

Trustees of British Home & Hospital for Incurables

British Home & Hospital for Incurables

Inspection report

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London
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The British Home and Hospital for Incurables (which is known as The British Home) is a nursing home providing personal and nursing care to 77 people with physical disabilities at the time of inspection. The service can support up to 127 people in one large adapted building over three floors.

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

Although medicines were managed well, PRN (as and when required medicines) protocols were not always filled in or authorisation documented. Staff files in place did not always document their full employment history. The registered manager devised risk management plans to keep people safe. Safeguarding concerns were reported in line with legislation. People were protected against cross contamination as there were robust risk management plans in place.

Staff did not always receive regular supervisions. Staff received a wide range of training to enhance their knowledge. People were supported to access food and drink that met their dietary needs. People received a holistic approach to managing and monitoring their health and well-being.

People told us that not all the staff were kind and caring. Staff were aware of the importance of supporting people to meet their faith needs. People's independence levels were regularly monitored to ensure the care provided reflected their needs. People were encouraged where possible to make decisions about the care and support they received.

The service had a culture that was not always conducive for positive staff morale. Records were not always easily accessible, and audits did not always identify issues we found during the inspection. Staff spoke highly of the registered manager and said he was approachable, supportive and hands on. Records confirmed the service worked in partnership with stakeholders to drive improvements.

Care plans gave staff clear guidance on how to meet people's health, medical and physical needs. People were aware of the provider's complaints procedure and complaints were managed in line with the provider's policy. The service were in the process of reaccreditation for the Gold Standards Framework. People's end of life wishes were documented.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 3 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about accident management, transparency of the management team and the culture of staff at the service. A decision was made for us to inspect and examine those risks.

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

Enforcement

Since the last inspection we recognised that the provider had failed to display their inspection rating. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

During this inspection we found breaches in relation to dignity and respect and good governance.

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

British Home & Hospital for Incurables

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 Care Act 2014.

Inspection team

The first day of the inspection was carried out by two inspectors, an assistant inspector and two Experts-by-Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by two inspectors and a Pharmacist specialist. The third day of the inspection was carried out by one inspector.

Service and service type

The British Homes is a 'care 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.

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

Notice of inspection

The first day of the inspection was unannounced. We informed the registered manager we would be returning for the additional days.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service since the last inspection. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service, two relatives and a visiting tissue viability nurse about their experience of the care provided. We spoke with 21 staff members including, care staff, registered nurses, the chef, the activities supervisor, the fundraising and communication officer, the service manager, the in-house occupational therapist, head of therapy, home manager and the registered manager.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at seven 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and action plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People received care and support from staff that had undergone pre-employment checks to ensure their suitability for the role. However, seven staff records did not include their full employment history to evidence their previous experience. We shared our concerns with the registered manager who confirmed full employment history for all staff would be documented.
- Staff were required to provide satisfactory references to demonstrate their suitability for the role. Staff files contained application forms, proof of address, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- Records confirmed adequate numbers of suitable staff were deployed to each floor, to keep people safe.

Using medicines safely

- Medicines were safely managed. There were separate charts for people who had medicines such as patches, ointments and creams prescribed to them, such as pain relief patches; and these were filled in appropriately via the medicines administration record (MAR) chart folder. However, we found that sometimes the PRN (as and when needed) protocols were not filled in or authorised appropriately across all the units consistently. We shared our concerns with the registered manager who confirmed they would look to address this, in line with best practice.
- Notwithstanding the above; people received their medicines as prescribed. We looked at 20 MAR charts and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
- Since the last inspection, the provider had introduced a new system to order, procure and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, people's medicines stock levels were now monitored on a weekly basis to ensure they did not run out of their medicines.
- There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely secured, and records were appropriate.
- Observations of staff showed that they supported people to take their medicines. The provider had a system in place to ensure where people needed support with their medicines this was received and managed in a safe way.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse, as staff received on-going safeguarding training and were familiar with the provider's safeguarding policy.

