

Community Of St Mary At The Cross Henry Nihill House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Henry Nihill House is a residential care home providing personal and nursing care to up to 30 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 29 people using the service.

People's experience of the service and what we found:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and families told us the home was safe. Risks of harm were identified and mitigated as much as possible. Overall medicines was managed safely; however, we have made a recommendation about medicine. Staff were recruited safely. Staff understood their responsibility regarding protecting people from risk of harm or abuse. The home was clean and well maintained. Staff were relaxed and there was a warm and friendly atmosphere in the home during our visit.

There was a range of activities for people to choose. Some people did not always want to participate in activities. People who were unable to come out of their rooms were involved in 1:1 sessions with staff if that was what they wanted. The service had a robust complaints system in place, complaints were investigated in a timely manner. People's care plans were comprehensive, end of life care wishes were recorded and acted upon as much as possible. People's communication needs were assessed and met. Care was delivered in a person-centred way.

Most staff and people told us the home was well managed. Managers and leaders had clear systems in place to review the quality of care. Most staff told us they felt supported in their role. People and families told us they were involved in the home and had opportunities to give their feedback. The registered manager was clear about their role and their responsibility regarding statutory notification procedures.

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

Rating at last inspection

The last rating for this service was good (published 17 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff training, medicine errors. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe, responsive, and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

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.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

The service was responsive.

Details are in our responsive below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Henry Nihill 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 4 inspectors altogether, 2 of whom focused on medicine.

Service and service type

Henry Nihill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Henry Nihill is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used the information we had about the provider including any

statutory notifications to plan our inspection.

During the inspection

We spoke with 4 care staff, 2 nurses, 8 people using the service, 2 relatives, the registered manager, the deputy manager, a director of care, a trustee, and the activities facilitator. We reviewed 5 care plans, risk plans for 5 people, 10 medicine records, policies and procedures and a range of managerial documents such as quality audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to protect people from abuse and avoidable harm.
- People told us they felt safe in the home, comments included, "I feel safe in the home", and "I would prefer to be in my own home but I am safer here."
- Staff were able to explain the process to follow if they had concerns about someone being abused. One staff member said, "Safeguarding is protecting people from harm. Different kinds of abuse are emotional or physical it could be someone's family doing it. You can use common sense, for example, any bruise on the skin, you should report to the manager."
- Records reviewed showed any concerns had been reported to the correct authorities including CQC. All safeguarding alerts had been fully investigated by the provider. Records were kept of all outcomes and senior managers had oversight of the entire process.

Assessing risk, safety monitoring and management

- The provider assessed and monitored risks to ensure people were safe. Staff took action to mitigate any identified risks. However, we found there were some gaps in information in some records we reviewed. For example, in one file there was a care plan missing for an identified need. We spoke to the registered manager about this, and they told us all care plans would be reviewed and updated immediately.
- Risks to people's health and wellbeing were recorded, monitored and control measures were in place to mitigate risks of harm as much as possible. For example, if a person was at risk of having a fall, there was additional equipment in place such as a sensor mat which alerted staff when a person moved around their room at night time.
- Staff were able to describe how to keep people safe when providing care and support, for example, 1 staff member told us they would look out for slip/trip hazards when supporting someone in the bathroom. Care plans contained information and guidance for staff about identified risks for example, 1 assessment outlined what staff should do if a person was choking. This meant people could be assured that any risks of harm would be minimised as much as possible.
- Care records showed that reviews of people's care needs including risks were regularly updated as needs changed.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider ensured there were enough suitable staff on duty to meet people's needs and staff were recruited safely.
- The provider recruited staff in a safe way. Background checks were carried out including previous employment references. A criminal check was done using the disclosure and barring service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed staff supporting people throughout our visit. Staff were not rushed and responded to people when required. When call bells went off staff answered them in a timely manner. Most people we spoke with told us there was enough staff to meet their needs, however some people told us staff were busy and had not responded as quickly as they had wanted them to.
- We spoke with the registered manager about this, and they informed us they had extra staff on duty at busy times. to ensure the home ran smoothly. Rota schedules reviewed showed there was enough staff on duty to meet people's needs.

Using medicines safely

- Medicines were mostly managed safely. However, we found some issues such as out of date documentation for 'as and when medicine' and some staff competencies were not up to date.
- We spoke to the registered manager about this, and they informed us this would be addressed straight away.

We recommend the provider seek advice from a reputable source about staff competencies and record keeping.

- During our visit we observed medicines being administered. Staff followed the correct guidelines; staff were patient and administered medicine in line with how they were prescribed. We reviewed several medicine administration records and found them to be accurate and up to date.
- Staff records showed staff had training in the administration of medicine. This meant people could be assured their medicine would be administered safely.
- Audits of medicine took place regularly. This meant any errors could be picked up and addressed without delay.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- We observed staff using personal protective equipment when supporting people. The home was clean and well maintained. During our visit we observed staff cleaning and sanitising areas within the home. There were cleaning schedules in place and staff recorded when they had completed these tasks.
- Staff had been provided with infection, prevention, and control training. This meant they had knowledge and an understanding about how to prevent the spread of infection.

