Trustees of British Home & Hospital for Incurables

British Home & Hospital for Incurables

Inspection report

Crown Lane
London
SW16 3JB

Tel: 02086708261

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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

The British Home and Hospital for Incurables (which is known as The British Home) provides nursing care for up to 127 adults with physical disabilities. When we visited the home 70 people were living there. The last inspection of the service was in September 2014 when we found the regulations we inspected were met.

The service has a registered manager. 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.

People received their medicines as prescribed and followed clear procedures in relation to recording administration of medicines. People were able to see health professionals to assist with their specialist needs.

Staff were knowledgeable about abuse and issues which raised concerns about people's safety were referred to the safeguarding authority for investigation. The manager was familiar with how they should support people in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and further training was to be provided for staff. The provider had safe arrangements for the recruitment of staff and they were trained for their roles.

People said staff had a caring and kind approach. They took account of people's views about how they wished to be cared for. Staff protected people's privacy and maintained their dignity when caring for them.

People were involved in planning their care and their individual needs were addressed. People could choose meals which took account of their nutritional, cultural and religious needs. The provider had systems for people to give their feedback about the home through meetings and surveys. The manager investigated complaints and took action to ensure concerns were addressed.

Management systems were in place to audit and check the safety and quality of the service provided and action was taken to make improvements when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staffing levels were assessed to reflect people's needs. People received their medicines when they needed them. The provider made appropriate checks of staff before they began work at the home to make sure they were suitable to work with people.

Is the service effective?

Good

The service was effective. The provider arranged training and support for staff to carry out their roles. The home provided meals which met people's individual needs. People were able to see a range of healthcare professionals to provide advice and guidance on how best to meet their needs.

The manager was familiar with how they should support people in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and further training was to be provided for staff.

Is the service caring?

Good

The service was caring. People said most staff were caring and had a kind approach. People had known some staff for a long time and they knew them well.

People were encouraged and had specialist equipment to help them be as independent as possible. Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People were involved in planning their care which took into account their individual needs. People and their relatives knew how to complain. When they did so the manager investigated their concerns and made improvements when necessary.

People had the opportunity to take part in a range of activities.

Is the service well-led?

Good

The service was well led. Visits were made to the home by

members of the board of trustees and senior managers to provide management oversight. Checks and audits were carried out to assess the quality of the service provided and changes made when necessary.

British Home & Hospital for Incurables

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.

The inspection took place on 16 and 25 February 2016 and was unannounced. Two inspectors and a specialist advisor carried out the inspection. The specialist advisor was a nurse.

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. We also looked at notifications sent to CQC. A notification is information about important events which the service is required to send us by law.

We spoke with eight of the people who lived at the home and with three relatives of people living there. We spoke with 11 staff including the registered manager and deputy manager, nurses and care staff, the human resources manager and the deputy services manager. We contacted six professionals to ask their views of the service and one contacted us to give feedback. After the inspection we had contact with the local authority safeguarding department.

We viewed personal care and support records for nine people, viewed recruitment records for three staff and training records for the staff team. We looked at records relating to the management and monitoring of the service, including complaints records and audit reports.

Good

Is the service safe?

Our findings

People were protected from risks connected with being assisted to move safely. Assessments detailed procedures with which people needed assistance, if specialist equipment was required and how many staff members were required to assist the person. People's risk of falling was assessed and plans made to reduce the risks.

People who used bed rails had assessments in their records which assessed any risk of harm that may have resulted from their use. Staff had completed initial risk assessments for the use of bed rails and each person had a daily log for staff to complete to indicate a safety check had been made. We saw daily checks had been documented consistently for people and this confirmed they remained safe for to use.

People were protected from the risk of developing pressure ulcers, and being assisted to move because staff carried out risk assessments for and took action to prevent harm. For example care documents showed the equipment that was used to assist people to move safely and how many staff were required to assist them to do so.

One of the people we spoke with told us "I feel safe". Another person said they felt the night staff team helped keep the home safe, they said, "I feel safe knowing they're in charge overnight."

Staff had been trained in safeguarding issues and expressed commitment to keeping people safe. They were knowledgeable about abuse and how to recognise it. Staff had reported safeguarding issues to the manager of the service and nurses so that appropriate action could be taken to keep people safe. Other staff said that if they were concerned for a person's safety and well-being this is the action they would take. The manager made referrals to safeguarding authorities in response and co-operated with their enquiries.

People's individual needs were assessed to determine staffing levels. A person told us, "Staffing levels go up and down, but it's not too bad at the moment." Staff said higher staffing levels in the mornings would allow them to meet people's needs more promptly, particularly those people who required two staff members to assist with personal care. We found that a person whose needs were complex was allocated one to one care at night time after a period of being unsettled. The manager informed us that staffing levels for them were to be discussed at a forthcoming care review.

People were protected from the risks associated with medicines. Nursing staff administered the medicines and they were trained and assessed as competent to do so. There were effective systems in place for the management of medicines including their ordering, storage and recording of medicines administration. Nursing staff were knowledgeable about the medicines for which they were responsible. Two people we spoke with said they received their medicines at the times they were prescribed.

