Lotus Care 1 Limited

Hurst 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

About the service:

Hurst Nursing Home is a care home with nursing and is registered to provide accommodation and support for a maximum of 22 people. At the time of the inspection there were 19 people living at the service with one additional person admitted during the day. At certain times of the year the service also had two beds reserved by the local health authority to relieve winter pressures on hospital services.
People living at the service were mainly older people, some living with long term health conditions or memory loss, although the service was not a specialist dementia care home.
People's experience of using this service:

People and their relatives spoke well of the service they received from Hurst Nursing Home. People's needs, and wishes were met by staff who knew them well.

The service placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences wherever possible. People said the service listened to their wishes and suggestions to improve their care and support.

We identified some areas of the building that could potentially present risks to people, such as low windows with period glass, wardrobes not fixed to walls and a low bannister rail. Immediately after the inspection the registered manager sent us evidence these had been risk assessed and actions taken.

People received their medicines as prescribed. We identified some risks associated with long term health conditions were not being assessed, but this was addressed immediately following the inspection. Other risks around people's care or health were assessed and managed, for example for falls or pressure ulcers. We have made a recommendation in relation to the service seeking a review and updating of forms used by medical professionals to record actions to be taken in the event of a sudden deterioration in people's health.

Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints about people's wellbeing. We saw good practice in relation to equality and diversity, and on the reviewing of the effectiveness of pain relief.

There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable. Enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role.

There was established leadership at the service. Effective quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided. Systems ensured learning took place from incidents and accidents, and information about best practice was used to inform improvements in

care.

More information is in the full report
Rating at last inspection: This service was last inspected in September 2016, when it was rated as good in all areas and as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, 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 safe Details are in our Safe findings below.	Good
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

Hurst 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Hurst Nursing Home is a care home with nursing. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that they and the provider will be 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 and started at 07:30am. This was because we wanted to meet the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:
Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had completed a PIR or provider information return. This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with nine people living at the service, two visiting relatives, the manager, the general manager, deputy manager, two registered nurses, five members of care staff, the activities organiser, the service's chef and the maintenance person.

We looked at the care records for four people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment
- The service was managed in a way that protected people from abuse. People and their relatives said they felt safe and knew how to raise any concerns over their safety. A relative said, "I know most of the staff and am happy to leave things to them. Nothing has given us cause to worry. I know he is safe and well cared for."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff said they understood how to raise concerns and would feel confident in doing so. We reviewed safeguarding alerts that had been made, which had been reported appropriately and resolved.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. The service used a dependency tool to help them decide the numbers of staff needed, with appropriate skills and training. People said "There's enough staff; there's always someone near. The night staff come quickly to the bell." And "There are enough staff, there is no waiting for the bell to be answered."
- Registered nurses were on duty 24 hours a day, and the service had bank staff available to reduce the use of agency staff.

Assessing risk, safety monitoring and management
- People were protected from risks associated with their care needs. On the inspection we identified people living with some long-term health conditions such as epilepsy or diabetes did not have clear plans on how risks associated with these conditions were being mitigated. Immediately following the inspection, the registered manager sent us detailed assessments that showed risks had been identified. These guided staff on what actions were needed to keep people safe. Other risk assessments were in place, such as from pressure damage, falls and poor nutrition.
- Where people were living with dementia or behaviours that presented risks to themselves or others the registered manager had sought appropriate support from community mental health professionals. Specialist advice from healthcare professionals was sought to reduce risks to people, for example assessments by the Speech and Language Therapists for people at risk of choking.
- The premises and equipment in use were well maintained, with risk assessments and control measures in place. People said there had been some recent issues with the lift, but this was now repaired. The service had a stair climber, which the registered manager said was for use in emergencies or for very short flights of stairs. They supplied us with a risk assessment and guidance issued to staff on its use to mitigate risks.
- The manager checked the building each day for any hazards. However, during the inspection we identified some risks to people from low bannister rails, unstable wardrobes and low fixed windows. The registered manager took immediate action to assess and manage the risks and provided us with evidence they had done so.

