providing care, and understood the need for consent for the use of bedrails and other restrictive methods.

- We saw staff asking permission before providing care and relatives told us staff asked people before providing care.

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; equality and diversity

- Most people told us staff were kind and caring. Comments included "The staff are kind and efficient. I'm sorted," and "Hugh Myddleton House is like a home environment." The occasional person told us staff were not always kind or caring but would not elaborate further. "Most, but not all the care staff are nice."
- Family members told us staff were kind "Yes, staff are kind" and we observed kind interactions with people.
- Care plans set out clearly people's sexuality, religious, cultural and spiritual needs. One person told us they had not had access to halal meat since arriving at the service, but we saw evidence that halal meat was ordered weekly. The registered manager told us they thought this related to miscommunication with the person and addressed it following the inspection. As previously stated, following the inspection we were told, individuals' individual requests for culturally appropriate foods would be integrated into the menu planning.
- One relative told us the staff could speak with their parent in a language she understood which they appreciated. "She can understand if they tell her they are going to help, but she can't respond."
- Religious festivals and people's birthdays were celebrated.

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

- Residents' meetings took place regularly and the service fed back on issues people had raised. There was a newsletter to keep people updated and people's care needs were regularly reviewed.
- People had a key-worker who worked closely with them. People told us, "[Name], nurse, knows what I like."
- Health and social care professionals told us "Staff understand people's personalities, likes and dislikes, interpersonal relationships and family dynamics."
- Care records recorded in detail people's preferences and staff were able to tell us about people's wishes.
- People's rooms were personalised and were in good decorative order.

Respecting and promoting people's privacy, dignity and independence

- Care records highlighted what people could do for themselves and staff spoke confidently about the importance of maintaining people's independence for both their physical and mental health.
- We saw the service had built a 'pod' to enable relatives to safely visit during the COVID-19 pandemic, and as government guidance had eased, the service had embraced relatives and friends visiting again. People were allowed visitors to their bedroom, and we saw relatives in the gardens with people. One relative told us

the family members visited most days to help their parent settle and were welcomed by the service.

- We saw that staff treated people with dignity and respect. For example, quietly and privately attending to their toileting needs; diffusing one person's loud behaviour firmly but kindly and with respect. One person told us "Yes, I can have a shower or bath if I want one."
- Staff were able to tell us how they treated people with dignity and respect. One staff member explained, "I ask them what they want. I help people by asking if I can help." A nurse told us they checked that care staff were behaving in a respectful way "I will spot check carers doing tasks; I will knock and enter; I will ensure people are covered up and remind other staff to do that. I also go and ask people if they are happy."
- Care records indicated people's background including their previous profession, family members and personal history. This helped staff understand people and what mattered to them, even when they could no longer communicate verbally.

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 has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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

- Care plans were person centred, detailed and up to date. They provided very detailed information on people's needs and how best to meet them.
- Care records covered areas such as personal care, eating and drinking, skin care, memory and understanding and behaviours that can challenge. They were regularly updated, which was particularly important as some people could not communicate verbally which meant staff had to closely monitor their weight, behaviours and condition of their skin.
- People's personal background was detailed and records gave a holistic view of people's lives.
- The service operated a keyworker system. This meant specific staff had time to get to know individual people's needs and were allocated time to spend with them.
- The service had a range of activities taking place from music, art and involvement with local community organisations. On the day of the inspection a nursery had brought in the young children who played in the gardens surrounded by people at the service.
- One relative told us they wanted their family member to have an opportunity to go out of the service doing activities. The registered manager told us they would review this person's activities.
- We also saw that over the previous year when lockdown allowed, the service had organised fundraising events at the service; had facilitated a son's wedding blessing to take place in the garden, and had supported older people living alone in the vicinity with small food hamper boxes. Money was raised for a local church and a cancer organisation and there was a pet competition. These events had required input from a large number of the staff team.

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 family carers.

- Care records set out clearly how to communicate with people and we could see that staff were fully aware of how best to meet people's needs. For example, one care plan noted "Can answer yes and no, and you can tell by facial expressions, her feelings."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. We saw there was a complaints log and records showed these had been dealt with.
- One person told us they had recently made a complaint and showed us the response letter.
- Health and social care professionals told us they found the management team and nursing staff very responsive.

End of life care and support

- The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.
- Health and social care professionals told us "The staff, over time have developed their skills in initiating difficult conversations with families and helping them come to terms with the end of life phase and planning care according to their wishes and expectations."
- We saw end of life care plans were in place and care plans routinely set out people's end of life wishes, or which family members would provide this information. One relative told us "The staff demonstrated compassion and a genuine desire to make my relative comfortable at the end of his life. This was greatly appreciated by his family."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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.

- Since the last inspection there had been a change in the management of the service. However, by the time of this inspection the management team had established itself as effective and well organised.
- Documents, and discussions with the management team, confirmed they were clear about their role and the quality standard they expected from staff.
- Local and provider audits took place to ensure the service was of a good quality. These included medicines, care planning, the environment, infection control, the dining experience and training.
- The provider supported the service through a mixture of systems and skilled personnel. Clinical leads, training specialists and the regional manager audited the service. We saw action plans identified areas for improvement and these actions were completed.
- The management team understood regulatory requirements, for example, timely statutory notifications to CQC were received following any notifiable events at the service.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. A health and social care professional told us "They hide nothing, if something has gone wrong it is brought into the open, discussed and lessons learned from the event."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager, management team, nurses and care staff worked together to promote good team work, continuous learning and development throughout the entire team.
- Health and social care staff told us "Both [registered manager] and [deputy manager] are a cohesive and stable management team which is also to the benefit of the nursing home," and "This contributes to making our visits a lot easier and shared treatments and goals are much easier to manage."
- Another external partner told us the service worked to the core values "To make a positive difference to peoples' lives" and in their view the "staff hold this value at the centre of all they do."

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

- The service ran regular meetings with people and relatives, in line with social distancing requirements.
- We discussed with the management team how they intended to get the individual views of people who

remained mostly in their rooms, or in bed, as we identified the current systems may not entirely capture these people's voices. The management team told us they planned to talk with people on an individual basis in the coming months, and use methods that had been trialled in other provider run homes.

- We saw relatives' positive comments on a national care homes website and we viewed a log the service kept of compliments from relatives. One relative said "It is the best home she's been in. This is a bit more professional. But, sometimes I find it a bit clinical."
- Staff told us they felt involved and engaged in how the service was run and that "The team work well together."

Continuous learning and improving care; Working in partnership with others

- The management team kept themselves updated with new initiatives and guidance. This was particularly important during the pandemic as best practice in the management of COVID-19 changed regularly.
- The service worked well with the local authority care team and the community nursing service as well as social workers, dieticians, tissue viability nurses and GPs to ensure relevant information is passed on and there was continuity of care.