Nottingham Community Housing Association Limited

George Hythe House

Inspection report

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Date of inspection visit:
07 October 2016

Date of publication:
22 November 2016

Ratings

Overall rating for this service	Good
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 April 2015. A breach of legal requirements was found. This was because the provider had not ensured the people using the service were protected from the risk of unsafe care or treatment.

After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection unannounced on 7 October 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for George Hythe House on our website at www.cqc.org.uk

George Hythe House is a registered care home providing accommodation and support for up to 44 people aged 55 years or over with a range of physical and/or mental health needs including dementia. Accommodation is on two floors with a passenger lift for access. At the time of our inspection there were 40 people using the service.

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

The service had a warm and friendly atmosphere and staff were attentive and kind. The main lounge was the centre of activity during our inspection visit as people had congregated there waiting for an entertainer to arrive. In other parts of the service some people had chosen to remain in their rooms or in quieter communal areas. Staff checked them regularly to ensure they were safe and content where they were.

People told us they felt safe at the service and relatives agreed. Staff knew how to safeguard people and protect them from harm. Medicines were safely managed. We observed staff supporting people safely in communal and other areas. They were knowledgeable about people's needs and any areas where they might be at risk. However people's records did not always contain appropriate and detailed care plans and risk assessments to ensure staff had the information they needed to provide safe care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Improvements were needed to people's care plans and risk assessments to ensure staff had the information they needed to provide safe care.

Staff understood how to safeguard people and protect their well-being. There were enough staff on duty to keep people safe and meet their needs. Medicines were safely managed and administered in the way people wanted them.

George Hythe House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check the provider had made improvements following our comprehensive inspection on 21 April 2015. We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting legal requirements in relation to this question.

The inspection team consisted of one inspector.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also contacted local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

During the inspection visit we spoke with six people using the service and two relatives, the deputy manager, contracts manager, team leader, and three care workers.

Due to their mental health needs not all the people using the service were able to share their views with us. Therefore we spent time with people and observed how they were supported in the main lounge and other areas of the premises.

We looked at records relating to the safety of the people using the service including risk assessments, staffing documentation, medicines records, and the provider's policies and procedures. We also looked in detail at four people's care records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the provider had not ensured the people using the service were protected from the risk of unsafe care or treatment. This was because moving and handling techniques were not always safe and medical attention had not been sought for one person who may have needed it.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they would improve. This included ensuring through training and supervision that staff had the skills they needed to assist people to mobilise safely, and referring people to healthcare professionals when appropriate. At this inspection we found that the provider had followed their action plan and the required improvements had been made.

People told us they felt safe using the service. One person said, "I feel safe here. I always feel safe here." A relative told us, "I have peace of mind. When [my family member] was at home I was always worrying, waiting for the next phone call, now I don't have to worry because she is safe here and if she did fall staff know what to do." Another relative said, "My [family member] is very happy and safe here. She would not live anywhere else now she has found this place."

During our inspection visit staff used safe moving and handling techniques to assist people to mobilise. We saw two staff assist a person to move from a wheelchair to an easy chair. Staff supported them to move safely, reassuring them as they did this. We also saw two staff members assist a person to move using a hoist. This was also done in a safe and dignified manner. Records showed staff were trained in moving and handling and they demonstrated this by using safe and approved techniques.

In the main lounge we saw one person begin to get up from their easy chair. A staff member worker saw this and immediately went to the person to ensure they were safe. They accompanied the person as they walked out of the lounge. Ten minutes later the person and staff member reappeared. The person then sat down safely and the staff member got them a drink. This was an example of a staff member being vigilant and supporting a person to do an activity safely. The staff member told us that this person needed staff support when they were walking and the person's records confirmed this. This showed the staff member knew how to reduce risk for the person in question.

We saw another person bring a tin of chocolates round to offer to other people using the service and visitors. They had limited mobility so a staff member walked with them to ensure they were safe. When one person was choosing a chocolate the staff member assisted them by pointing out the ones with soft centres. Afterwards the staff member told us that this person was on a soft diet due to swallowing difficulties so they had helped them to choose a suitable chocolate. This was another example of staff knowing how support a person safely.

We talked with staff about how they learnt about the risks individual people were subject to. They told us

they found out by reading care plans and risk assessments, and from the information shared during staff 'handover' meeting. One staff member told us, "We always know if residents are at risk from records and handover, we need to know for their safety, and for the safety of other residents and ourselves."

We looked at people's daily records, care plans and risk assessments to see if they contained the information staff needed to keep people safe. These showed that if people had any medical issues staff had referred them to healthcare professional including GPs, district nurses, dieticians, and chiropodists. For example, one person who developed signs of skin damage was referred to the district nurses, as was another person who had had an accident resulting in a skin tear.

However neither of these people had updated care plans or risk assessments in place which might prevent them getting damaged skin in the first place. Another person, who records showed had been found at one point to have 'unexplained bruising' on their body. This had been reported to the local authority safeguarding team, however there was no care plan or risk assessment in place to consider why this might have happened and what staff could do to prevent it happening again.