•□Systems were in place to check equipment including bed rails, pressure mattresses and wheelchairs to ensure they were safe, clean and hygienic. The service had eight overhead track hoists to support people's transferring from bed to chair. A recent fire inspection had been carried out and there were regular calibration checks of equipment in use, for example to monitor blood sugar levels.

Using medicines safely

•□Medicines were stored and disposed of safely and people received their medicines as prescribed. During the inspection we queried with the registered manager a prescription which had come with the person following time spent in hospital. The service had not given the medicine as it was for 'as required' use. The registered manager later said they had discussed this with the person's GP and it had been discontinued, and more appropriate medicines prescribed.

•□Systems were in place to audit medicines. Medicines were administered by registered nurses, and there were regular competency checks, tests and spot checks.

•□Records for medicines administration were completed well. Systems were in place to reduce any risks of people being given the wrong medicines after a period in hospital, when their medicines may have changed. Clear protocols were not routinely in place to guide staff on the administration of 'as required' medicines. Immediately after the inspection the registered manager confirmed this guidance had been put in place.

•□Where people wanted to administer their own medicines, this was risk assessed. People received their medicines when they needed them. One person said "My head aches. I can have something for it as soon as I ask." We saw the person received medicine when they asked for it. Good practice was in place in relation to assessing the effects of 'as required' pain relief medication.

Preventing and controlling infection

•□Good infection control practice was in place, and the service did not have any malodour.

•□Staff had access to personal protective equipment to stop the spread of any potential infection. Laundry areas and housekeeping services had good systems in place to manage any potential infection risks, and the laundry was clean and well organised. The service had no known specific infection control risks and appropriate arrangements were in place for the management of clinical waste.

•□People said "It's very clean, they are always cleaning my room and the lounge."

•□A full and comprehensive infection control audit had been carried out on a regular basis.

Learning lessons when things go wrong

•□Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. The manager audited incidents and accidents to ensure changes could be implemented quickly to reduce risks and to identify any trends.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

•Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. One person was being admitted on the day of the inspection. All staff were briefed about the person and their needs at the morning handover. This also included likes and dislikes, hobbies, past history and risks associated with their care. This demonstrated the service had carried out a thorough assessment when they had seen the person in hospital the previous day.
•Care plans guided staff on how best to meet people's needs. People's needs were regularly reviewed and where changes had occurred their care plans were updated.
• People or their relatives had been involved in their care planning and reviews. People said "I have been involved in my care planning, I know what is in my care plan and the staff understand what is in it." And "They discussed my care plan with me, although not right away after I came here. I see people as well cared for here. Staff know people very well."
•Care plans were person centred, concise and in line with good practice.

Staff support: Induction, training, skills and experience.

•People said, "The staff know what they are doing" and "The staff understand people. They recognise when people are unwell or unhappy and do something about it."
•The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction training and support. Newly appointed staff were expected to complete the Care Certificate if they did not have experience. The Care Certificate is a nationally recognised course in Induction for care workers. Assessment tools were in place to assess the skills of staff who had been trained elsewhere, to ensure they had the appropriate level of skills.
•Staff, including registered nurses said they had received enough training to carry out their job. Mandatory training updates were taking place and registered nurses were completing their professional revalidation.
•Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.
•Staff worked well with other agencies and disciplines. For example, we heard about positive relationships in place with the local older person's mental health team who were due to visit in the week of the inspection to discuss people's needs.

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

•□Where advised specialist dietary textures were provided to assist people with swallowing difficulties. Where people were at risk of malnutrition some people had been prescribed supplements. The chef said they spent time with people asking what they enjoyed to eat. They also regularly circulated questionnaires for people to have a say about the meal choices open to them.
•□People said "The food is good. The cook is very proactive, goes around the home asking about people's choices and preferences, arranges alternatives if you don't want what is on the menu.", "I always enjoy my food. I have my meals liquidised as I would choke."