Staff knew how to respond in emergencies and this kept people safe. Each person had a personal emergency evacuation plan which described the assistance they would need to leave the building in an emergency. A fire risk assessment was in place and regular checks of the fire detection and emergency

equipment were made to ensure they were in good order.

People were protected against unsuitable staff working with them because the provider followed safe staff recruitment procedures. People who applied for jobs provided information about their work history and they were interviewed by senior members of staff. The provider did checks of the person's suitability for the work by requesting at least two references, including one from the person's previous employer and checks of people's eligibility to work in the UK. They also completed checks of the Disclosure and Barring Service (DBS) records which replaced criminal record bureau checks. The provider did not confirm staff in post until they had successfully completed a probation period of at least six months.

Volunteers assisted at the home and the provider undertook DBS checks and requested references before they could work with people who lived there.

People were protected from the risk of infection because there were procedures designed to prevent and control it. Staff were trained in infection control measures and personal protective equipment such as aprons, gloves and antibacterial gel were available. The home was visually clean and there were no unpleasant odours in the building.

Food hygiene was managed well. Environmental health officers assessed the food preparation facilities in the home in November 2011. They awarded a rating of five which showed the food preparation facilities in the home were well managed and had high standards of hygiene.

Good

Is the service effective?

Our findings

People received support from staff who were trained to meet their needs. The training records showed staff completed a range of courses including health and safety courses such as safe moving and handling, fire safety, first aid and infection control. Training related to the needs of people living at the home included dementia awareness, medicines management, tissue viability, percutaneous endoscopic gastrostomy (PEG) feeding, and nutrition and hydration. 95% of the staff team had achieved a National Vocational Qualification in health and social care at level 2 or above. A member of the staff team told us, "Training is very good and [managers] make sure we are up to date with our training."

Each member of staff had an individual supervisor allocated with whom they could discuss their work and individual training and development needs. The provider had a system to ensure each staff member had an annual appraisal. In addition they provided a support and counselling service for people who lived at the service and staff.

People were asked to consent to support and treatment and staff recorded their wishes. The Mental Capacity Act 2005 (MCA) provides protection for people who may not have the capacity or ability to make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) gives protection to people from unlawful restriction of their freedom without the authorisation to do so. The manager was aware the requirements of the legislation and had made applications for DoLS as required. Staff had received training in DoLS and the principles of the MCA and how to put them into practice.

People's nutritional needs were assessed and plans put in place to meet them. If people were at risk of malnutrition their weight and food and fluid intake was monitored to ensure their health and well-being was maintained. Staff had documented advice given by dieticians and the Speech and Language Therapy (SaLT) team where necessary to ensure people had access to specialist nutritional support and this was incorporated in the care planning.

People told us they enjoyed the meals and could make choices from the menu. One person told us they liked most of the choices available on the menu and they felt, "The food's brilliant." Another person said they were provided with some dishes that reflected their cultural background and the meals met their religious needs. A third person told us they had been disappointed that a special request they had made for a birthday meal had not been met but overall the food was "not too bad".

A visitor told us they had met with the catering manager to discuss how improvements could be made to their relative's diet. They felt the contact with them was positive and improvements had been made.

People had access to specialists to make sure their healthcare needs were met and staff received advice on how to do so. A person told us they could see the GP whenever they wished or needed to as the GP visited the home three times a week. Records showed that specialist advice was available from SaLT, physiotherapists, occupational therapists, wheelchair specialists, orthotists and dieticians. Staff amended care routines to include their specialist advice so that they addressed people's individual needs. Two

physiotherapists worked at the home providing six half day sessions and a trained member of care staff assisted people with physiotherapy exercises to give people additional support.

Good

Is the service caring?

Our findings

People were cared for by staff and they found the majority of them caring and helpful. A person we spoke with described the staff as "nice" and said their keyworker was "caring". One person said, "The staff are mostly okay. All of them are approachable, some are friendlier than others. The night shift staff are really lovely, I love it when they come on shift. We always have a laugh and a joke." A relative told us most care staff were friendly and approachable.

Staff sent time talking with people who lived at the home and getting to know their likes and preferences. One person told us, "the atmosphere is good here and [staff] come to talk to me." They said they enjoyed talking with a member of staff about football which they both enjoyed.

People told us they were able to express their views about how they were cared for and they were observed. One person said of staff, "They help us and they listen to us." When a person could not communicate verbally, we saw records that staff had worked with them, their relatives and speech and language therapists to establish other methods of communication. The staff understood and used people's individual communication methods to listen to people's views. Information in a person's care record explained how a person communicated using non-verbal communication. This required staff to carefully observe them to ensure their views and decisions were heard and put into practice.

People were supported by staff to maintain their personal relationships and friendships at the home and outside with friends and family. One person told us they were assisted to stay with family members and this was important to them.

Staff assisted and encouraged people to maintain their skills and be as independent as possible. For example notes in a care record stated a person could clean their teeth and choose their clothes independently and using these skills was built into their daily routine. People had specialist equipment which was designed to maximise their independence. This included communication aids, adapted cutlery and mobility aids. People, staff and specialists had worked together to create a range of aids and adaptations to meet people's needs to maintain their independence.