- Staff spoken with confirmed they would report any suspected abuse to senior management and if swift action was not taken, they would report this to the Local Authority safeguarding team.

Assessing risk, safety monitoring and management

- Risk management plans in place gave staff clear guidance on how to mitigate identified risks.
- Risk management plans were regularly reviewed to reflect people's changing needs.
- All aspects of people's lives were covered by the risk management plans. For example, oral health, mobility, eating and drinking and skin integrity.
- The provider carried out regular checks on the environment including, equipment and fire safety, to ensure they were fit for purpose and safe to use.

Preventing and controlling infection

- People continued to be protected against infection, as the provider had systems in place to minimise the risk of cross contamination.
- The service employed ancillary staff, to undertake regular cleaning of the service. Staff were provided with adequate Personal Protective Equipment (PPE), for example, gloves and aprons.
- The provider's infection control procedure gave staff clear guidance on effective infection control management.

Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned when things went wrong.
- Records confirmed the registered manager followed the Nursing and Midwifery Council (NMC) guidance on reflective practice. This reflective practice guidance states, 'it's the opportunity for reflection, learning and to improve practice.'

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Records showed that staff did not always receive regular supervision and appraisal to support them in their roles. However, staff did tell us they felt supported by the management team and that they attended one to one meetings regularly. We shared our concerns with the registered manager, who after the first day of the inspection sent us an action plan detailing all staff will be up-to-date with their supervisions and annual appraisals by the end of January 2020. We will review this at their next inspection.
- Newly employed staff underwent a comprehensive induction programme, that assessed staff's competency.
- People continued to receive care and support from staff that underwent regular training to enhance their skills and knowledge. Staff spoke positively about the training provided, comments included, for example, "My last training was food safety, it was good, I enjoyed it", "I've just finished my national vocational qualification (NVQ), I enjoyed the DoLS training, there's so many parts to it and you need to see the bigger picture."
- Records showed staff members received a wide range of training, for example, safeguarding, fire safety, infection control, nutrition and hydration and preventing falls.

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

- People confirmed they were supported to access healthcare services as and when required. For example, one person told us, "The GP comes every week and you see other people coming in too." A healthcare professional said, "I always see clinical managers with patients, they call us up for a review and if I have any concerns I raise it with them."
- At the time of the inspection the GP was visiting the service and was made aware of people who required a visit. Records confirmed people were also seen by the in-house physiotherapist, speech and language therapists, dieticians and occupational therapists.
- The service had an oral care policy in place, which included assessment and planning, oral inspection, denture care, provision of oral care and professional access and support.
- The service used a holistic approach to ensure people's health needs were regularly monitored and reviewed, to ensure the care and support provided met their needs. Regular multi-disciplinary meetings were held whereby concerns identified were discussed and action plans devised to address the concerns.

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

- People's needs continued to be assessed prior to receiving care and support. Preadmission assessments covered, for example, health and medical needs, allergies, medicine, pain management, mobility, oral

health and skin integrity.

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

- We received mixed comments from people regarding the food provided at The British Homes. Comments included, for example, "The food is excellent", "The food is good, and I have what I want [to eat]", "Some of the food is okay and some of it I don't like." Records confirmed, people were offered alternative meals should they not like what was on the menu.
- Meals were prepared on site and appeared fulfilling. People who had specialist dietary requirements were catered for and people were offered choices.

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

- The service ensured the environment was adapted to meet people's needs. For example, specialist baths were in place to help people bathe with ease.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 were not deprived of their liberty unlawfully. Staff were aware of their responsibilities in line with legislation.
- Records confirmed the provider ensured that any necessary DoLS applications were applied for in a timely manner.
- People were free to access all communal areas without direct support if safe to do so.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Despite the positive feedback we received from people and their relatives, we also received comments that indicated there were some staff that did not treat people with compassion and kindness. Eight people we spoke with spoke negatively about the caring nature of staff. For example, one person told us, "Some [staff members] are lovely and kind and some just don't care and have no regard." Another person said, "It just depends on who is on [duty], some are not kind at all and today feels very different because you are visiting." A third person told us, "There's a big difference between day and night staff, some staff can be bad tempered at night."
- During the inspection members of the inspection team observed staff supporting people. At times we observed staff appeared lacklustre, there was a lack of communication and engagement between some staff and people. We shared our concerns with the management team who after the first day of the inspection, sent us an action plan to address this. We will review this at our next inspection.

