

Community Of St Mary At The Cross Henry Nihill House

Inspection report

94 Priory Field Drive
Edgware
Middlesex
HA8 9PU

Tel: 02089054200
Website: www.edgwareabbey.org.uk

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Ratings

Overall rating for this service	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 10 May 2016. We last inspected the home on 11 November 2015 and a breach of legal requirement was found. We found that the service was not always well managed as there was not always effective quality assurance systems in place to manage the service well.

We undertook this unannounced focused inspection of 10 May 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to this matter. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Henry Nihill House on our website at www.cqc.org.uk.

Henry Nihill House is registered to provide accommodation and nursing care for up to thirty people. On the day of the inspection there were thirty people living at the service. The service consists of three units split over two floors. The service is located in a purpose built block, on two floors with access to a front and back garden area. The service adjoins the Anglican convent owned by the Community of St Mary at the Cross. They are the providers and commissioners of the service. The service offers accommodation and care to people of all or no faiths.

Henry Nihill House had a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we could see that whilst the leadership offered by the registered manager was good, there had been resourcing issues within the senior management support offered by the St John of God organisation (SJOG the contracted organisation providing the care service). This had impacted on the level of quality assurance and support offered by senior managers to the registered manager and the service.

At this inspection we found that the service improvement manager employed by SJOG was closely involved with the service, and was visiting monthly, and was supervising the registered manager regularly. The service improvement manager told us key areas for improvement in the coming 12 months were supporting the registered manager to effect a cultural change of acceptance of responsibility at all levels within the staff team, and supporting staff to identify and work through the complaints process. We could tell from discussions with the registered manager and the service improvement manager, they were working in partnership to support the staff team to learn and reflect on their work.

On a practical level within the service we could see from records that care plans were up to date, were being reviewed monthly and this was audited by the registered manager or the deputy. A new system had been implemented in relation to roles and responsibilities of nursing staff on each shift. There was now a lead nurse who could direct the work of each shift more effectively and both nurses gave medicines simultaneously so the medicines round was completed in a more timely manner. We also saw new fluid

charts had been introduced with a running total of intake and a target intake so staff could easily identify if there was an issue.

Regular staff meetings and supervisions took place at which best practice issues were discussed as well as day to day issues that arose.

The registered manager told us they were aiming to qualify for a 'gold standard' in hospice provision in the coming year. The registered manager viewed this as an area of expertise within the staff team and good end of life care fitted entirely with the objectives of both the organisations, of compassion, hospitality, respect, justice and trust.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

We found that action had been taken to improve the way the service was managed. The registered manager was now supported by senior managers to show good leadership and commitment to providing a good service.

Care documentation was up to date, reviewed regularly and care documents were easy to navigate.

Surveys had been undertaken to gain the views of people living at the service and their family and friends, and an action plan was being implemented as a result.

The senior management team had clear objectives for the coming 12 months for the service, to assist staff in understanding their responsibility at all levels within the staff team. Also to support staff to implement the complaints process more effectively. □

Henry Nihill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 May 2016 and was unannounced. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 11 November 2015 had been made. The team inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements. The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the registered manager. Following the inspection we spoke with the regional service improvement manager.

We looked at four care records and audit documentation in relation to review of care plans. We looked at the regional service improvement manager's monthly reviewing documentation, staff meeting minutes, supervision records for the registered manager and the results of the survey carried out with people who live at the service and their family and friends.

Is the service well-led?

Our findings

At the inspection on 11 November 2015 we noted the registered manager had been working hard to make improvements to the systems, paperwork and culture within the service since her recruitment to the post earlier in 2015. The registered manager's commitment to providing good quality palliative care was evident through the care provided, the good partnership working with associated medical staff and the records we saw at the inspection.

At the last inspection whilst the leadership offered by the registered manager was good, there had been resourcing issues within the senior management support offered by the St John of God organisation. This had impacted on the level of quality assurance and support offered by senior managers to the registered manager and the service, and had resulted in some actions identified not being followed through.

At this inspection we could see that monthly visits had taken place by the service improvement manager who was working with the registered manager and deputy manager to carry out continuous improvements. We could see that the senior manager held a staff meeting in April to discuss a new approach in risk assessment, and management of those risks, at events and outings. The new approach had been developed in response to learning that had taken place following a safeguarding issue that had arisen last year. We could also see from the notes of the service improvement manager visits, the areas the work she was currently focusing on within the service.

