Harbour Healthcare Ltd

Hilltop Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hilltop Court Nursing Home is a care home providing personal and nursing care to up to 47 people. The service provides support to older people. At the time of our inspection there were 37 people using the service. The care home accommodates people in one adapted building across two single-sex units.

People's experience of using this service and what we found
Medicines were not always managed safely which placed people at risk of harm. People had risk assessments and risk management plans in place to provide safe care and support. We have made a recommendation about the safe and appropriate use of reclining chairs. The home was clean and had infection control measures in place. Staff knew how to safeguard people from harm. Staff were recruited safely. Health and safety checks of the environment had been completed.

Some staff were attentive and caring; however, we observed some staff did not always interact with people or speak kindly. Parts of the home felt clinical and not homely, and people's rooms were not always personalised. Improvements had been made in the provision of oral healthcare and bedroom privacy since the last inspection.

We made a recommendation at the last inspection regarding activities. However, we found there were very little activities and social stimulation at the home. There were no person-centred, individualised activities for people. Care plans contained lots of information to direct staff on people's every day care needs. However, we found a lack of detailed information about people's individual preferences to ensure staff knew how they liked to have their care provided.

Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always identified the concerns we found on inspection. We identified multiple and repeated breaches of regulations. The management team were helpful and quick to investigate when we fed back our findings during the inspection.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 29 September 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider referred to current best practice to prioritise meaningful interaction for people cared for in bed. At this inspection we found improvements still needed to be made regarding interactions between staff and the people they cared for.

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

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We received concerns in relation to medicines, accurate documentation, management, health and safety, staffing levels infection control, moving and handling and personal care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

The provider was transparent and responsive throughout the inspection and took action to attempt to mitigate the risks we identified.

You can read the report from our last inspection, by selecting the 'all reports' link for Hilltop Court Nursing Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe management and administration of medicines; person-centred care and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Hilltop Court Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector, one medicines inspector, one nurse specialist advisor and two Experts by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one inspector and one health and safety specialist advisor.

Service and service type
Hilltop Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hilltop Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority teams and Healthwatch. 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 the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, peripatetic manager, clinical lead, senior care worker, care workers, activities co-ordinator and maintenance staff.

We reviewed a range of records. This included five people's care records and 13 medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We reviewed additional information sent through to us by the registered manager in mitigation for concerns found on inspection.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed and administered safely.
- Some people had swallowing difficulties and were prescribed a thickening agent to add to their drinks. Thickening agents ensure that people's drinks are made to specific consistencies to help people swallow safely and prevent them from choking. Different records in the home gave different information about how thick to make people's drinks and the records showed that drinks were not always thicken to the correct consistency which put those people at risk of choking.
- People did not have written guidance in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- Information was missing to help staff give covert medicines safely. There was no information from the pharmacy about what food and drink each medicine could be mixed with.
- Medicines were not always stored safely. An open tub of thickener was accessible on the tea trolley which placed people at risk of harm. Two medicines which had been discontinued had not been disposed of. Waste medicines were not stored safely and did not follow current guidance. Medicines stored in the fridge including insulin were not always stored at the recommended temperature. There was no evidence that any action had been taken to ensure these medicines were not adversely affected.
- An electronic system was used to keep records about the administration and stocks of medicines. It showed that most medicines were accounted for and administered safely. The system did not record the stocks of inhalers, creams, insulin and food supplements which meant they did not show they had been given safely or could be accounted for.

People had been placed at the risk of harm from unsafe administration and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to any concerns we raised regarding the safety of medicines and implemented improvements during and after the inspection. We will review and evaluate the effectiveness of these improvements at the next inspection.

Assessing risk, safety monitoring and management

- The inspection team noted there were four people who were using tilt-in-space recliner chairs who had been placed in the furthest tilted back position for long periods of time. This may place people at risk of

harm. We raised concerns with the registered manager regarding risk assessments for their appropriate and safe use.

We recommend the provider consider current guidance on the safe and appropriate use of tilt-in-space recliner chairs.

