

Beech Lodge Limited

Seven Hills Nursing Home

Inspection report

17 Cherry Tree Road
Sheffield
South Yorkshire
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Tel: 01142553023

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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

This inspection took place on 16 October 2018 and was unannounced.

Seven Hills 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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Seven Hills Nursing Home can accommodate up to 28 people who require accommodation and nursing or personal care. The home consists of one adapted building across three floors. At the time of our inspection there were 28 people living in the home.

Our last inspection of Seven Hills Nursing Home took place on 14 August 2017. We rated the service requires improvement. We found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; person-centred care. This was because people's care plans did not always reflect their needs and did not always include their preferences so they were not person-centred. In addition, we found no evidence of activities taking place in the home so people were not offered social stimulation.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the service to at least good. At this inspection we found sufficient improvements had been made to meet the requirements of Regulation 9 and the service had improved to good.

There was a registered manager employed at Seven Hills Nursing Home. A registered manager is a person who has registered with the CQC 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.

Relatives told us they believed their family member was safe living at Seven Hills Nursing Home. There were enough staff available to meet people's needs in a timely way and to keep people safe. Staff had been trained in how to safeguard vulnerable adults and they had a good understanding of their responsibility to protect people from harm.

People received their medicines as prescribed from staff who had been trained in medicines management. We have made a recommendation about the provider's policies and procedures for medicines management.

People told us the staff were kind and caring. During this inspection we observed staff treat people with kindness, dignity and respect.

Staff received a range of training which the provider considered to be mandatory. Staff told us they were happy with the training they received and felt it supported them in their roles. Staff were supported by the management team through supervisions and appraisals.

People were asked for consent before care was provided to them. Where people lacked capacity to make certain decisions for themselves, their care records showed decisions had been made in their best interests. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice.

The service worked closely with community health professionals to support people with their health needs. People's care records evidenced they received medical attention when they needed it, to promote their health.

People were supported to eat a varied diet that met their nutritional requirements. The service had protected mealtimes where all staff supported the provision of the meal service.

A range of individual and group activities were provided within the home and in the local community. Staff clearly knew people's likes and dislikes and supported them to take part in activities of their preference.

People's needs were assessed and the support they needed from staff was clearly recorded in their care plan. The home had recently started using a new electronic care planning system and had reviewed all care plans to make them more person-centred.

The registered manager completed regular audits of the service, to make sure action was taken and lessons learned when things went wrong. Effective systems were in place to support the continuous improvement of the service.

People living at Seven Hills Nursing Home, their relatives and the staff were all positive about the registered manager and about how the home was run. We found a welcoming and positive culture within the home.

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.

There were sufficient numbers of staff deployed to meet people's needs.

People received their prescribed medicines, from trained and competent staff. We have made a recommendation about the provider's policies and procedures for medicines management.

Staff understood how to keep people safe. Any incidents and accidents were recorded and analysed. This helped the service to learn from them and prevent similar incidents occurring.

Is the service effective?

Good ●

The service was effective.

Staff were provided with an induction, relevant training and regular supervision to give them the right skills and knowledge to support people.

People were supported to maintain a varied diet. The service worked closely with a wide range of health and social care professionals to support people to maintain their health.

The service was working within the principles of the Mental Capacity Act 2005. Staff had received training in this area and understood what it meant in practice.

Is the service caring?

Good ●

The service was caring.

People and their relatives were overwhelmingly positive in the comments they made about staff.

People were treated as individuals. Their choices and preferences were respected. Staff spoke with knowledge about people's needs and their likes and dislikes.

During this inspection we observed staff respect people's privacy

and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care records accurately reflected their needs and were regularly reviewed and updated. This supported staff to provide person-centred care.

The service had an effective complaints policy in place.

A range of individual and group activities were on offer both within the home and in the local community.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported by the registered manager and they told us they enjoyed their jobs. There was a positive and welcoming culture within the home.

The provider had effective quality assurance systems in place to identify any issues and rectify them.

People and their relatives were asked for their feedback about the service. The registered manager used this feedback to help drive improvements to the service.

Seven Hills Nursing Home

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 16 October 2018 and was unannounced. This meant nobody at the service knew we were coming. The inspection team consisted of two adult social care inspectors.

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications submitted to us by the service. A notification is information about important events that the provider is legally required to send us, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Seven Hills Nursing Home and Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information they provided to plan our inspection.

During this inspection we spoke with five people living at Seven Hills Nursing Home and four of their relatives. We also spoke with 12 members of staff which included a nurse, a senior care assistant, four care assistants, two domestic assistants, a cook, a maintenance person, an activity coordinator and the registered manager. We also spoke with the nominated individual of the service who was visiting the home on the day of the inspection. A nominated individual is a person nominated by the registered provider to supervise the management of the service provided.

To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care.

