

Jesyem Medicare Limited Hendford Nursing Home

Inspection report

Howell Hill Grove
East Ewell
Epsom
Surrey
KT17 3ER

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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

About the service: Hendford Nursing Home is a nursing home in Epsom. The service provides accommodation with nursing and personal care for up to 34 people. When we visited, 27 people lived there.

People's experience of using this service: People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported. Through conversation staff told us how they aimed to achieve positive outcomes for people.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood. The service had appropriate safeguarding systems and processes. Staff understood safeguarding reporting processes and the registered manager had a detailed oversight of current and historical safeguarding matters.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were carried out by dedicated staff.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this.

There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. We identified that the service needed to make improvements in how they applied the principles of the Mental Capacity Act 2005 and associated guidance. We have made a recommendation about this within the report.

The standard of decoration varied with some parts of the service showing signs of wear and tear. The registered manager told us they had a program of redecoration alongside works planned to improve the environment for people.

People's concerns and complaints were listened to and responded to. Accidents, incidents and complaints were reviewed to learn and improve the service.

People's relatives commented positively about the registered manager and the quality of care their family member received. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment to ensure people received good care.

Rating at last inspection: Good (Report published November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Hendford 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Hendford Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 34 people. At the time of our visit there were 27 people using the service.

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:

The inspection was carried out on the 21 May 2019 and was unannounced.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about.

During the inspection we spoke with six people who lived at the service and two people's relatives. We also

spoke with eight members of staff, this included the registered manager, nursing staff, care staff and a chef. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection we contacted two healthcare professionals who had a contract with the service to obtain their views of the service provided.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and report potential abuse.
- Staff had been provided with training on safeguarding adults.
- People were relaxed with staff and relatives told us they felt their family members were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and clear guidance was provided. For example, records showed how to reduce known swallowing or pressure ulcer risks.
- There were systems to keep people safe in the case of emergencies.
- The environment and equipment was safe and maintained. There was a programme of refurbishment in place to address those areas of the home that were worn or damaged.

Staffing and recruitment

- We received some mixed feedback from people regarding the staffing levels at the home. One person said, "It is difficult as they are spread all over." Other comments included, "No I am going to put my foot into it but no there isn't", "Well I think there are enough. I have never been kept waiting" and "Yes there are enough." People commented call bells were answered quickly.
- We reviewed the staffing rotas and saw there were enough staff to meet people's needs. There was a core team of staff who had worked at the home for many years and they knew people very well.
- There were systems in place to ensure suitable staff were recruited. Checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely

- People received their medicines safely from trained nurses.
- Medicines records were complete, accurate and up to date.
- We observed prescribed thickeners were not always stored securely. This meant there was a risk they could be accessed by people, if taken internally thickeners can pose a choking risk. Following the inspection, the registered manager confirmed these were stored securely. All other medicines were stored securely.
- Creams and ointments were not always dated when they were opened to ensure they were still effective to use.
- We discussed the use of topical creams with the registered manager and the current method for directing staff where to apply topical creams. The registered manager advised they would undertake a review of this and consider the introduction of body maps to assist staff.

Preventing and controlling infection

- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
- The home was in the main clean, we observed some cobwebs in skylights which the registered manager told us they would address. The home was free from any odours.

Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- Incidents were analysed by the registered manager and action was taken where required to prevent further incidents. For example, seeking input from external health professionals.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met.

- The registered manager had made appropriate applications to the local authority regarding people's DoLS.
- People's capacity had been considered around their capacity to consent to restrictive practice, however the current method of recording assessments was not aligned to all the principles of the MCA.
- Capacity assessments had been completed for people, however we found these were not all decision specific.
- Although we found no impact on people, where restrictive practices such as bedrails or pressure mats were in place, a best interest decision process had not been recorded by the service. The registered manager told us they would ensure these were documented.
- The service ensured that as part of the pre-admission process they had ascertained if people had a Lasting Power of Attorney in place.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current guidance and legislation.