● People had individual risk assessments in place which covered a variety of risks and care plans detailed how staff could reduce risk for people.
● Risk assessments had been reviewed regularly and each person had a Covid-19 risk assessment in place. Where someone had a specific risk, staff hand-held devices flagged this, and where necessary, additional monitoring was in place. Risk management plans were in place.
● People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.
● Health and safety checks of the environment had been carried out.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● There was a safeguarding policy and procedure in place and the registered manager worked within the local authority protocols for reporting safeguarding concerns. Staff had received up-to-date training about how to protect people from harm and abuse.
● Staff we spoke with showed us they understood how to identify and report any concerns about people's safety and welfare. Staff told us they felt confident they would be listened to by the management team.
● Relatives of people told us they felt their loved one was safe. One relative told us, "I feel [name] is safe as he is settled in a safe environment with staff around 24/7."
● When a safeguarding investigation had taken place, the registered manager discussed the outcome and any learning with the staff team to reduce the risk of reoccurrence of any incidents.
● Accidents and incidents were electronically recorded, and the registered manager reviewed, investigated and analysed each incident. A regular analysis of incidents was carried out to identify and mitigate specific risks to people.

Staffing and recruitment
● There were sufficient staff on duty to meet people's needs. The registered manager had identified how many staff needed to be on shift to support people to remain safe. We received mixed feedback from staff about safe staffing levels. One staff member told us they felt the home was often short staffed. Another staff member told us the registered manager usually managed to cover for staff absence. Feedback from relatives told us they were happy with staffing levels and we saw staff were present around the home during our inspection.
● The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included police checks and references from previous employers.
● The service regularly used agency staff to cover shifts. However, the registered manager told us they had recently had a successful recruitment drive, and this should remove or reduce the need to use agency staff.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Relatives and friends were supported to visit their loved ones at the home in a safe way. Procedures were in place to ensure visiting was facilitated as per Government guidance. The registered manager had ensured that people had essential care givers to visit them to provide assistance and reassurance to their loved one, even during aCovid-19 outbreak.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 9.

● Our mealtime observations demonstrated everyone was still served their meals on plastic plates and drinks served in coloured plastic mugs. There was still a shortage of dining tables which meant some people were not appropriately positioned to eat their meals and remained sat in armchairs in the lounge area. Staff practice varied and we observed some very respectful interactions but also observed some poor practice. For example, staff standing over people whilst they assisted them to eat their meal. Some people were struggling to eat their meals with dignity and may have benefitted from some specialist cutlery or adaptations that was individual to their needs. Some people had clothes protectors placed on them without being given a choice and no-one was offered a napkin or any condiments.
● Parts of the home appeared institutionalised, and people's rooms were sparse and not personalised. The first-floor unit lounge area was only accessible by a keypad lock, this meant everyone on this floor did not have access to freely walk around their home without asking a staff member to let them in or out. We saw some areas of the home had been made dementia friendly; however, we also saw areas that required improvement to make the environment more conducive to people living with dementia.
● Care plans contained information to direct staff on people's every day care needs. However, we found there was still a lack of detailed information about people's personal history, individual preferences and how they liked to have their care provided. There was not enough available information on people's preferences for new or agency staff to deliver care in a person centred way.

People were not provided with individualised care that met their needs. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some improvements had been made since the last inspection in the provision of oral healthcare, monitoring and bedroom privacy since the last inspection.

The registered manager told us they had found it difficult to get information from families about people's life history and preferences due to the Covid-19 restrictions on pre-assessments and visiting. They told us they were making efforts to contact families by telephone to gain personal information. We will review and evaluate the effectiveness of these actions at the next inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not supported to take part in appropriate activities. There was one activity co-ordinator working two days per week to provide activities on both units. We reviewed people's activities records and found people had received very little or no activities in the last month.
- One person told us there were no activities going on and nothing to do all day. They told us, "I would like to go out occasionally, even if it is only walking round the local park and get some fresh air."
- People were sat or walking around the units with no stimulation or social interaction. We observed the television was on in both units, but the volume was often turned low. We observed some staff provide caring interactions; however, we also observed staff not interacting with people and not providing appropriate support when needed. We saw three instances where people were being told to "sit down" when they wished to get up and walk around the home. We raised a safeguarding alert with the local authority when one staff member spoke loudly and sharply to one person.
- We found evidence that there had recently been several altercations between people, and this had resulted in people being moved to different parts of the home. Some of the relatives we spoke with told us they had been made aware their family member had been involved in altercations with other people and they were satisfied with how it had been dealt with.
- At our last inspection we recommended that the provider referred to current best practice to prioritise meaningful interaction for people cared for in bed. At this inspection we found improvements still needed to be made regarding interactions between staff and the people they cared for.

People were not provided with personalised care that was responsive to their needs. This placed people at the risk of harm. This was a further breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acknowledged the lack of activities at the home and told us they had recruited two further activities co-ordinators who were due to start work soon at the home. We will review and evaluate the impact of this at our next inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and understood their requirement to ensure people received information in a way they could understand.
- The registered manager gave us examples of providing information in large format, memory boards and picture cards.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service. Information on

how to make an official complaint was displayed in the home's reception area. People were also informed of the complaint procedure in their service user admission pack given to them and their families when they came to live at the home.

