

Genext Healthcare Solutions Limited

Higham House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Higham House Nursing Home is a care home providing personal and nursing care to seven people aged 65 and over at the time of the inspection. The service can support up to 30 people in one adapted building.

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

Systems to monitor the quality and safety of the service were in place to ensure people received safe and person-centred care. However, this required time to be embedded into the service to ensure they were sustained, and improvements continued.

Mealtime experiences for people had improved, however, this needed to be maintained and monitored to build on the improvement.

Risks to people's care were identified and plans to mitigate the risk were in place. There were sufficient staff deployed to meet people's needs and people could be assured staff had been recruited safely.

Staff understood how to protect people from harm and followed good hygiene practices to prevent and control infection. Medicines were safely administered and stored.

People's needs were assessed, and care plans guided staff how to meet those needs. Further improvements were needed to care plans to ensure they detailed the support people required for their social and emotional well-being. People had access to activities, but more opportunities were needed so people could undertake activities geared towards their interests.

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.

Refurbishment plans were in place and improvements to the environment had been made. This needed to be sustained and improvements continued.

Based on our review of Safe, Effective and Well-led

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 11 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We carried out an announced focused inspection of this service on 12 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person- centred care and good governance.

We undertook this unannounced 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, Effective 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 COVID-19 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 remained 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 Higham House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

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 well-led?

The service was not always well-led.

Details in our well-led findings below.

Requires Improvement ●

Higham House 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

This inspection was carried out by one inspector.

Service and service type

Higham House Nursing Home 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives of people who use the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, nurses, care and support workers and a cook.

We reviewed a range of records. This included three people's care records, care delivery records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and provider oversight.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had either no systems in place or not sufficiently robust systems to demonstrate safety was effectively managed putting people at potential risk of harm. 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.

- The registered manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.
- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them. Any unexplained bruising or injuries to people were documented and investigated and appropriate action taken.
- Families assured us they felt happy with the care their loved one received and were kept safe. One family said when their relative had fallen they were contacted and informed about what had happened and what had been put in place to stop any reoccurrence.
- Risks to people's care had been identified and plans were in place to mitigate the risk. For example, someone who had been assessed as being at risk of pressure sores had a plan in place which instructed staff to reposition the person hourly. We saw from care records this was done and the registered manager had oversight of this. This ensured measures in place to mitigate risks were being consistently maintained.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.
- Fire and health and safety checks were now in place which ensured that people and staff were safe in the home environment and equipment to support them was regularly maintained.

Using medicines safely

- At our last inspection we found protocols in place for staff to follow in relation to 'as and when required medicines' were not sufficiently detailed as to when the medicines should be administered. We found at this inspection the information recorded was sufficiently detailed to guide staff.
- Staff received training in the administration of medicines and their competencies were tested before they could administer any medicines.
- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of

medicines were followed.

Staffing and recruitment

- Following our last inspection, the registered manager had reviewed the staffing levels and ensured sufficient staff were appropriately deployed throughout the day. We saw people were being supported when needed and were not left waiting.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- The provider had reviewed the recruitment policy following the last inspection and had ensured all staff had up to date Disclosure and Barring Service checks.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- At our last inspection we found there was no review of accidents and incidents to identify trends. We found at this inspection the registered manager and provider reviewed all accidents and incidents and completed an analysis to identify any trends. Actions were taken and any lessons learnt were shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure each person received the appropriate person-centred care and treatment, based on their needs, particularly in relation to their eating and drinking and support at mealtimes. This was a breach of regulation 9 (Person centred care) 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 9.

- People were supported throughout mealtimes. Staff were deployed in a way that ensured each person had someone to assist and encourage them to eat. The mealtime was relaxed, and people were able to take as much time as they required.
- At our last inspection people's dietary needs were not always being met. We saw at this inspection people were being offered a choice of meals and information was shared with the kitchen staff as to people's dietary needs. For example, meals were prepared for people with diabetes and for people with difficulties with swallowing they had pureed or softer consistency food.
- Moulds for food were used to help with the presentation of food to encourage people to eat. Fortified drinks and snacks were available, and people's weight was now being regularly monitored.