We looked at three people's care records, three medication administration records and three staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

We were not able to speak in detail with many people who lived at Seven Hills Nursing Home due to their complex conditions. However, we spoke with people's relatives and they were confident that their family member was safe.

Medicines were obtained, stored, administered and disposed of safely by staff. People were receiving their medicines as prescribed by their GP. Staff were trained to administer medicines and their competency to do so was checked. The provider had policies and procedures in place covering all aspects of the medicine system, however we observed that they may need updating to reflect current good practice guidance. We recommend the provider considers current best available evidence and good practice guidance about medicine management and reviews its policies and procedures accordingly.

Systems were in place to identify and reduce risks to people. People's care records included assessments of specific risks posed to them, such as risk of malnutrition and dehydration, risk of falls and risk of pressure ulcers. The risk assessments were reviewed each month or more frequently if a person's needs changed. If a person was assessed to be at risk, a corresponding care plan was written to provide staff with clear guidance on how to support people to manage the identified risks.

Staffing levels were sufficient to keep people safe. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. The dependency levels were recalculated by the registered manager at appropriate intervals, so they could arrange sufficient numbers of staff for each shift. During this inspection, staff were visible and available to meet people's needs promptly. The nominated individual told us they were committed to maintaining appropriate staffing levels which is why agency staff were sometimes used to cover staff absence or sickness. Wherever possible they used agency staff who had regularly worked at the home to ensure the people received care from staff who were familiar to them.

Recruitment checks were completed to help make sure the staff employed at Seven Hills Nursing Home were assessed as suitable to work at the service. Recruitment records evidenced that application forms were completed detailing an applicant's work history, at least two references were obtained and checks were made with the Disclosure and Barring Service (DBS) prior to an applicant starting to work at the home. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. The registered manager also checked each nurse's professional registration to ensure they were fit to practice.

The provider had appropriate systems in place to safeguard people from abuse. Staff had been trained in their responsibilities for safeguarding adults. They knew what action to take if they witnessed or suspected abuse. The registered manager knew when incidents or allegations of abuse should be reported to the local safeguarding authority and to the CQC. The records we viewed evidenced this was being done appropriately.

The provider had a system in place to learn from any incidents or accidents. This reduced the risk of them reoccurring. The registered manager collated records of any incidents and accidents, such as when someone had a fall. They reviewed and analysed the records every month to identify any trends and common causes. The registered manager had implemented systems which supported staff to closely monitor people at risk of falling and allowed staff to respond quickly when an incident occurred.

Seven Hills Nursing Home was clean and there was an effective infection control system in place. The staff followed cleaning schedules and had access to personal protective equipment like gloves and aprons. All staff received training in infection control when they started working at the home and this was refreshed every year.

Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We checked the home had relevant safety certificates for the equipment they used, such as hoists. The certificates were up to date and the equipment within the building was checked every month to see if it was in good working order. The fire alarm system and fire equipment were regularly checked and weekly testing of the fire system was completed. Each person residing at Seven Hills Nursing Home had a personal emergency evacuation plan so staff knew how to support a safe evacuation in an emergency.

Is the service effective?

Our findings

People living at Seven Hills Nursing Home and their relatives were positive about the care they received. Comments from relatives included, "I'm totally happy with the care [relative] is getting here" and "It really makes a difference knowing [relative] is well looked after. It gives me peace of mind."

People's needs were assessed before they moved into Seven Hills Nursing Home, to check the service was suitable for them. A detailed care plan was then written for each person which guided staff in how to care for them. People and their relatives were involved in this process and were asked to provide important information about their preferences and life history. This meant people's care was tailored to their individual needs and preferences.

People were supported to maintain a balanced and varied diet that met their nutritional requirements. People were asked about their dietary needs and food preferences when they moved into the home. They were provided with a range of good quality food and drinks. Where people required a special diet, this was catered for and was clearly recorded in their care plan. Seven Hills Nursing Home had protected mealtimes where all staff on shift collectively supported the meal time process.

During our inspection we observed the lunch service. People were offered a choice of two meals and various drinks. Staff sat with people, describing their food and supporting them to eat in a calm and dignified manner. We received positive comments about the food. A relative commented, "The food is very good. [Relative] has a pureed diet and it's all set out nicely. I can't fault the food."

Staff received regular training to ensure they had the right skills, knowledge and experience to deliver effective care. The provider's mandatory training for staff included moving and handling, health and safety, fire safety, safeguarding, the Mental Capacity Act 2005 and infection control. Staff told us the training was good and it supported them in their roles.

Staff were supported by the management team through supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss goals and objectives. Staff told us they felt supported by the registered manager and they were always able to raise any concerns or questions with them.

Seven Hills Nursing home worked closely with other organisations to deliver effective care and support to people. The registered manager regularly sought advice from community health professionals such as the GP, district nurses, tissue viability nurses and the community falls team. This process supported the staff team to achieve good outcomes for people and to help maintain their health.