Staff understood the need for people to be treated with dignity and maintain their privacy. For example, one person preferred to eat their meals privately in their bedroom, which staff had arranged. Care took place in the privacy of people's bedrooms and bathrooms. We observed staff knocking on people's doors before entering so they could wait to be invited in, or if the person could not do so this alerted them to the staff member's presence. If people preferred not to see their visitors in their bedrooms they were able to meet them privately using the range of communal and private spaces available in the home.

Good

Is the service responsive?

Our findings

People's individual care needs were met because they were assessed and plans were made to address them. People told us they were involved in their assessments of need and, whenever possible, records and care plans included people's signatures to show their involvement and agreement with them. Care plans were reviewed each month and more often in response to changes in a person's condition to make sure they reflected people's current needs.

People's care preferences were discussed with them and included in the care planning. For example one man's preference to receive personal care from male workers was recorded and whenever possible this was provided.

People were supported to maintain their relationships with friends and family. Details of family visitors were included in care records and people were assisted to visit their family in their own homes.

Staff recognised the need for people to take part in activities and this to reduce the risk of people being isolated. The provider had employed three activity co-ordinators at the home and this made a more flexible activity programme possible and some activities were provided for individuals rather than groups. For example, it was planned that staff should spend time with people and this was important for people who were unable easily to leave their bedrooms.

People told us they enjoyed some of the activities at the home. One person said they liked taking part in quizzes and music sessions and talking with staff about football. Another person said they enjoyed using their computer in their room. Films were being shown on a large screen in a communal room on one of the days we visited. In the most recent survey of people although activities were listed as one of the good things about the home some people said they would like a greater variety of activities and more outings to be arranged.

Visitors told us they felt improvements had been made and they found the home was "much livelier". They said their relative was encouraged to join in more activities than previously and felt they had benefitted from this social involvement.

People's diverse needs were recognised and respected. Each person had a 'spiritual well-being' support plan and they included their preferences for this area of care. A person told us they were able to attend their place of worship and staff helped them make travel arrangements to do so. The home had a chapel and a multi faith prayer room which the manager told us could be used for services and personal contemplation.

People told us they felt able to make a complaint. A person said if they had a complaint "I'd go to see [the manager], but I have never had to." A relative we spoke with told us they felt listened to by the manager and senior staff when they had raised concerns. They said "I've challenged bad practice and as a team they're cooperative and listen to suggestions. They do respond to me when I need something." Another relative told us they had previously raised a concern about a particular aspect of the service. They said since then they

felt this had improved significantly.

People had the opportunity to give their views about the service at monthly meetings for people who lived at The British Home. Surveys were carried out every year to ask people, relatives, volunteers and staff members for their views of the home. The most recent surveys from 2015 showed high levels (of satisfaction with the care provided for people living at the home with 90% - 100% of respondents saying they were satisfied. Areas of dissatisfaction included meals with which 65% of people were satisfied. In response the manager introduced a monitoring system which gave people the opportunity to make comments about the quality of meals on the day they were served. The catering manager viewed the comments and took action as required. For example a person commented that the beef served was "tough", and the catering manager recorded they would discuss this with the cook.

Good

Is the service well-led?

Our findings

People told us they felt the service was well managed. A person said, "If there is ever anything wrong, [the manager] will sort it out straightaway, he's brilliant." Another person described the manager as "alright". Staff comments about the management style included "very good", "approachable" and "supportive". One staff member said they felt the managers "work hard" and were "friendly".

The home had a registered manager in post as required by their registration with the Care Quality Commission (CQC). He had been registered since December 2014. He was suitably qualified and experienced for his role. A deputy manager had been appointed and they worked together to provide management support to the home. The deputy services manager provided line management support to the registered manager and oversaw the operation of the home.

The management team expressed a wish for co-operative working amongst the staff as previously concerns had been raised by staff in this area. Managers discussed this in staff meetings and stressed the need for team work. The provider arranged a support and counselling service for staff where concerns about work could be discussed in privacy.

The management team followed a schedule of audits to ensure quality standards were maintained and developed. The audits included medicines management, health and safety standards, pressure care, weight management, care plans and falls. When necessary actions were highlighted for action, for example people who had recurrent falls were referred to the falls clinic for assessment and advice, their support plans were reviewed and environmental assessments carried out with a view to preventing recurrence. All incidents in the home were reviewed and analysed by the management team to ensure patterns were highlighted and addressed.

An audit was carried out by specialists in percutaneous endoscopic gastrostomy (PEG) feeding in November 2015. The audit identified areas for improvement including staff training needs and these were prioritised and implemented.

Monthly reports were made by the manager to the board of trustees for them to consider as part of their overall governance of the home. Information relating to accidents and clinical incidents were discussed with the board of trustees. Each month a member of the board visited the home. the manager informed us that a report format was being developed to reflect the areas that CQC addresses in our inspections of services.