

Premium Healthcare Limited

Hythe Nursing Home

Inspection report

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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

Hythe Nursing Home is a large detached house in a quiet residential area. It provides nursing care and support for up to 40 older people, most of who are living with dementia and people who require support with additional health needs such as diabetes. There were 39 people living at the service when we visited.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff knew how to recognise abuse and told us they would report any concerns. The manager was aware of their responsibilities in relation to safeguarding people and staff told us they were confident the manager would take appropriate action. Risks to people and the environment are assessed and plans are in place to mitigate risks. People's medicines were managed safely and in the way they preferred.

Staff were recruited safely, there were enough staff on duty to keep people safe and meet their needs. Staff had the training they needed to meet people's needs and competency was assessed by the senior staff. Nursing staff each took a lead role in areas of care such as end of life or wound care and received additional training to support them to do so. Staff told us they felt supported and valued by the manager and the providers.

People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible. Staff treated people with dignity and respect. People's privacy was protected and promoted by all staff. People could have visitors whenever they liked and were supported to maintain relationships with family and friends. There were dedicated activity staff and they offered a wide variety of activities, in and out of the service and often linking with the local community.

People had a choice of meals and told us the food was of a good standard. People's food choices were appropriate for their health needs. People's health needs were managed well by the nursing staff. Referrals were made to health professionals as soon as concerns arose and any advice given as a result was followed.

People were involved in developing and updating their care plans, the service had a new online system for care plans and recording the care people received. People's care plans were person centred and showed what people could do for themselves and how they preferred to be supported. Staff knew people well, interactions between people and staff were affectionate and relaxed. Staff offered people reassurance and encouragement. People were laughing with staff throughout the day.

People, their relatives and staff told us the manager and providers were accessible and approachable. People and relatives told us they knew who to speak to if they had a complaint and were confident any issues would be addressed. People were encouraged to give their views of the service through surveys and regular meetings. Changes had been made as a result of people's feedback. The manager was going through

the process of registering with the Care Quality Commission, and had previously been in the role of registered manager. They met regularly with the providers and managers of the provider's other two services to receive support, share good practices and plan improvements for the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hythe 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 21 June 2017 and was unannounced. It was carried out by one inspector and one specialist advisor, who had clinical nursing knowledge.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with eleven people and four relatives. We spoke with the manager, two nurses, four care staff and two domestic staff. We also spoke to a visiting health professional. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

Is the service safe?

Our findings

People told us they felt safe at the service, one person told us, "They do a good job, keeping an eye on us." A relative said, "It is nice to go home and not worry about mum, I know they will keep her safe and contact us if there is anything to worry about."

Staff knew how to recognise different types of abuse and who to report any concerns to both inside and outside the service. One staff member told us, "I know I can always go to the manager if I am worried and they know what to do. If I was concerned about the action they have taken I can go to the providers or the local safeguarding team." The manager understood their responsibilities in relation to safeguarding and could explain to us the actions she would take.

Risks to people and the environment had been assessed and plans were put in place to minimise their impact. Staff had clear guidance about how to reduce the risks to people in the least restrictive way. When people had risks related to their health needs, their care plans gave staff step by step guidance about how to keep the person safe and what action to take. The new online care planning system highlighted increased risks, such as if people were not having their recommended amount of fluids or had an increase in the number of falls and when plans should be reviewed. The manager told us this was a good back up to their original systems and that it enabled them to access information more quickly. Throughout the day staff supported people and followed the guidance in the risk assessments. For example, some people had guidance around the position they should be sitting in to eat safely. Staff checked people were in the right position before giving them their food and drink.

Staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were enough staff on duty to meet people's needs. Staffing levels were based on the experience of the management team and were adjusted when people's needs changed. When people called for assistance staff came quickly and call bells were answered promptly by staff. Staff told us, "We are busy but we always have enough time to sit with people if they want us to. Throughout the day we saw staff spending time with people in their rooms or communal areas."

People's medicines were managed safely and people received their medicines in the way they preferred. The manager carried out competency checks on staff administering medicines to make sure these were correctly administered. When people were prescribed medicines to have 'as and when required' such as pain relief, there was guidance for staff about what the medicine was for, how the person would let them know they needed it and how many doses they could have in 24 hours. Medicines were stored in a dedicated room which was organised and clean. Records relating to the management of medicines were completed fully and accurately. One person was struggling to take their medicines in the format they were prescribed. The nurse administering their medicine immediately contacted the GP, who agreed to visit and look at different options for the person.

Is the service effective?