Visiting in care homes

- There were no restrictions about people visiting the home. The home followed the government guidance regarding visiting the home. We observed visitors coming and going during our visit.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. Records reviewed showed that any incident, accident, or complaint had been fully investigated and any recommendations or actions were followed up and recorded.
- Staff told us they had regular team meetings and would discuss people's needs and look at any concerns that had been raised. Records reviewed confirmed this was the case.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People were supported as individuals, in line with their needs and preferences. Care plans reviewed showed evidence of families and people being involved in their development.
- People's needs were identified, and guidance was provided about how these needs could be met. Needs also included preferences such as if a person wanted a male or female care worker. Care plans were reviewed on a regular basis, and any changes in people's needs were recorded and communicated to staff. This meant staff had a good understanding of people's changing needs.
- Care plans reviewed outlined people's life history, abilities, and goals. People were able to make decisions and had choices about their care and support. Care notes reviewed showed people's needs were met as indicated in their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported.
- People's communication needs were assessed, and information was provided in different formats, for example the complaints procedure was both in pictures and words.
- We observed staff using a card system to communicate with a person who at times was unable to verbalise their needs. Staff were patient and took time to offer support to the person. They gave the person time to process information, in line with the person's care plan.

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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. Some people told us they did not have enough activities to do. We spoke to the registered manager about this, and they informed us that, they gave people and families regular opportunities to provide the service with feedback and were not aware that some people had those views. The registered manager told us they would address this issue following our visit to the home.
- Most people we spoke with told us they had lots of activities and outings. One person said, "I don't always want to join in but they [staff] will keep offering me, I went on a trip to a museum, and it was fascinating. I

don't do the same things as other people, I like to read and watch TV."

- The service had a full-time activities facilitator, they informed us that people liked to do lots of group activities such as balloon hockey, ladies boxing club, arts and crafts, trips out, baking and keep fit. In situations where people were unable to participate in some group activities, they would be offered 1:1 support in their room. There was a range of photographs on the notice board of people participating in a range of activities including various celebrations such as Diwali and Christmas.
- People were encouraged to maintain contact with friends and families. During our visit we spoke with some relatives who visited the home, they told us they were very happy with the visiting arrangements.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. Most people we spoke with knew how to make a complaint. One person said, "I would talk with the deputy manager if I had any concerns or complaints". In one case a person was unclear about the complaint's procedure. We spoke to the registered manager about this, and they said they would address this with the person. We saw that the notice board in the hallway displayed a complaints procedure and forms to be completed if required. The procedure was both in words and pictures.
- The complaints received by the service were recorded and investigated in a timely manner. The home promoted openness and transparency.
- Staff could describe how the service had made improvements as a result of complaints. For example, following a medicine error, staff were asked to go back onto refresher medicine training. This meant staff would have a greater understanding about safely administering medicine.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's end of life wishes was recorded in their care plan including their religious believes. People, family, and staff were involved in developing care plans. The service worked with healthcare professionals such as the palliative team to ensure people had the right level of support.
- Staff had training in end-of-life care. This meant they had a good understanding supporting a person at the end of their life.
- There was an end-of-life policy in place, which meant staff had up to date guidance on best practice when they needed it.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people. Most people told us the managers were good and managed the home well. Some people and staff gave us mixed reviews about the management of the service.
- We spoke to the registered manager about this, they informed us that some staff had struggled with changes that had been recently implemented, by the new manager and one person told us they felt there had been too many staff changes. Some staff had recently left the service and the registered manager was in the process of recruiting new staff. The service was going through a period of adjustment. However most staff and people we spoke with were supportive of the changes and happy with the way the home was being managed.
- Most staff we spoke with told us they had enough support to do their job and that managers were approachable and would listen to their views. Some staff were critical of the new changes that had been implemented. Any negative feedback from staff was being addressed by the leadership team at the time of our visit. CQC will be updated when these concerns have been fully addressed.
- During our visit we observed a relaxed atmosphere in the home. People and staff interacted well, and staff understood the values and vision of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. When things went wrong in the service people and families were made aware of the issues. The registered manager had meetings with family members to listen to their views and took accountability for their actions. Apologies were made to people and families when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The managers and staff were clear about their role and responsibilities. The service had governance arrangements in place, including audits of the quality of care. However some of the issues we found in medicine management had not been picked up. The registered manager told us they would review their medicine audits and make changes to ensure all areas are covered. Most staff told us they were confident in their leaders and managers. Some staff had some concerns about the way the service was managed, these concerns were being investigated at the time of our inspection. CQC will be notified of outcomes from these

investigations once they are known.

- Staff records reviewed showed line managers gave regular feedback to staff. This feedback was developmental and intended to improve performance. Staff had regular 1:1 sessions and appraisals were conducted annually. Learning and development was part of the annual appraisal system.
- Management systems identified and monitored risks to the quality of the service. Regular audits of the quality of care took place for example, medicine records, care plans and reviews, care notes, health and safety, staff records and risk plans. Action plans were in place to drive forward improvement.
- The provider understood their legal duty to notify external bodies such as CQC or the local authority when required. Notifications had been sent to CQC and the local authority in a timely manner.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. For example, care was provided to a diverse population with a range of religious and cultural needs. Care plans outlined people's preferences for example if a person wanted to attend a place of worship or speak to a priest, this was arranged by the staff.
- People, families, and staff were given the opportunity to offer feedback. This was done through resident's meetings, team meetings, surveys, and review of care needs. The manager and leaders had an open-door policy, people, families, and staff could speak to them at any time. Any complaints or concerns, suggestions, could be put forward and would be addressed.

Working in partnership with others

- The service worked with other key organisations such as the local authority and health care professionals. This meant people could be assured their health and wellbeing were a priority for the service.
- Care records showed there was a multi-disciplinary approach to the care provided. This meant people had access to a range of professionals when needed.