

Methodist Homes

Hartcliffe Nursing Home

Inspection report

15 Murford Avenue
Hartcliffe
Bristol
BS13 9JS

Tel: 01179641000

Website: www.mha.org.uk/care-homes/nursing-care/hartcliffe

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25 August 2022

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hartcliffe Nursing Home provides personal and nursing care for up to 66 people. At the time of the inspection, 50 people were living at the home.

People's experience of using this service and what we found

There had been improvements made following the inspection of 30 and 31 May 2018. Food and fluid charts were fully completed along with positional charts. Where people had refused food and fluid this was clearly recorded. The amount of food and drink consumed was recorded by staff. The registered manager told us about some recent shortfalls identified during the CQC Dynamic Monitoring Activity which took place on 10 August 2022. The shortfalls were in relation to the recordings on food, fluid and positional charts. Since then audits of these records were taking place daily by the registered manager and deputy. Staff were being retrained in how to fill out the records fully. Audits helped to address any shortfalls within the home.

Staff received regular support to help them carry out their role. The annual training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff were enthusiastic and happy in their work. The staff told us they felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential.

Rating at last inspection

The last rating for this home was rated Good (published 27 March 2021). At a previous inspection carried out 30 and 31 May 2018, we rated the home requires improvement in the key question 'effective'. We found further improvements needed to be made to people's food and fluid records. Monitoring charts had not been fully completed. At this inspection we found improvements had been made.

Why we inspected

On the 10 August 2022 we carried out a direct monitoring activity (DMA) with the registered manager. Some shortfalls were identified in relation to people's food and fluid charts, nutrition and the timings recorded on positional charts. This inspection was to follow up on the shortfalls we identified.

During this inspection we followed up on the outstanding improvements from the inspection carried out on the 30 and 31 May 2018.

The provider completed an action plan after this inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led.

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 home has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hartcliffe Nursing Home on our 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 effective?

The service was Effective.

Details are in our well-Led findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our well-Led findings below.

Good ●

Hartcliffe 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.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Hartcliffe Nursing Home is a nursing home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

The home 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 inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager, deputy, four staff and five people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This

included training records, people's care records, meeting minutes and quality assurance records.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the inspection of 30 and 31 May 2018 we found the changes that were put in place following a previous inspection of March 2017 had not been fully embedded. Food and fluid records and monitoring charts had not been fully completed. At this inspection we found improvements had been made.

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

- Since the last inspection the number of people on food and fluid charts had reduced. We found food and fluid intake charts were in place for some people where staff had concerns about their weights and nutritional intake. The records contained information about the amount of food and fluids and at what time. It also recorded what people were offered and when they had refused. This helped the staff monitor people's wellbeing.
- Records were in place for people assessed as needing assistance to move or change position. Pressure relieving equipment, such as mattresses and chair cushions were provided.
- People were given the required support to meet their nutritional requirements. The staff were able to identify who required a special diet, textured diet, who needed fluids thickened and those people who had allergies. The staff demonstrated they knew people very well.
- We observed positive interactions between staff and people at lunchtime. We overheard lots of laughter between staff and people and some light hearted banter.
- At lunch time one person did not wish to have any food from the menu, they wanted a spring roll from the local chip shop which a staff member went to get them. Another person could not choose from the two choices on the menu. The staff suggested they have half and half of each choice, which they enjoyed.
- Staff took time to explain options on the menu to people in the dining room and allowed them time to decide for themselves. The daily menus were displayed on each table and on the notice board.
- Referrals were made when required, to appropriate professionals such as the GP, speech and language therapists (SALT) and dieticians to seek guidance and support with managing people's intake of food and fluids safely.
- Staff had a good understanding of how to ensure people had adequate nutrition. One staff member told us, "I observe what people eat and drink. I offer second helpings to people if I see they have eaten their meal. If they have not eaten, I offer another choice to make sure they have had something".
- People told us they enjoyed the meals provided. Their comments included, "The food is traditional which I enjoy" and "It is very nice food and cooked fresh".

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

- Prior to people moving into the home, their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- Assessment of people included making sure that support was planned for people's diverse range of needs, such as their religion, gender, culture and their abilities.
- Staff had a good understanding of people's needs, which included medical, physical and emotional. This knowledge meant people received a high standard of care. People's care records were up to date and, where relevant, advice from external healthcare professionals was included to help staff support people.

Staff support: induction, training, skills and experience

- The registered manager ensured that staff had the skills and knowledge to meet people's needs. Before staff started at the home, they completed induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member). New staff had regular probation meetings with their line manager.
- Staff received ongoing training to help them to deliver good care and to maintain their skills and knowledge. This included for example training in relation to safeguarding, nutrition, health and safety, fire, mental capacity act, first aid and moving and handling.
- Staff were supported within their roles through meeting regularly with their line manager. The registered manager had a plan in place to ensure all staff received supervision every two months. All staff were currently booked for their yearly appraisal meeting. This was to discuss their progress, aspirations and any training needs.
- Staff that were new to health and social care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff made referrals promptly to health and social care professionals to ensure people received effective and timely care. Staff worked with professionals to ensure their advice was closely followed. This helped to support the best health outcomes for people.
- People were supported by the staff team to live healthier lives. The registered manager told us how the staff supported a person with healthy eating as they wanted to lose weight. The person had since lost weight which had a positive impact on their overall wellbeing including improved mobility.
- Effective communication ensured staff had up to date knowledge of people's needs. Regular handovers between shifts ensured staff were aware of any changes to people's needs and the support they required.