The design, adaptation and decoration of the premises considered the needs of the people living in the home. There was pictorial signage on doors to help people navigate their way around the building. The registered manager had implemented memory boxes which were displayed in the corridors and contained

items which supported people to reminisce. The memory boxes had themed such as a 1950's household and the seaside. The home had an ongoing refurbishment plan in place. Some parts of the home looked a little tired, however the provider confirmed some refurbishments had already been arranged, such as the replacement of the flooring on the lower ground floor.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether they were complying with conditions placed on authorisations.

The registered manager made appropriate applications for deprivation of liberty authorisations, for people who required them. They maintained a spreadsheet of any applications made so they could track whether they had been granted and if so when they were due to expire.

People's care records demonstrated the service was complying with conditions placed on authorisations. If people were subject to a DoLS authorisation, this was clearly recorded in their care plan, along with the expiration date and any conditions which were in place. Staff had completed MCA training and during the inspection we saw staff asking for consent when providing care to people. People's care records evidenced their mental capacity had been considered and assessed, where appropriate.

Is the service caring?

Our findings

People living at Seven Hills Nursing Home and their relatives were positive about the staff. People's relatives commented, "The staff [are] lovely; really kind" and "They take time to get to know people. They always make an effort." We observed staff to be kind and respectful throughout this inspection.

Staff were confident people were well looked after and received a good standard of care. Comments from staff included, "The 24 hour care is excellent. [A lot of] the staff have been here a long time so we know people's ins and outs", "Our residents are really well looked after" and "I love it here... I love the clients. I want to do as much as I can for them; they bring me so much pleasure."

People looked clean and tidy in their appearance. Throughout the inspection we observed staff were friendly and attentive. They knew people well and provided personalised responses such as using people's names, talking about people's relatives and things they liked to do. It was clear staff had built positive relationships with people.

People were treated as individuals and their choices and preferences were respected. The service actively supported people who wished to practice a religion. Any religious or cultural preferences were clearly recorded in a person's care plan which provided staff with guidance on how to support the person in this area. For example, any dietary requirements were clearly recorded.

Staff were respectful of people's privacy and dignity. They knocked on doors and called out before they entered bedrooms or toilet areas. The provider also had systems in place to ensure people's personal information remained confidential. Confidential information was securely locked away it could only be accessed by staff who needed to see it.

People living at the home were given choices and supported by staff to make decisions about their care throughout the day. Where appropriate, people's relatives were consulted and involved in the planning and review of people's care, either through face to face meetings or by telephone.

Relatives and friends were encouraged to visit people living at the home. During the inspection we observed staff welcoming people's relatives into the home in a friendly manner. We could see staff knew the visitors well. People's relatives told us they were always made very welcome.

The staff communicated well with people's families. One relative commented, "The staff always keep in touch and you can ring them at any time. That's a big help; it's reassuring. I've no worries at all. If I did I could talk to staff." Where people did not have any family or friends to support them, the registered manager had information available for them about advocacy services. An advocate is a person who would support and speak up for a person who does not have any family members or friends to act on their behalf.

All staff we spoke with said they would be happy for a family member or friend to receive care at Seven Hills Nursing Home. Staff told us they enjoyed their jobs and this was clear from our observations during the

inspection.

Is the service responsive?

Our findings

At our last inspection we found there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; person-centred care. This was because people's care plans did not always reflect their needs and did not always include their preferences so they were not person-centred. In addition, there we could not find any evidence of activities taking place in the home and people were not offered social stimulation.

At this inspection we found sufficient improvements had been made to meet the requirements of Regulation 9. The service had recently started using an electronic care planning system. On each person's electronic record there was a detailed assessment of their care and support needs, necessary risk assessments and corresponding care plans. Staff had received training to help ensure they could use the new system effectively and efficiently.

People's care plans accurately reflected their needs and the different levels of support they required from staff. They included information about their family and friends, significant events in their life and their likes and dislikes. This information helped staff to provide person-centred care to each person. We observed the electronic system in use and saw it provided prompts to staff to remind them of specific things people needed support with each day. This supported staff to deliver the care described in people's care plans consistently and in a timely manner.

People's support plans were reviewed each month or sooner if their needs changed. This helped to make sure people consistently received the correct level of care and support. Care records were sufficiently detailed to guide staff's care practice and were personalised to each individual living at Seven Hills Nursing Home. For example, they contained specific details about how a person liked to be cared for, such as what type of scented toiletries a person liked to use. This helped staff provide a more personal service to each person living in the home. A staff member commented, "We make the effort to cater for everyone's individual needs. We know what makes them smile. Everyone is different."