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. 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 found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Three applications for Deprivation of Liberty Authorisations had been authorised, and another four had been applied for. We saw conditions on authorisations had been complied with.
•□People were asked for their consent for care. Where people lacked capacity to consent, for example to admission to the home, we saw best interest decisions had been made and recorded in conjunction with people authorised to make decisions on their behalf.

Adapting service, design, decoration to meet people's needs
•□Hurst Nursing Home is an older adapted building set over three floors. The service had a small garden with summerhouse to the front, which was being used by people throughout the inspection. All areas of the home were clean, warm and comfortable.
•□There was some limited signage around the building helping people living with memory loss to orientate themselves. The registered manager said most people living with memory loss were not independently mobile.
•□Adapted bathrooms, shower rooms and toilet facilities were provided to meet people's needs. All floors, but not all rooms were accessible by a full passenger lift, as some were accessed via a small flight of stairs or steps.
•□The service's development plan included the possibility of providing additional communal space for people. At the time of the inspection, the communal lounge was being well used but would not have been large enough to accommodate all the people living at the service.

Good

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

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

Respecting and promoting people's privacy, dignity and independence

•□People said their privacy and dignity were respected. Personal care was delivered in private and staff were respectful and discreet when talking to or about people living at the service. Staff understood where people wanted to retain their independence, and what they were able to achieve for themselves.
•□People's mealtime experience was however not always positive. Two people were supported to eat their meals well, with good interaction and support. However, another person was seen to be supported with little interaction. We gave feedback to the registered manager about this, who said they would address this with the staff team.

Ensuring people are well treated and supported

•□People and relatives said they felt cared for at the service and treated as individuals. A visitor said, "We've never had any concerns for (person's name) wellbeing. We also know (another person's name) and see her as happy and well cared for. We can see from their skin, clothes and nails that there is attention to detail and individuality."
•□Visitors were made welcome to the home at any time. A visitor said "We have always seen all the staff as friendly and welcoming."
•□People said they had built positive relationships with the staff. People said, "I like the staff; they know me well and they are available when I need them."
•□We saw evidence of positive relationships in place. One person said, "I have nice conversations with cleaners and the care staff." We observed the housekeeping staff spent a long time with the person, involved them in decisions about what was to be done and how they wanted it done. They also shared in the person's interests and what they had been and would be doing.

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

•□People were involved in their care planning and expressing their wishes about their care. Residents and relatives' meetings were held, but had not always been well attended.
•□Where people had difficulties with verbal communication they were supported to use alternative methods of communication to involve them in decision making. For example, one person had impaired verbal communication. They had been supported to communicate using pictures and gestures, with staff using closed questions and limited alternatives to support them to make choices. Their care plan gave

guidance to staff on how to support their communication.
• Care plans included information about people's personal, cultural and religious beliefs.
• The service respected people's diversity and was open to people of all faiths and belief systems or none.
People protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The service had rainbow signage on the front door, identifying themselves as a gay friendly service and said they operated a zero tolerance of discrimination in any form. Information on respecting people who identified as LGBTQ+ was on display in the staff room and staff completed questionnaires on unconscious bias as part of their training.

Good

Is the service responsive?