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

- The home was bright, airy and decorated to a high standard. The home had two floors with each one catering for people's different needs. Each floor had its own lounge, dining area and kitchen facilities for people to make drinks.
- The premises were suitable for people's needs and provided them with choices about where they wished to spend their time. There was a garden and patio area which people could access and use safely.
- People's bedrooms had been personalised to suit their own taste, hobbies and interests. Each person had access to a call bell.
- The home had a reminiscence room on the ground floor. The room was currently being changed to a café for people to use along with their friends and family. The room had chairs and tables where people could spend time.

- Access to the building was suitable for people with reduced mobility and wheelchairs. The home had toilets and bathrooms with fitted equipment such as grab rails for people to use to support their independence.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records confirmed whether they had capacity to make decisions. Where people lacked the capacity to make their own decisions, a mental capacity assessment was in place. This was to confirm the person lacked capacity and who had been involved in the best interest decision process.
- We observed that staff gave people choice. For example, at meal times staff asked people what they wanted to eat. We over heard a staff member asking a person where they wanted to sit. Another staff member asked a person what they wanted to wear.

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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A direct monitoring activity (DMA) call had taken place on the 10 August 2022 with the CQC. The registered manager and deputy both attended. Some shortfalls were identified in relation to people's food and fluid charts, nutrition and the timings recorded on positional charts. It was highlighted that staff were recording when people had been supported to reposition or had eaten and consumed fluids on the hour. For example, 08:00hrs, 09:00hrs, 10:00hrs and 11:00hrs instead of the specific time.
- Directly after the call, daily auditing of these records was implemented. The registered manager and deputy had devised an example food and fluid chart to show how the records should be completed. They were met with care staff individually to go through this. A clinical meeting was planned with the nurses to explain the expectations in overseeing the documentation. Previous clinical audits had not identified the shortfalls. Due to the daily monitoring we found the records to be fully completed.
- The audit systems in place identified shortfalls. A range of audits and monitoring checks were completed by the management team. This included audits in relation to call bells, infection control, training, maintenance and medicines.
- The registered manager and deputy had been in post for five months. The admin assistant had also started at the same time.
- It was clear from speaking with the staff that they were positive about the changes to the leadership of the home. Staff comments included, "We have fallen on our feet with the management changes. I sometimes have to pinch myself as we are lucky", "The morale is so much nicer here since they started. We had previous staff leave that now want to come back and work here", "They are so supportive of us all".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, management team and staff were committed to supporting a person-centred approach for people living in the home. The registered manager promoted an ethos of openness and transparency, which had been adopted by staff. It was clear from speaking with the staff that they shared the registered manager's vision.
- We heard many examples during the inspection about the person-centred culture of the home. For example, one person previously liked to bake biscuits for their relative. They would give this to their relative when they visited. Due to their poor health, they were not longer able to bake. The registered manager told us the chef now baked biscuits for the person so they could give some to their relative.
- The garden was well used by people who enjoyed spending time outside. One person was a keen

gardener. They enjoyed gardening with the maintenance staff, who supported them to grow vegetables and to plant flowers. The person was proud of the garden and all that they had achieved. One staff member told us the person liked to educate the staff about gardening and flowers as they were very knowledgeable.

- The registered manager was immensely proud of the staff and what they had achieved. They were keen to look after the wellbeing of staff. During the recent hot weather, the registered manager brought all of the staff iced drinks from a local coffee shop. One staff member told us, "I cannot tell you how much this meant to us. I was blown away by the kind gesture".

- The registered manager and deputy were open and transparent and had clear visions and values of the home. They told us the main aim of the home was to continue to provide a high standard of care to people. They also wanted to continue to support the staff's wellbeing and help them feel valued.

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.

Continuous learning and improving care. Working in partnership with others

- The registered manager understood their responsibilities to inform people and families, the Care Quality Commission and other agencies when incidents occurred within the home.
- The registered manager was open, honest and transparent when lessons could be learned and when improvements in service provision should be made.
- The registered manager ensured they had effective working relationships with outside agencies, including speech and language therapists, dementia wellbeing team, physiotherapists, tissue viability nurses and GPs.

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

- The registered manager had systems in place to take account of people, relatives and staff's opinions of the home. A resident planning meeting had taken place to find out how people wanted 'resident meetings' to be held. They were asked during the meeting how often they wanted the meetings and which staff they wanted at the meetings.
- Relative meetings were held at the home and could also be attended virtually. A variety of subjects were discussed about what was going on in the home
- Annual surveys were sent out to people, staff and relatives by the provider. The registered manager told us the surveys were completed yearly and due to be sent out in September 2022. This was carried out by an outside company to gain the overall feedback about the home.