● We reviewed the home's complaints and found complaints were responded to appropriately.

● Relatives we spoke with told us they had not had reason to complain, however, they said they would complain if they felt they had reason to.

End of life care and support

● The home had an end of life care planning policy and procedure in place. We saw the policy stated staff should receive end of life training. However, the training information did not demonstrate that staff had received this training. A very small number of senior staff had received training in advanced care planning.

● We saw one person had a basic end of life care plan in place and the person's relatives had been involved in the care plan.

● The registered manager told us they work closely with the local GP and district nursing teams to provide care when a person is nearing the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 17.

● We have not been assured the provider is able to make and sustain improvements from previous inspections. The provider has not demonstrated progress to improve the service and respond to previously identified concerns as it has been rated requires improvement for the last three inspections. Despite enforcement action taken against the provider after the last inspection, we have identified repeated breaches of regulation 17 in the last three inspections and repeated breaches of regulation 9 in the last two inspections.
● At our last inspection we made a recommendation about meaningful interaction between staff and people. At this inspection we found the recommended improvements had not been made.
● We saw positive changes had been introduced by the registered manager in the last two years in order to improve the management oversight of the home. Audits and safety checks had been introduced along with daily manager walk arounds and stand up meetings. However, these audits and meetings had not identified and addressed our concerns found on this inspection regarding the management of medicines, person-centred care and the quality of staff interactions with people.

The provider had not always ensured full oversight of the operations of the home, leading to the breaches identified in this inspection. This placed people at the risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager was aware of requirements of their registration with CQC and had submitted statutory notifications as and when required. The previous rating was on display in the reception area.

During the inspection we fed back our findings and the management team were helpful throughout the process and reacted quickly to any concerns raised. After the inspection we received assurances and evidence of improvements made. We will review and evaluate the effectiveness of these improvements at the next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● There were areas where the culture of the service needed to be improved. We found concerns about how some staff respected people and their home. Concerns about the culture within the service had previously been identified; however, the same concerns remained on this inspection.

● Staff did not always provide person-centred care to meet individual preferences and choices. This information was not always recorded in care files. The home was stark and sparse in some areas and needed redecoration. For example, bedrooms, furniture and decoration was minimal and there was little evidence of personalisation. We did not see where people had been consulted or engaged with about how their own home was run or how it could be improved.

The provider had not made improvements to concerns, that had previously been identified, to ensure people's quality of care delivery and environment was person-centred and individual to their needs and preferences. This was a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Relatives we spoke with were happy with the care and support given to their loved ones and communication about people's current care needs was good. The registered manager told us they had conducted a survey with families about the quality of the service. They told us the relatives were happy with the care of their loved one and the only concerns raised was around national visiting restrictions due to the pandemic. One relative told us, "I would recommend this home on what I have seen so far; he is well looked after and that's all that matters."

● Staff told us they were kept informed about the home and people's care needs through a series of meetings, handovers and the electronic care system. Staff told us they felt very supported in their role and were very complimentary about registered manager. They told us they would be able to raise anything and would be listened to. One staff member told us, "[Manager] is very friendly and open to talk to and I can make suggestions." Another staff member told us, [Manager] is very approachable, she would take anything on board. She is lovely."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager demonstrated their awareness of their duty of candour and also their responsibility to act on accidents, incidents and complaints. We saw evidence that these had been responded to appropriately.

Working in partnership with others

● The registered manager had close working relationships with the local GP service, district nurse teams and other medical professionals to ensure people received prompt and appropriate medical care.

● During the Covid-19 pandemic the management team had worked very closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.

● The registered manager worked closely with local safeguarding teams and followed their procedures to

demonstrate transparency and cooperation. Feedback from the local authority teams was positive about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not always ensure the safe management and administration of medicines. Regulation 12 (1) (2) (g)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure people received care and support in a person-centred way. Care and treatment was not always individualised, appropriate and met people's needs. Regulation 9 (1) (3) (a) (b) (d) (f) (h) (i)

The enforcement action we took:

Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured full oversight of the operations of the home, leading to the breaches identified in this inspection. The provider had not always ensured safe administration of medicines and the delivery of person-centred care. Regulation 17 (1) (2) (a) (b) (c)

The enforcement action we took:

Warning Notice.