A staff member told us about a person whose mobility varied depending on how well they had slept the previous night. They said that on some days the person could walk unsupported and on others they needed staff to assist them. The staff member said the staff team were told at handover if the person was likely to be unsteady on their feet that day. Although this showed that staff were aware of changes to the person's mobility, their care plan and risk assessment did not explain these in detail or what staff could do to reduce the risk.

These examples showed that although the staff we met knew where people were at risk they did not always have the written information and guidance they needed to manage risk and protect people from harm. This could be problematic if staff who did not know people as well worked at the service, for example new staff or agency staff. We discussed this with the deputy manager and contracts manager who said they were aware that further work was needed on care plans and risk assessments. They told us the registered manager was in the process of addressing this issue.

Since our last inspection the registered manager had updated the provider's safeguarding and whistleblowing policies on the recommendation of local authority commissioners. This was to ensure that safeguarding contact details were current. Records showed that staff had had further training in safeguarding and those we spoke with understood their safeguarding responsibilities and the importance of protecting people including those who might not be able to say if something was wrong.

One staff member told us, "There are signs to look out for if a person is being abused. They might flinch if a member of staff came near them, lose their appetite, or have continence issues or mood swings. This would alert us that something was wrong and we would tell the manager." All the staff we spoke with were confident that the registered manager would take appropriate action if they thought someone was being abused. Another staff member said, "Management are excellent with how they deal with safeguarding, they know exactly what to do."

At the service's most recent 'families and friends' meeting records showed that safeguarding was on the agenda. Those present took part in a 'safeguarding quiz' to highlight the important aspects of safeguarding. They then had a discussion about how to recognise different types of abuse and how families can act as 'eyes and ears' and alert the registered manager, the local authority, or the police if they thought someone was a risk. This will help to ensure that everyone involved with the service have an understanding of safeguarding and know what to do to protect the people who use it.

During our inspection visit there was enough staff on duty to keep people safe and meet their needs. One person told us, "There's plenty of staff here in the day and at night. I've never had a problem getting them to help me." A relative said, "It's reassuring to see staff around when I visit. There are always staff in the lounge where my [family member] sits and they do seem to keep an eye on everyone."

Since we last inspected the staff team had been restructured. Staffing numbers had remained the same but there were now designated team leaders on each shift responsible for medicines, co-ordinating health professionals visits, and ensuring paperwork was completed and changes in people's needs addressed. This meant the remaining staff members were able to concentrate on meeting people needs and keeping them safe.

The deputy manager told us some agency staff had been previously used to cover permanent staff who were on leave or sick. She said these staff had not always been suitably skilled, so the registered manager had taken action to ensure those who were not did not work at the service again. A staff member told us, "The agency staff we have now work well and we get the same ones. I have never seen them do anything to put a resident at risk, they are well-trained and caring."

Records showed that the staff employed at the service had had the required recruitment checks to ensure they were safe to work with people using care services. We looked at three staff recruitment files and all had the necessary documentation in place to show the provider's safe recruitment procedure had been followed. Records also showed that staff had a comprehensive induction covering all safety aspects of service. This included reading people's risk assessments and signing to say they had understood them.

One staff member told us, "When I came here I already had a DBS (criminal records check) but they did another one for safety reasons. They did everything they could do to check I was suitable. I had two interviews and then they observed me with the residents. After that I had training and a six months probationary period to make sure I was right for the job." This was an example of a staff member being safely recruited.

Prior to our inspection some medicine had gone missing from the service. The deputy manager told us that during a medicines stock check staff had discovered that a small amount of a particular medicine could not be accounted for. She told us management investigated this and were unable to pinpoint where this medicine had gone. To reduce the risk of this happening again a new system of audit had been introduced. This consisted of team leaders auditing medicines and records three times a day, after each shift, and the registered manager carrying out a weekly audit.

At this inspection visit we found that medicines were kept securely and only administered by people trained and assessed as being able to do this safely. We met with the team leader in charge of medicines administration on the day we inspected. Records showed they had the qualifications and experience necessary to administer medicines safely. They explained the service's medicines systems to us and showed us records for the new audits that had been introduced. These meant that if there were any errors senior staff would be able to promptly identify these and take action to prevent them occurring again. This would help to ensure that people received their medicines safely and a record was in place to show this.

Records showed that all the people using the service had care plans in place for their medicines. These included information on how they liked to take their medicines, what they were for, and any side-effects that they and the staff needed to look out for. Medicines care plans were personalised, for example one person's stated they liked to take their medicines from 'a teaspoon with some juice after breakfast in the morning and just after tea in afternoon'. If there were concerns about a person's medicines they were referred to their

GP for a review. For example, one person's medicines records stated 'if staff notice a difference in how [person's name] is taking her medication then a doctor should be advised straight away'. This was an example of a person being supported with their medicines in a way that was safe and personalised to them.

We observed some medicines being administered. This was done safely with the member of staff in charge wearing a 'do not disturb' tabard to alert others they were administered medicines so as they would not be disturbed or distracted. People were given their medicines in the way they wanted them. The member of staff in charge made sure people had taken their medicines before signing medicines records. She told us, "Some people need more support than others to take their medicines but I do watch everybody just to be sure." This was an example of a staff member understanding what they needed to do to ensure people had their medicines safely and at the right time.