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

- People's needs were assessed prior to them moving into the home. These assessments were used to form the basis of the care plans.
- Care and support was planned and delivered in line with current legislation and good practice guidance.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to carry out their roles effectively.
- New staff were supported to have an induction to learn people's needs and get to know them, complete training and learn how the home operated.
- We reviewed the training records and noted staff received training such as moving and handling, first aid, safeguarding, dementia and end of life care. Additional training in understanding people when they were anxious had been received and the nurses received additional training related to clinical needs.
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development.

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

- People received a healthy and nutritious diet. Feedback from people regarding the menus was mixed. Some people found the tea time menus repetitive. Comments included, "It is very good, quite good and enjoyable, no complaints there" and, "Either very good or I don't like. Today I had a very good lunch, Shepherd's Pie. I don't like pasta's, but I like the fish dishes."
- People's weights were recorded, and we saw evidence this was reported to the kitchen staff for them to provide additional calories.
- During a review of one person's records, neither the inspection team or staff could confirm if a person had lost weight due to the legibility of the record. We requested the service took prompt action to establish the person's correct weight, which they did.
- People were supported to eat in the place of their choosing. Some people chose to eat outside. Staff prompted and encouraged people and provided assistance when it was needed. However, on one instance a staff member was supporting a person with their meal, although they checked the person was happy with the meal they did not communicate what the meal was.

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

- Staff sought medical advice when people had become unwell. There was a GP that visited the home weekly to review people where required.
- People had access to a range of healthcare services and professionals according to their needs. These included GPs and speech and language therapists.
- People's relatives were confident the service would seek and receive input from external professionals when needed.

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

- The standard of décor varied with some parts of the home showing signs of wear and tear. The registered manager told us they had a program of redecoration alongside works planned to improve the environment for people. We saw some aspects of the plan had been completed.
- The environment needed some improvement to fully meet good practice for people with dementia. People's bedroom doors contained their name and room number, but did not include a photo or memory box, that would enable a person to identify their room. The registered manager told us this formed part of their refurbishment programme.
- Signage was in place to orientate people to bathrooms and toilets; the home was well lit with natural light and there was safe access to the garden.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were in the main kind and caring. Comments included, "Yes, I wonder how they keep so many kind people" and "They do anything for me and they make it a pleasure." One person however told us staff occasionally did not speak to them nicely. We discussed this with the registered manager who told us they would look into this concern.
- Relatives also told us staff were caring. One relative said, "Yes, they are very caring."
- Staff spoke passionately about their work and the people they supported. One staff member said, "If [name of person] is happy, I am happy." Another commented, "We give people the care they need, we are very person focused."
- Compliments from people and relatives had been received. One comment read, "We would like to thank each and every one of you for the care and dedication shown to our mother."
- People's religious belief were recorded in care plans and people were supported to follow their chosen faith. One person told us, "A lady brings me communion every Wednesday."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to make day to day decisions about their care and support. Staff described how they offered people choices.
- People confirmed staff asked their views when supporting them, they also confirmed their preferred time of getting up and staff supported them with this.
- We observed one occasion where staff were not communicating to one person whilst supporting them to transfer from a wheelchair to a chair. Whilst this was completed safely, by not communicating with the person meant they would not be fully aware of what was going to happen next. Other observations regarding transfers were positive with regards to staff communication with people.

Respecting and promoting people's privacy, dignity and independence

- People confirmed they were treated with dignity and respect. One person told us, "Oh yes, of course" when asked if their privacy and dignity was respected.
- People were encouraged to be as independent as possible, support plans detailed the level of support people needed.
- People's confidentiality was respected, and people's care records were kept within their own bedrooms or securely within the nurse's office.
- People were supported to maintain and develop relationships with those close to them. Relatives were welcome to visit anytime and always felt welcome. One relative told us, "I can turn up whenever and get a

