

Leonard Cheshire Disability

# Hydon Hill - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Hydon Hill is a care home with nursing for up to 46 adults with physical disabilities. There were 33 people living at the home at the time of our inspection. The home is set within a campus-style setting in a semi-rural location. The building is single-storey and many rooms have direct access to the garden.

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

People felt safe at the home and when staff provided their care. They received their care from regular staff with whom they had established positive relationships.

People told us staff were available when they needed them. People said staff had worked hard to keep them safe during the coronavirus pandemic.

Additional infection control measures had been implemented to protect people and staff during the pandemic. These measures included the use of appropriate personal protective equipment (PPE), more frequent cleaning of the home and ensuring staff were up-to-date with guidance about infection control.

The documentation and recording of people's care had improved since our last inspection, which helped ensure people received safe and effective care. For example, people were protected from the risk of developing pressure damage because their repositioning charts were kept up-to-date confirming they have been repositioned as required. Support plans were structured, detailed and personalised. Information about people's needs was comprehensive and up-to-date.

Quality monitoring tools had been introduced since our last inspection which had improved the management oversight of the service. Accident and incident records were reviewed and action taken to reduce the risk of a similar event happening again.

People told us they had opportunities to give feedback about the home and the support they received. They said staff listened to and acted upon what they had to say. People told us they could speak with the registered manager or a senior member of staff if they wished.

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.

Managers and staff had worked closely together during the pandemic to keep people safe. Staff told us this had strengthened the sense of teamwork within the home's staff team. Communication of important information amongst the staff team had improved. Staff were given daily updates about people's needs and any changes to their care.

## Why we inspected

We carried out an unannounced inspection of this service on 14 October 2019. Breaches of legal requirements were found. The service was rated 'Inadequate' overall and placed in special measures. We served Warning Notices in relation to Safe care and treatment and Good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hydon Hill - Care Home with Nursing Physical Disabilities on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Follow up

We will continue to monitor the service action plan to understand what the provider will do to improve standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Hydon Hill - Care Home with Nursing Physical Disabilities

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had met the requirements of the last inspection in relation to regulation 12 (Safe care and treatment), regulation 13 (Safeguarding), regulation 17 (Good governance) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection of the home was carried out by two inspectors. A third inspector interviewed clinical staff via Microsoft Teams meetings.

#### Service and service type

Hydon Hill - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 gave the service 48-hours' notice of the inspection. This was because we needed to check our visit was carried out in a way which complied with the provider's policies and procedures about infection control and

the use of PPE during the coronavirus pandemic.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback about the home from the local authority following a quality monitoring visit. We used the information the provider sent us in the provider information return (PIR) on 1 April 2020. 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 used all of this information to plan our inspection. We asked the registered manager to provide documentation we could review before visiting the home. This included the provider's coronavirus action plan, the service improvement plan and infection control audits.

#### During the inspection

We spoke with five people who lived at the home, five care staff, the registered manager and the provider's regional quality lead. We spoke with the clinical lead and two nurses on the day of inspection via Microsoft Teams.

We reviewed six people's care records, including their risk assessments and support plans. We checked the recording of care for four people who had repositioning or food/fluid charts in place. We looked at five staff recruitment files, accident and incident records, quality monitoring systems and the arrangements for managing medicines.

#### After the inspection

We reviewed further evidence sent to us by the registered manager, including audits, staffing dependency assessments and accident and incident trend analysis.

# 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 Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, we found that the provider had not always deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us staff were always available when they needed them, which helped them feel safe. For example, one person said they felt reassured knowing staff would respond quickly if they used their call bell from their bed.
- The registered manager had reduced the reliance on agency staff, which meant people received their care from staff who were familiar to them. This had partly been achieved due to staff from the provider's day service, which had closed during the pandemic, being deployed at the home. People told us the staff deployed from the day service had improved the consistency of the support they received. One person said, "We have more staff now. The girls from [day service] are fabulous. They are a good addition to the team."
- Permanent staff confirmed that the recent deployment of additional staff had improved people's experience of care at the home. One member of staff told us, "We have recruited more staff. The [day service] staff have done very well. Having them here has really freed us up a lot. It's been a great help. We have had more time to spend with the residents, which was something that was lacking before."
- The registered manager said the use of agency staff had reduced by 80%. When agency staff were needed, the same staff were used so they knew people. There were no agency staff on duty on the day of our inspection.
- The number of staff needed on each shift was determined by assessing people's individual needs. These assessments were regularly reviewed to ensure staffing levels remained appropriate. At the time of our inspection, there were enough staff to respond to people's needs.
- The PIR said staffing was calculated based on, 'An initial needs assessment, dependency tool and matching staff hours against assessed hours, looking at the training and skills matrix and call bell audits and analysis.' The PIR also said staff break times had been adjusted to ensure that staff were always available when people needed them, which had been an issue at our last inspection.
- Records of recently-recruited staff demonstrated that the provider carried out appropriate pre-employment checks. References were checked and a Disclosure and Barring Service (DBS) certificate obtained before staff started work at the home. The DBS allows employers to find out if a potential staff member has any criminal convictions or they have been barred from working with adults receiving care.

## Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, we found that risks associated with people's care were not always managed in a safe way. Repositioning and food/fluid charts were not kept up-to-date. Assessments of people's needs in relation to pressure damage and nutrition were not being reviewed in line with people's care plan guidelines. Accident/incident records did not identify or record the actions taken to reduce the risk of reoccurrence. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they felt safe when staff provided their care. They said staff understood their needs and how they preferred their support to be provided.
- Staff were able to describe the individual needs of the people they cared for and any risks involved in their care. They said they were kept up-to-date about any changes to the care people required.
- If risks were identified, clear support plans were in place detailing the care people needed to minimise these risks. For example, if people were identified as at risk of developing pressure ulcers, a support plan had been developed setting out how their care should be provided and any equipment they needed, such as pressure-relieving mattresses or cushions. Support plans also detailed how often people should be repositioned to reduce this risk if people were unable to move independently. Daily care records demonstrated that people received the care set out in their support plans.
- Risks identified through assessment had also resulted in referrals to professionals such as speech and language therapists or dieticians for specialist advice and input. Where professional guidance had been provided, for example about the support a person needed to eat, this was included in people's care plans. We saw evidence that information about people's nutritional needs was communicated to catering staff and that people received their food and drink in the way they required.
- There was evidence of improvement in the recording of people's care. This helped ensure people received safe care which met their individual needs. Important records such as repositioning charts and food/fluid charts were kept up-to-date, which demonstrated that people were receiving the care they needed.
- We found improvements in the learning identified when accidents and incidents occurred. Any accidents and incidents that occurred were reviewed to identify actions that could be taken to reduce the likelihood of a similar incident happening again. These actions included reviewing people's individual risk assessments and support plans to identify and respond to any changes in need.

## Systems and processes to safeguard people from the risk of abuse

At our last inspection, we found that allegations of abuse or poor practice were not always reported or investigated appropriately. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe at the home and with the staff who provided their care. They said they were supported by regular staff with whom they had established positive relationships. One person told us, "I am more than happy here. I have built up good friendships with several of the staff." Another person said, "I feel safe living here. I trust the staff. They know me and they know what I want to achieve here."



- The provider had a policy regarding the prevention of abuse, including a whistle-blowing procedure, on which staff were briefed in their induction. Staff attended safeguarding training, including regular refreshers, and understood the different kinds of abuse people could experience. Staff told us they would feel confident to speak up if they had concerns about people's safety or well-being. They said they knew how to escalate concerns outside the home if they felt issues were not responded to appropriately.
- If safeguarding concerns were raised, the provider took appropriate action in response. For example, concerns were raised in July 2020 following an incident in which a person using a wheelchair accessed an area where building work was taking place. We found the provider had investigated the incident and taken action to ensure the area was safe and secure.

#### Preventing and controlling infection

- People told us staff had taken steps to ensure they were protected from the risk of contracting coronavirus. One person said of staff, "They have got us through this virus very well with the steps they have taken."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Using medicines safely

- People's medicines were managed safely. People told us staff supported them to take their medicines when they needed them. One person said, "The nurses are brilliant. They know all about my medication." If people wished to manage their own medicines, they were supported to do this safely.
- Staff who administered medicines attended relevant training before doing so and their practice was regularly assessed.
- The home used an electronic system for the recording of medicines administration, which enabled any errors to be identified and responded to quickly. The ordering and arrangements for disposal of medicines were also made electronically.
- The clinical lead told us there had been no disruption to people's medicines supplies during the coronavirus pandemic. Medicines were audited monthly by the home's clinical lead and nursing staff checked a sample of medicines stocks each day.