These issues are a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we also observed the majority of staff speaking to people with respect and compassion. Staff were also observed kneeling to people's eye level, communicating in a manner they wished and offering reassurance and comfort when they were agitated or upset.
- Care plans detailed people's cultural and faith needs. Where possible, people were supported to follow their faith, both in the in-house chapel and in the local community. One person told us, they had members of their local church visit the service them to celebrate a religious holiday, which they thoroughly enjoyed.

Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback in relation to staff maintaining people's privacy and dignity. For example, one person told us, "No, I don't think staff are respectful." However, another person said, "The staff treat me with dignity and respect."
- During the inspection we observed staff members knocking on people's bedroom doors, seeking authorisation to access their rooms before doing so.
- People's dependency levels were regularly monitored to ensure the care provided met their changing needs. Care plans clearly detailed the levels of support staff were to provide.
- Staff were aware of the importance of supporting people to maintain their independence where safe to do so, however, were on hand should people require encouragement and support.

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

- On the whole people confirmed they were supported and encouraged to make decisions about the care they received. One person told us, "The key-worker is good, and I'm very involved in my care, I make sure I am."
- Care plans documented people's communication preferences, in order for staff to support them to make decisions about the care and support they received. Staff appeared to know people well and confirmed they were able to identify people's preferences through verbal and non-verbal communication.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Although there were a wide range of daily in-house activities available to people, people confirmed these did not always reflect their interests and were therefore at risk of social isolation from stimulating activities.
- One person told us, "I have to entertain myself, I don't enjoy what happens here [activities provided]. I can watch films on the television." Another person said, "There's always activities going on."
- During the inspection there was a band playing on the ground floor. People appeared to enjoy the activity. However, we also observed people in their rooms, with little to no stimuli. We shared our concerns with the registered manager and activities manager, who confirmed people were offered one-to-one activities in their room.
- Following the inspection, the provider sent us further evidence of activities available to people. We were satisfied with the program on offer and will review this at the next inspection.

Improving care quality in response to complaints or concerns

- People were aware of how to raise any concerns or complaints. We received mixed reviews in relation to how the service responded to complaints. For example, one person told us, "I would go straight to [registered] manager, and they do sort things out." However, another person said, "Yes I do [know how to make a complaint] and I can show you my letters of complaint and how nothing gets done about it. It's just pointless, they do not care." We found no evidence to substantiate this statement.
- Records showed that one complaint had been acknowledged but there was no evidence of the investigation and response to the complainant. We shared our concerns with the registered manager who promptly showed us the additional information.
- The provider had a complaints policy in place, which staff were familiar with. The complaints policy set out the complaints process, what to expect and what to do should people be dissatisfied with the outcome.

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

- People continued to receive care and support that was personalised and met their unique needs.
- Care plans were person-centred, reviewed regularly and gave staff robust guidance on how to meet people's needs in line with their preferences. People confirmed they were encouraged to be involved in the development of their care plan.
- Care plans were holistic and included all aspects of people's lives, for example, personal care, medicines, health, mental health, physical needs, communication needs and wishes.
- Regular audits of people's care plan meant changes identified in people's needs were swiftly shared with staff and care plans updated to reflect these changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plans. For example, people's first language and preferred method of communication.
- Where beneficial, people were supported to use technology to communicate. For example, one person was supported to use eye gazing equipment, to express their needs. The service had ensured staff received training in the use of the equipment, to ensure they could effectively communicate.
- The registered manager told us they were looking to further the use of technology for people, to enhance their lives. For example, introducing voice activated systems that would allow people who were unable to, to close their curtains, turn the lights on and off and a soft touch call bell system. We will review this at their next inspection.