Staff recorded the care they delivered to people by using a hand held electronic device linked to people's electronic care plans. This meant people's care records could be updated in real time and it provided the registered manager with a new way of monitoring the care being delivered throughout the day. The registered manager told us the electronic system was still being embedded and she was planning on holding a staff meeting so staff could provide input and agree how they could make best use of the system to support the delivery of person-centred care to people living in the home.

A range of individual and group activities were provided to people living in the home. On the day of our inspection people were supported to attend the local church for a coffee and cake morning. The registered manager explained this was a weekly outing which relatives often attended as well. An activities coordinator arranged various activities such as games, crafts and hand massage and the care staff were encouraged to be actively involved in the activity provision. The registered manager told us carers regularly supported people to access the community, for example to go for a walk around the local area or to the local pub.

People's communication needs were identified and recorded so staff knew whether people needed to be provided with information in a particular way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care. We saw, where appropriate, care plans referred to specific communication tools which staff could utilise where people needed additional support to communicate, such as flash cards.

The provider had an appropriate complaints, suggestions and compliments policy and procedure in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. The complaints procedure was clearly displayed in the entrance to the home. The procedure also gave details of other agencies they may wish to raise their complaint with, such as the CQC and the local authority. The service had not received any formal complaints in the last 12 months.

The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. There was a care planning policy and procedure in place to guide staff when caring for someone nearing the end of their life. People living at Seven Hills Nursing Home were asked how they would like to be cared for at the end of their life and if they expressed a preference, this was recorded in their care plan. This meant people could be supported to have a dignified death, in accordance with their own wishes.

Is the service well-led?

Our findings

There was a registered manager employed at Seven Hills Nursing Home. The registered manager was keen to promote a positive and person-centred care within the service. During this inspection we observed the registered manager was available and visible to staff, to people living at Seven Hills Nursing Home and to their relatives. Staff said the registered manager was very supportive and approachable. Comments included, "If I had any worries I could go to the manager", "[the registered manager] is really good" and "the [registered] manager is good. She has been a nurse here so she knows what it's like."

The staff team were supported to provide consistent care. A handover meeting took place at the end of each shift so the nurse on duty could pass on any relevant information from one shift to the next. A daily huddle also took place between the care assistants to ensure any important information was shared with the team. Staff told us the staff team worked very well together. Comments included, "I enjoy working here. You can talk to the manager, nurses or senior care assistants. It is a good team", "You are never afraid to ask the senior staff anything. They are very supportive" and "I love it here. We have a lovely set of staff that all get on." It was clear from our observations that the staff enjoyed their jobs and their morale was positive.

The registered manager monitored the quality of the service and took action when issues were identified. Each month they completed a wide range of checks on the service. For example, they reviewed people's weights to look for any signs of weight loss and enable immediate action to be taken. This meant they could be assured people were receiving the care they needed. They also audited a sample of care plans every month and completed a detailed audit of the medication administration system.

Where audits identified something could be improved, the registered manager created an action plan and appointed a person to take responsibility for implementing the actions within a required timescale. The registered manager then checked the identified actions had been completed. It was clear who was responsible for making the necessary improvements and there was a clear process for ensuring the audits helped to drive improvements to the quality of the service throughout the year. The provider also checked all audits were completed every month in accordance with their quality assurance framework.

The registered manager used various methods to obtain feedback about the home from people who lived there, their relatives and staff. They arranged 'relative's meetings' where people's relatives could provide feedback about anything they thought could be improved. Prior to these meetings, the registered manager sent satisfaction surveys to people's relatives and the agenda for the meeting was formulated based on the responses provided to the surveys. Some survey responses had recently been returned and people's relatives had provided positive feedback about the care their family member received. One response said, 'The service is very good and consistent. I like the way people are treated with care and sensitivity, no matter what their conditions are'. We observed information displayed in the entrance to the home about actions the home had taken following the last relatives meeting. This showed the registered manager used the feedback received to making changes to the service.

Staff meetings took place where the registered manager raised any issues with staff about the home or the

care provided. Staff were also given opportunity to provide feedback about the service in these meetings and via staff surveys. The minutes of the last staff meeting showed staff had been asked if there was anything that would make their shift better and some practical feedback had been given by care assistants. This type of conversation supported the staff to put forward ideas about improvements that could be made and allowed the management team to ensure staff were effectively supported in their roles.

We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager. The registered manager and staff were keen to deliver a person-centred service to people living in the home and to achieve good outcomes for people. They were confident the newly implemented electronic care planning system would support them to do this, particularly when the system was fully embedded.

The service worked well with other agencies such as the local authority and local clinical commissioning group who commission care for some people living in the home. The local authority commissioning and contracts team had recently visited the home and provided some feedback to the registered manager about the new electronic care planning system. The registered manager had reflected on this feedback and informed us she was going to be completing further work with the staff team to fully embed the new system. The consideration of feedback from other agencies supported the service to drive improvements to their service.