The service improvement manager told us key areas for improvement at the service in the coming 12 months were supporting the registered manager to effect a cultural change of acceptance of responsibility at all levels within the staff team, and supporting staff to identify and work through the complaints process. We could tell from discussions with the registered manager and the service improvement manager, they were working in partnership to support the staff team to learn and reflect on their work. Another meeting with senior managers and staff was planned for June to further this discussion and identify learning needs for the staff.

At the last inspection we saw that the registered manager was keen to promote the philosophy based on the values of both organisations, St John of God and St Mary of the Cross of compassion, hospitality, respect, justice and trust. The registered manager was of the view good quality end of life care was an important expression of these values.

At this inspection we saw this commitment at closer communication and working with health colleagues had meant the service had been able to offer end of life care to a person discharged from hospital to die who was previously unknown to the service. The staff's commitment to providing good end of life care was illustrated by their willingness to learn how to manage a tracheostomy to enable the person to be discharged at very short notice, and cared for at the service until the person died two days later.

We noted at the previous inspection that considerable changes had been made to the care planning and recording processes over the six months to November 2015. At this inspection we noted the care records

were up to date and easy to navigate. An overview of people's care needs was easily accessible so staff could see at a glance people's care needs. This was particularly useful for agency staff who were less familiar with the people living at the service. We also saw that old paperwork had been removed from the files so there was little duplication of documents.

There was evidence that care plans had been updated monthly, and a document recorded who had updated each plan and when. This was then countersigned by the registered manager to confirm she had spot checked these had been done.

At the last inspection we saw there was involvement by staff. Views were gained and information was shared through regular staff meetings. It was clear from our discussions with staff that morale and motivation was high. At this inspection we noted there had been four staff meetings in 2016. The registered manager told us she had started to discuss the implications of specific regulations with nursing staff in meetings. They were then expected to discuss these with the care staff they supervised the following month.

The registered manager told us at this inspection that whilst in 2015 many improvements had been made that had raised the quality of the service, they were keen to be even more proactive in 2016 and had an action plan to help achieve this.

For example, a new system had been implemented in relation to roles and responsibilities on each shift. There was now a lead nurse who could direct the work of each shift more effectively and both nurses gave medicines simultaneously so the medicines round was completed in a more timely manner. We also saw new fluid charts had been introduced with a running total of intake and a target intake so staff could easily identify if there was an issue.

We spoke with the service improvement manager who told us key priorities for the organisation in the coming year included better consultation with stakeholders and reviewing of processes and procedures. SJOG was keen to ensure paperwork was fit for purpose, with minimal duplication to enable staff to work effectively to support people.

Since the last inspection the registered manager could evidence they had carried out a survey to gain the views of people living at the service and their relatives and friends. The key responses and actions from the survey were posted in large print on the noticeboard. These outlined what people thought was good about the service, areas they thought could be improved, and actions the provider planned to undertake to achieve the improvements. Areas identified by people living at the service included increased support at night time, new suggestions for breakfast and lunch, and greater access to the garden. The registered manager could show us there was now an additional member of staff working at night, new arrangements were being introduced re breakfast and lunch, and a secure area just outside the lounge had been created to enable people living at the service to sit out there with staff nearby. Quotes were also being obtained to make the larger garden more secure so that people could go in and out more freely than they were able to at present.

Issues identified by the relatives and friends for improvement included more time for discussion regarding a person's care needs. As a result the registered manager had introduced a monthly care review form with prompts to update the next of kin of any changes in a person's health as well as highlighting key workers are available to talk with family members. From the survey results it was evident both people living at the service and relatives were very complimentary about the staff noting their kindness, compassion and ability to show dignity and respect to all.

We could see other examples of improved learning from past events. For example, the registered manager was now reviewing the incident and accident logs every two weeks, as opposed to monthly. This had highlighted the need for a person to have active input related to two falls. As a result the risk assessment had been updated quickly. Although no injury had been sustained the GP was called, and identified a urine infection as one possible cause. A directive was also given that any further falls for this person would require a referral to the falls clinic.

We could tell at this inspection that senior managers were in close communication with the registered manager and deputy and had a regular presence at the service. The combined skills of management at all levels were focused on improving the service, and supporting the staff team to continually learn so they could offer best practice care for people living at the service.