# 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 Inadequate. At this inspection this key question has 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; Continuous learning and improving care

At our last inspection, important documentation relating to people's care was not up-to-date and quality monitoring systems were not always effective. Some people said communication with them was not effective and that the registered manager was not always accessible.

This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The monitoring and management oversight of the service had improved since our last inspection. The registered manager had worked with the provider's regional quality lead to implement effective systems of auditing and quality monitoring. For example, a spreadsheet was maintained to enable management oversight of assessments relating to pressure damage and nutritional needs.
- Regular audits helped ensure people received safe and effective care. Risks to individuals and to the delivery of safe care had been assessed and mitigated, which had improved outcomes for people. A clinical risk register was maintained, which was monitored by the clinical lead.
- Risk assessments had resulted in referrals to healthcare professionals where necessary and any guidance provided had been implemented by staff.
- People's care records had improved. People's support plans were personalised, up-to-date and outlined in detail the care they needed. Staff maintained accurate records of the care they provided, which helped ensure people received consistent, safe and effective support. One member of staff told us, "The documentation is 100 per cent better. Filling in the charts has become routine now and the care plans are much more structured." Another member of staff said, "Filling in the repositioning charts is second nature now. It is monitored much better."
- The provider's policies and procedures had been reviewed to take account of the risks posed by coronavirus. For example, all visitors were temperature-checked and were required to complete a Covid screening form before entering the home and to wear appropriate PPE once inside.
- People told us their views were listened to and acted upon. They said they were able to give feedback about the support they received and that staff were responsive to their preferences about their care.

- Residents' meetings had taken place regularly prior to coronavirus, although had necessarily been suspended during the pandemic. People told us residents' meetings were useful opportunities to give feedback about the service and their feedback was listened to. Residents' meetings were about to be re-introduced at the time of our inspection, which the people we spoke with were aware of.
- The registered manager had taken action to increase their visibility around the home and accessibility to people and staff. People told us they could speak with the registered manager if they wished.

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

At our last inspection, we found that notifiable incidents had not always been reported to CQC as required. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, incidents had been reported to CQC when necessary. This meant we were able to check the provider had taken appropriate action in response to the incident. For example, if people suffered injuries resulting from accidents, we were able to ensure the provider had implemented measures to prevent similar incidents happening again.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they had opportunities to give their views about their care. They said their feedback was acted upon, including if they raised concerns or complaints. One person told us, "If I've got any complaints, I just email the managers and they get it sorted."
- Staff told us that working during the pandemic had been challenging but that managers and staff had worked well together to keep people safe. They said this had strengthened the sense of teamwork within the home's staff group. One member of staff told us, "It has been hard during Covid but we have definitely come together as a team. We have learned to work as a team a lot more. Another member of staff said, "The management have been very good. They have been working on the floor with us. They have really stepped up to the plate."
- Communication amongst the staff team had improved, which meant people received more consistent support. A daily meeting had been introduced in addition to the morning handover which provided staff with up-to-date information about people's needs and any changes to their care. One member of staff told us, "The communication is so much better. We get more detailed information now, especially the 10am meeting. That has definitely improved."
- Team meetings took place regularly and staff told us their views were listened to by managers. One member of staff said of the management team, "They do listen to us."

Working in partnership with others

- The registered manager and provider had communicated with the local authority and CQC since the last inspection to ensure commissioners and the regulator were kept up-to-date about progress towards improvements. This included reviewing and updating the service action plan which recorded the measures required to improve, such as reviewing people's support plans and risk assessments and improving the governance of the service. The local authority found that improvements had been made when carrying out a monitoring visit in August 2020.

People had been able to access therapists

- The home's physiotherapy service remained available to people, although the physiotherapy studio had been temporarily closed due to coronavirus restrictions. People were able to book one-to-one physiotherapy sessions which took place in their rooms. People told us they missed the availability of the physiotherapy studio but understood the reasons for its temporary closure.

Visits by friends and families had been reintroduced and took place under a gazebo in the home's garden.

Visitors were screened on arrival and required to maintain social distancing and wear appropriate PPE. The provider's Visitors' policy had been reviewed to reflect the introduction of these measures.