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

- People's needs were assessed prior to coming to Higham House Nursing Home. One family member told us they had spoken with staff about their relative's needs, preferences, likes and dislikes. We saw information reflected in care plans.
- People had care plans which reflected their needs and preferences and had sufficient information to guide staff. One relative said, "I am always consulted about [name] medicines."
- Protected characteristics under the Equality Act had been considered. Culture, religion and communication needs were discussed and recorded. We saw picture cards were used to help support communication.
- Care plans could be developed further to include information about people's social and well-being needs.

Staff support: induction, training, skills and experience

- At our last inspection we found staff training had not been kept up to date so we could not be assured staff were following the most up to date guidance and practice. At this inspection we saw all staff had

completed a range of training and their competencies were tested to ensure they understood and followed best practice.

- Staff told us, and we saw from records they received regular supervision, which gave them the opportunity to discuss any performance issues and training needs.
- New staff had an induction which comprised of undertaking mandatory training and shadowing more experienced staff. The registered manager informed us all new staff would also complete the Care certificate.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection the provider did not have oversight of DoLS authorisations and agreed to put a system in place. At this inspection we saw a system was now in place; we saw some authorisations were up to date and applications had been made for those which had expired.
- Best interest decisions were recorded in relation to people receiving the COVID 19 vaccine and for people requiring covert medicines.
- Staff knew to seek people's consent when delivering care and we observed people being offered drinks and a choice of food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health professionals including GPs, district nurses and speech and language therapists.
- We saw in people's care records advice had been sought in relation to people's swallowing difficulties and management of diabetes and this was being followed.

Adapting service, design, decoration to meet people's needs

- People had been encouraged to personalise their rooms and any people new to the home were given the opportunity to plan the layout of their room.
- There was a development plan in place to refurbish and redecorate the home. Since the last inspection the garden area had been cleaned and tidied so people could access it more easily and benefit from being able to sit outside.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership had not been sufficiently sustained to be assessed. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective systems or processes to assess, monitor and improve the quality and safety of the service. 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.

- A new electronic care plan system was in place which ensured information about people's care needs was kept up to date. Staff were able to record daily information, for example, people's food and fluid intake and repositioning. This enabled the registered manager to monitor people's care and gave the provider oversight of the service. We were not able to fully assess the effectiveness as the system needed to be embedded and sustained.
- Staff competencies were being tested for example, in relation to medicine administration and support with eating, hand washing and bedmaking. This gave the assurance staff had understood the training they had been given.
- Following the last inspection, the provider had developed a system to monitor the Deprivation of Liberty Safeguards (DoLs). This assured any authorisations under DoLs were up to date and new applications were made in a timely way.
- A dependency tool had been introduced which ensured there was sufficient staff deployed throughout the day to provide consistent person-centred care.
- Incidents and accidents were recorded, and the registered manager had completed the relevant notifications as required. There was a system in place to monitor any trends so action could be taken.
- We saw the provider visited on a regular basis and action plans were in place to address any shortfalls.

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

- Families told us they had been asked to give their feedback about the service. We saw action had been taken following a recent survey completed by families. For example, an activities coordinator had been employed and staff encouraged to provide activities for people following concerns around planned

activities for people. We discussed the need to develop activities to reflect people's individual interests and hobbies with the registered manager, who advised us they were looking at this.

- Staff told us they were involved in the development of the home. One member of staff , "We now have regular meetings and daily handovers which are helpful, we have built up good teamwork." We saw, when it came to mealtimes, people's experiences had improved because staff knew what they needed to do and who they were to support.

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 was open and honest when things went wrong, they informed families and external agencies as needed. One relative said, "They always let me know if there are any problems."
- Relatives and staff spoke positively about the registered manager. The staff felt confident issues were addressed when needed. One member of staff said, "[Name of registered manager] has improved things a lot which has helped us all."
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and the provider had displayed the previous rating as required.

Continuous learning and improving care; Working in partnership with others

- Governance systems had been developed based upon the issues raised at the last inspection and commissioner monitoring visits.
- The registered manager and provider had worked closely with the local Council's quality monitoring officers to complete the actions identified by the quality and commissioning team around assessment, monitoring and evaluating the service.
- The provider had a plan in place to move away from paper files to an electronic system. The aim was to simplify recording and improve managerial oversight. This would lead to people receiving better care.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.