Our findings

People told us that the staff were 'on the ball' and very helpful. They told us that the food was 'tasty' and 'always fresh.' One person told us, "I found myself struggling to eat due to a problem with my mouth; the staff noticed I was leaving a lot of my food, so the cook came to see me. We had a chat and they suggested I try my food pureed. I do that now and it is so much easier for me. I am eating much more."

Staff had an induction which involved training in core subjects and shadowing more experienced staff members. Staff told us, "It helped me to get to know people, the experienced staff introduced me to people and I could learn how they like things to be done." Staff were confident in their roles and told us they had the training and support they needed to meet people's needs. Staff had regular one to one meetings with their line manager. Staff were actively supported to develop in their roles or work towards promotion. One of the nurses at the service led the training, running courses including moving people and first aid. They worked closely with the manager to plan training and support staff who may need extra help. The other nurses at the service had taken on lead roles in areas such as skin viability and end of life care. They had attended training courses with external providers. Once these had been completed their learning was shared with the team and used to plan people's care more effectively.

People were asked for their consent before care or treatment was provided and staff encouraged people to make decisions for themselves where possible. When staff were unsure if people were able to give their consent the principles of the Mental Capacity Act 2005 (MCA) had been followed. Staff had a good understanding of the MCA principles. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the local authority for those people who needed them.

People told us they liked the food and it was very fresh, one person said, "We are having fish today, we know it is very fresh, caught this morning. It helps living by the sea." People told us if they didn't like what was on the menu they could request another meal which was provided. Meal times were sociable, people sat together and chatted as they ate. Some people had their food and fluids through a tube in their stomach. We observed staff supporting people with this, staff followed the guidance in people's care plans. They took time to explain to each person what they were going to do and chatted to the person throughout the process. People's food and fluid intake was recorded to make sure they were having sufficient calories and fluids to keep them as healthy as possible. People's weight was checked at intervals to make sure that it remained stable. People who had difficulty swallowing were seen by speech and language therapists to make sure they were given the correct type of food, served at the right consistency, to reduce the risk of choking.

People's health needs were recorded in their care plan, with guidance for staff about how to support people to manage these needs. Staff knew the signs to look for with each person that they maybe unwell. Some people had catheters; this is a drainage tube for urine. It is a tube that is passed into the bladder when

people cannot urinate normally. Staff had guidance about how to manage the catheter, the signs to be aware of which may indicate an issue and what to do if they were concerned. A health professional told us, "They always follow our advice and keep us up to date with any changes for people." People's relatives were involved in health appointments if appropriate. Staff made records of any appointments people had and any decisions made.

Is the service caring?

Our findings

People and relatives told us the staff were caring and kind. People told us, "It is much better here than I expected. The staff are never grumpy they always come in with a smile on their faces. That makes such a difference, it makes you feel less of a burden" and "The staff are nice, their kindness goes a long way to making you feel at home." A relative said, "I am so impressed by the staff here. My relative can be difficult at times, but the staff are always kind to them and so patient." Staff told us, "The great thing about working here is how friendly it is, it is homely and everyone is welcome. When my loved one needed care we chose one of the other homes owned by the provider. That says it all."

People and staff knew each other well. People were encouraged to build friendships with other people living at the service, through shared interests or activities. When people were new to the service staff introduced them to other people and mentioned things they had in common to start conversations. Staff would chat to people or wave at them as they passed by. People were encouraged to remain as independent as possible. Staff reminded people to use their mobility aids and take their time when moving around the service. People were asked how they preferred to be supported, they told us, "The staff know how I like things but they always check with me before doing anything. I let them know if anything has changed." People and their relatives were involved in planning their care and updating their care plans on a regular basis.

People could have visitors at any time, visitors told us they always felt welcome and were seen chatting to staff in a relaxed and comfortable way. During the day of the inspection many people had friends and family to visit. There were areas around the service where people could chat in private if they wanted to. Visitors were offered food and drink and given the opportunity to take part in activities if they wished to. One member of staff was seen talking over people to other staff members; this was reported to the manager who took immediate action. People's confidentiality was maintained, staff understood the need for this and records were stored securely. Other staff treated people with dignity and respect. They knocked before entering rooms and called people by their preferred names. Things that were important to people such as having access to their handbag at all times were recorded in their care plans and followed by staff.

People could stay at the service for as long as they liked. The manager and nursing team worked closely with the local hospice to support people with their end of life care. People's care plans gave details of the choices people had made about their end of life care and things that were important to them. One person told us, "They know what I want and after all I get a lovely sea view whilst I wait. It can be a hard thing to talk about, but the staff do it professionally and really want me to have the end I want." Some people had made advanced decisions about the amount of intervention they would like at the end of their life. These had been discussed with the person, their families and medical professionals. Staff knew who had made these decisions and what this meant for them when supporting the person.