warm welcome."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were detailed about their individual needs and preferences and were regularly reviewed and updated as their needs changed.
- Not everyone we spoke with knew what their care plan was, however relatives confirmed they were involved in their relatives care plans and informed of any changes.
- We identified to the registered manager the benefits of producing a plan of care for one person who was frequently distressed due to their medical condition. This would ensure a consistent approach by staff which may reduce anxiety for the person.
- Staff described how they responded to one person who had an ulcer on their leg. They explained the care they gave to the person which had resulted in the ulcer healing. They had received positive feedback regarding this which they said gave them satisfaction.
- Staff gave another example of how they had supported one person who was immobile, to start mobilising. The staff member told us, "Now they are walking with the frame, we have supported them to improve their mobility with support and encouragement."
- Care plans explored people's life history to aid staff in encouraging conversation. A section entitled 'Know your Resident' explored historical elements of family, employment and hobbies.
- People's communication needs were identified, recorded and highlighted in care plans. There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.
- The service recognised the importance of supporting people to maintain contacts with family and friends. Relatives we spoke with were positive about their involvement in care planning and the communication they received from the service.
- There was an activity coordinator who visited the home twice a week and carried out one to one sessions with people. People were very complimentary about these sessions. There were also a range of activities arranged throughout the month and year. These included, tea dances and theatre performances.
- Staff told us they spent time with people engaging in their chosen activities such as dominoes and quizzes. Staff were playing skittles with people on the afternoon of our inspection. The registered manager told us one person was supported to visit Epsom Race Course with two staff for a racing day out.
- There was a minibus that was used to support people to access the local community, people confirmed this had been introduced after a period of not being used. One person commented on how they would like stops for coffees to be reintroduced. We discussed this with the registered manager.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at

the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.

- People and relatives felt confident about raising any concerns. They said they would speak to staff or the registered manager. One person said they had raised a complaint, and this was responded to and resolved.
- The registered manager held a record of any concerns or complaints raised, the action taken and the resolution. Records evidenced any matters that had been previously raised had been responded to as required.

End of life care and support

- Within some care records we reviewed we found advanced care planning had been considered with people and their relatives.
- End of life planning was not consistent throughout the records we reviewed, and we raised this with the registered manager who stated they would review this as being encompassed into the admissions process.
- Advanced care plans showed if people wished to be admitted to hospital at the end of their lives or to remain at Hendford Nursing Home.
- An end of life care plan we reviewed detailed actions the service would undertake which was aimed at achieving a dignified and pain free death for people.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Not everyone could tell us who the manager was, this was due to their cognitive ability linked to their dementia. Relatives and staff told us they had confidence in the leadership at the service. Relatives commented that the registered manager was also always available for them. One relative told us, "[Registered manager] is very welcoming and very open."
- The registered manager had an internal system to communicate key messages via a memorandum to promote high quality care. Recent examples showed people's dining needs and key messages from visiting healthcare professionals were communicated.
- The registered manager had not notified the Care Quality Commission (CQC) of one event which had occurred in line with their legal responsibilities. They completed a retrospective notification for the incident.
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led a dedicated team of staff. Staff understood their roles and responsibilities and were accountable for their practice.
- All of the staff we spoke with expressed a high level of satisfaction in their employment and commented positively about the registered manager. One staff member said, "[Name of registered manager] is fantastic, very caring and very supportive. She knows exactly what's happening on the ground."
- The service had a range of quality monitoring arrangements in place. Audits of care records were evident in people's files. Additional audits of medicines management, health and safety and infection control checks were undertaken, with continuous improvements made in response to findings.

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

- Relatives confirmed residents and relatives' meetings were held to discuss the items relating to the home, although they said they didn't always choose to attend.
- A survey of people's relatives or those acting on their behalf, had been completed which evidenced positive results. A comment in the 2019 surveys included, "Very happy with overall care, my mum is well looked after."
- Staff we spoke with felt able to contribute to the running of the home and commented that the registered manager was open to ideas and suggestions. There were staff meetings held at various levels to

communicate matters.

Continuous learning and improving care; Working in partnership with others

- Healthcare professionals that visited people at the service told us they had no concerns about the service provided or the staff ability or in meeting people's needs.
- Healthcare professionals that visited the survey were asked for their views and opinions as part of continual improvement systems. Feedback on the 2019 surveys showed a positive response.
- The provider sought people's views on a national website to monitor feedback and ensure care provision was positive. The reviews on the national website from 2018 and 2019 were positive.