End of life care and support

- At the time of the inspection the service were awaiting the panel's decision as to whether they would be recredited with the Gold Standards Framework (GSF). The GSF is a systematic evidence-based approach, that ensures people receive coordinated care in their final years.
- The end of life policy included a six-step approach, discussions as end of life approaches, individual assessment and planning, coordination of care, service delivery and last days of life.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

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

- During this three-day inspection we identified there were failings in the management of the service in relation to record keeping. For example, records relating to PRN (as and when required) medicine protocols had not been authorised appropriately. Staff's application forms did not always contain their full employment history, supervisions were not always undertaken and recorded, and complaints records did not always record evidence of investigations carried out or acknowledgements. Records were not always complete and contemporaneous, therefore decisions taken in relation to care and treatment were not always clearly recorded.
- The provider carried out audits of the service, for example, medicines, staff files, training and care plans. However, these did not identify the issues stated above.

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We shared our concerns with the registered manager who confirmed they would be addressing our concerns immediately. After the inspection the registered manager sent us a supervisions schedule. We will review this at our next inspection.
- We also identified the provider had not notified us of one incident in a timely manner. Despite this, records showed the registered manager had investigated the incident and shared the information with the local authority safeguarding team.
- People, their relatives and staff spoke positively about the registered manager and their management of the service. One person told us, "I do know who the [registered] manager is, and I can speak with him." A relative commented, "He [registered manager] is very good and always listens to me." A staff member said, "I can't sing their [management] praises enough. I couldn't have asked for more support, they've been amazing."
- Throughout the inspection we observed staff approach the registered manager for guidance and support, which was readily available.
- The registered manager was aware of their responsibilities in line with the Duty of Candour.
- After the last inspection, the provider failed to display their CQC inspection rating on their website. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider accepted and paid the Fixed Penalty Notice.

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

- During the inspection we identified there was a systematic culture of poor morale amongst the staff members. Staff members confirmed there were cultural issues that became evident through speaking with staff.
- At the time of the inspection, staff confirmed they did not feel comfortable speaking with specific clinical staff and some of the senior management team. They told us they felt unsupported and alienated when expressing their views. Comments included, for example, "I find our morale is very low. I don't know, it seems we are all being constantly scrutinised for everything we do. Everything we say. We are never praised, always feel there is something we could have done better. You're just going through the motions, morale just drops. You should feel happy."
- Although staff shared their concerns with senior management, they were unclear as to what action would be taken, which left them feeling further alienated. One staff member told us, "We shared [our concerns] with somebody higher. At that time, the director called a group of us to the office and we talked in general and certain staff mentioned the morale. I've not had any feedback."
- We shared our concerns with the registered manager, who was aware of these issues and had devised a comprehensive action plan to address the culture of the service. We will review this at their next inspection.

We recommend the management take immediate action to ensure conflicts are resolved in a timely manner.

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

- The provider carried out annual questionnaires and quarterly house meetings to gather people's views. One person told us, "I always go [to the house meetings], and I always contribute, they are very useful and up to 20 people attend."

Continuous learning and improving care

- The registered manager and management team were keen to ensure there was continuous learning and improving. Records confirmed, where incidents had taken place, for example, poor staff conduct, the registered manager had taken action to reflect, educate and minimise the risk of repeat incidents.

Working in partnership with others

- The registered manager continued to work in partnership with stakeholders and healthcare professionals to drive improvements.
- Records confirmed the registered manager liaised with stakeholders to seek guidance, support and to work collaboratively, in people's best interests.

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 10 HSCA RA Regulations 2014 Dignity and respect The provider did not ensure people were always treated with dignity and respect. Regulation 10 (1)(2)
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 failed to ensure records were managed effectively. Regulation 17 (2)(c)