Is the service responsive?

Our findings

People and their relatives told us that the staff and manager were responsive to their needs. One person said, "They ask what I want and then they do it." A relative told us, "There are always things to do and we can join in if we like. My mum doesn't always want to take part but the staff try their best to encourage her."

People who were interested in moving into the service and their relatives were invited to visit initially. If they liked the service the manager met with them to carry out an assessment of their needs. If the service could meet these needs they were invited to move in. People could choose their preferred room if more than one was available. One person had chosen to move rooms when one with a sea view became available.

The information from the initial assessment formed the basis of the person's care plan. People's care plans were developed with them and contained details of their life history, who was important to them, what support they needed and how they preferred to receive the support. The registered manager was in the process of transferring the information on to an online system. Staff told us this was useful, it meant they could access information on a portable device when supporting people if they were unsure of anything. They could also record any changes in people's needs for the registered manager to review. People's care plans gave staff the guidance they needed to support people and meet their needs. There were details of what people could do for themselves and what staff should do. Any changes were discussed with the person and their relatives if appropriate before being given to staff to follow.

People had access to a range of activities to take part in. On the day of the inspection there was a coffee morning where people met to chat and have coffee or treats. People's visitors joined in as did the staff. One person showed us wellington boots which they had help plant with flowers, and told us they were selling them to raise money. People's arts and crafts were also displayed in the communal areas for people to see. People had requested more outings so the activity co-ordinator and manager had contacted a local charity and arranged the use of a minibus on a regular basis. This enabled people to go out as a group and also accommodated wheelchairs. People told us they were planning to go to the seaside and have ice cream. People had been asked for their ideas for future activities and these had been added to the activity plan. People suggested film afternoons and racing days, as they enjoyed horse racing. There were some activities for people in their rooms such as massage and we saw staff spending time with people in their rooms chatting. The manager and activity co-ordinator were working on expanding the types of activities available for people who spent most of their times in their rooms.

There was a complaints procedure in place. People and their relatives told us they knew who to complaint to and they were happy that any issues would be addressed. One person said, "The manager told us she has an open door and I know that is true. I am very comfortable complaining if I need to." The providers of the service often visited and chatted to people asking them for their feedback. Complaints which had been received had been dealt with in line with the policy and complainants were happy with the outcomes.

Is the service well-led?

Our findings

People told us the manager and providers were very accessible and approachable. One relative said, "I feel very comfortable with the manager, she really seems to understand what my mum needs and makes sure she gets it."

There was not a registered manager in post. A registered manager 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. A new manager had been working at the service for two months and had begun the process of registering with the CQC. They had previously been registered with CQC in a previous role.

Since the new manager had been in post she had held regular resident meetings and was encouraging people and staff at the service to talk about things they could improve. At one recent meeting people had asked that their evening meal be moved slightly later, as they wanted to spend more time with their friends. The manager was working with the kitchen staff to make this change and kept people up to date with the progress. People asked for a suggestions box which was put in place and gave feedback on the food which was given to the cook. There was a request for Pimms or wine with their meals and this was now available to people. People, relatives and staff also completed annual surveys about the quality of care in the service. These were analysed and the results were shared.

Staff told us they felt valued and supported by the manager, nursing staff and the providers. One staff member told us, "It is little things like, you get a card and a voucher on your birthday and if you complete all your training you get another voucher. The manager and providers always have time and are happy to chat to us. The people who live here are our priority, we all work together for them." Staff meetings included opportunities for staff to give ideas for improvements and these were listened to and acted upon. For example, one staff member suggested a themed BBQ, this was suggested to the people living at the service who loved the idea. The staff member worked with people to arrange the BBQ for the summer.

Regular audits were carried out at the service, some such as medicines audits and catering audits. Actions were taken to address shortfalls, for example the catering audit identified additional training was needed for some of the kitchen staff. This training was arranged and completed within three months. Internal audits also resulted in additional training for nursing staff, an increase in clinical observation for the nurses, a focus on improving the appearance of pureed foods and increased activities for people who stayed in their rooms. An external auditor was used by the provider to monitor quality; again actions had been taken to address any issues found. The auditor had identified that accidents and incidents were not being analysed for learning, this was now being completed on a regular basis.

Any learning was shared with the providers other services to improve quality across the group. The managers of the provider's services met on a regular basis to support each other and work together to drive improvement. The manager told us the provider was very flexible and open to new ideas.