Our findings

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

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

•People received care and support in a way that was responsive to their needs, however one person said they felt they had to compromise some minor things, to fit into the way the service was operated, such as sometimes not being able to go to bed at exactly the time they wanted. Care plans contained detail about how people wanted their care to be delivered.
•Care plans provided staff with descriptions of people's needs and how they should provide support in line with people's preferences and needs. Plans were regularly updated and supplemented by daily records.
•Staff could describe for us what support people needed and how they met this. For example, we discussed with a staff member how they had supported a person to get up that morning. They demonstrated they understood the person and their needs and wishes about their care well. Some but not all care plans contained information about people's social and personal history. The registered manager said they had some difficulty in having relatives complete these. These histories are important, especially where the person has memory loss, as they help staff to understand the person in the context of the life they have lived.
•Staff knew how to support people in a positive way. In one instance we saw a person who was having a difficult morning and was showing their distress through their behaviour. An experienced staff member took over their support. They were very effective in understanding the person's perspective, leaving them alone and returning periodically until the person decided what they wanted to eat. Later in day the person was content and was interacting positively with all staff. The person's visitor said, "Of all the homes she has stayed in, this one knows how to work with her. It works because it's homely, not clinical."
•All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the service shared information with people to support their rights and help them with decisions and choices.
•People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service could provide information in different formats, including large fonts if needed.
•The service had an activities organiser, who worked both with people on an individual basis or in groups. One person shared with us how the cook provided them with bottle tops which they used to create collage pictures with staff help. These gave them a sense of achievement and self-expression. Another person said "I choose to spend all my time in my room. I like watching sport on TV and reading books." Their relative confirmed, "(name of person) likes to stay in his room, he has never enjoyed socialising. He is happy with the TV and we bring in his books." Staff were able to tell us about the kinds of books the person enjoyed. Some people felt the activities provided were 'not for them'. For example, one person said "I'm not interested in the kinds of activities provided but I have all the support I need from my family. I like making use of the

outside spaces and can go out with family, which helps me feel less restricted."

Improving care quality in response to complaints or concerns

•□People said they would feel able to raise concerns if they needed to. The service had a complaints policy and procedure which needed some updating. The registered manager and general manager completed this during the inspection.
•□Records were kept of investigations and outcomes, including communication to people about the outcome.

End of life care and support

•□People's care wishes at the end of their lives were recorded in their care files where these were known. Advance care plans were in place for all people who had a treatment escalation plan in place. This covered what the person wanted in case of a sudden deterioration in their health, including their wishes regarding resuscitation or medical treatment to prolong their life. Some of these had not been reviewed for a long time and we have made a recommendation the service ensures this is referred to the completing medical professional as appropriate.
•□Staff received training on how to support people at the end of their lives.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•People said the service was well managed. One person said "I see it as a well-run home. I came here on a temporary basis while aids would be fitted in my home, but I decided to stay permanently. The manager and deputy pop in and out to see how I am. I am very happy here." Another person said "The manager is around the home a lot. She shows she wants the home to work well and wants people to get the care they want and need; she asks if people are happy. I feel the home is well managed."
•The manager and management team were focussed on providing a high quality and person-centred service for people, recognising their individuality. They understood the importance of working well with other agencies and families in an open and transparent way.
•The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

Managers and staff were clear about their roles, and understanding quality performance.

•Systems were in place to assess and improve the quality and safety of services. There were systems in place to analyse for example, care plans, slings checks, incidents and accidents, medicines, pressure ulcers, and health and safety checklists.
•Audits were up to date and where actions were needed we saw these had been carried out. Daily and weekly checks were made of the environment, and we saw staff and people reporting concerns to the service's maintenance person for immediate action.
•The provider visited regularly and completed reports of their visits. They also carried out supervision of the registered manager and worked alongside her to review progress on their action and development plan.

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

•The manager sought views from people, their relatives, staff and external healthcare professionals through a series of questionnaires. These were then used to compile overall results which were shared with people alongside an action plan to show what changes were being made as a result. For example, at the last

survey in June 2018 one person had requested a lockable drawer in their room. The registered manager said this was now available in all rooms.

• Regular staff meetings took place to ensure information was shared and expected standards were clear. The service also held separate registered nurse meetings.

• Staff said they felt listened to, were supported by the management, and had an input into the service. Staff said it was a nice place to work, and that standards were high. One staff member said about the support they had received to help with their language skills. All the care staff we spoke with said they would be happy for a relative of theirs to be cared for at the service, and they were satisfied with the standards of care.

Continuous learning and improving care

• The registered manager could demonstrate they were continually working towards improvements.

• Nurses received support to maintain their professional registration and practice standards through updates and mentoring support. Recent changes in areas such as medicines and dietary support had already been embedded into practice.