

# Trustees of British Home & Hospital for Incurables

# British Home & Hospital for Incurables

## Inspection report

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Date of inspection visit:  
27 July 2021

Date of publication:  
25 August 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The British Home and Hospital for Incurables (which is known as The British Home) is a residential care home providing accommodation and nursing care for up to 127 people with physical disabilities. At the time of inspection, 70 people were using the service.

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

At the previous inspection, we found the provider needed to make improvements in relation to dignity and respect and good governance. At this inspection, we found that sufficient improvements had been made.

People were happy with the quality of care they received. People were protected from the risk of avoidable harm. Risks to people's health were assessed and managed. Staff knew how to identify and report abuse. The registered manager and provider ensured people received care delivered in a kind and compassionate manner. The registered ensured staff were supported to undertake their roles. Sufficient numbers of staff were deployed to deliver care and meet people's needs. People and their relatives felt the service was managed well. Audits were carried out and action taken to make improvements to the quality of care provided.

We were assured the provider was following national guidance on good infection prevention and control protocols in relation to the COVID-19 pandemic. Measures were in place to mitigate risks in relation to COVID-19 pandemic and protect people from the risk of acquiring infections. Staff were trained and followed guidance to respond to Covid-19 and other infection outbreaks effectively. Sufficient Personal Protective Equipment was made available to staff who used it appropriately. Visitors underwent COVID-19 checks to minimise the risk of spreading of infection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update.

The last rating for this service was requires improvement (published 12 February 2020) and there were two breaches of regulation in relation to dignity and care and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulation in relation to dignity and care and governance. The service is now rated good.

This report only covers our findings in relation to the key questions; Is the service safe, caring and well-led.

### Why we inspected

This was a planned inspection based on the previous rating and the breaches found at the last inspection. A decision was made for us to inspect and examine improvements against the breaches. As a result, we

undertook a focused inspection to review the key questions of Safe, Caring and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of effective and responsive were used in calculating the overall rating at this inspection.

We also 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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection strategy. 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 caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 inspection team consisted of three inspectors 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

#### Service and service type

British Home & Hospital for Incurables 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 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

We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person injures themselves or others. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our 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.

#### During the inspection

We spoke with 20 people who used the service and two relatives. We spoke with 23 members of staff including the registered manager, registered nurses, therapists, housekeepers, administrators and care staff.

In addition, we reviewed a range of records. This included nine care plans and risk assessments and other records relating to how the service is run. We looked at nine staff files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We asked the registered manager to send documents to further support how the service was run and to validate evidence found.

# Is the service safe?

## Our findings

### 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management;

- People who used the service and relatives were protected people from avoidable harm. Comments included, "Yes I feel safe, staff check I'm ok" and "Yes (I feel my relative is safe)". Risks to people were assessed and managed.
- Staff followed the systems and processes in place to protect people from risk of abuse. Safeguarding referrals were made to the local authority when needed.
- Staff received training in safeguarding training and knew how to report concerns of unsafe practices. Staff had access to a safeguarding policy and procedures which was up to date.

### Staffing and recruitment

- Staffing levels were adequate and recruitment processes were safe. People felt there were sufficient staff to deliver their care. Staff told us the service had enough staff although there were occasional busy periods. Records showed sufficient number of staff were deployed to meet people's needs.

### Using medicines safely

- Medicines were managed in a safe manner.
- Medicines administration records (MAR's) were in place, completed and audited monthly.
- Staff received medicines training and their competence was regularly checked.

### Preventing and controlling infection

- We were assured the provider was working within current guidance on good infection prevention and control guidelines in relation to the COVID-19 pandemic. Staff had access to sufficient Personal Protective Equipment. People and staff were tested regularly for COVID-19 The admissions process of people in the home was robust. Visitors underwent COVID-19 checks to minimise the risk of spreading of infection. The premises were visibly clean and hygienic. The provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The registered manager encouraged staff to be open and honest when things go wrong. This enabled a culture of providing good care, learning from mistakes and providing support when needed.
- Accidents and incidents were reported to the Care Quality Commission and the local authority and investigated in a timely manner.

# 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 now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection, we found people were not always treated with compassion and kindness. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 10.

- People using the service and their relatives felt staff were kind and caring.
- We observed the majority of staff speaking to people with respect and compassion. Most staff spoke to people at eye level and adapted their communication to each person's level of understanding. For example, one person felt more relaxed and calmer if they walked along the corridor whilst talking. Staff facilitated this and were happy to spend time speaking to them in this way. We saw staff gently hold the hand of another person who was upset. Staff sat with them patiently and spoke with them until they felt better.
- Although most observations demonstrated a caring and friendly approach, there were some areas for improvement. For example, we saw one person tried to touch and kiss the neck of a staff member whilst they were being supported to mobilise. The staff member was abrupt with them. They turned away and said, "Don't touch me, don't kiss me." This demonstrated a poor understanding of the person's disposition and needs. During another observation we saw the relative of a person helping them to eat at lunchtime. This was a painstaking process due to the person's risk of aspiration and involved some intimate support. During this time a housekeeper was in the room mopping the floor and cleaning up. This meant a very personal process for this person was undignified because routine service was taking place around them. The registered manager continued to work with staff to highlight good practice. Supervisions, additional training and when needed disciplinary action was applied to ensure people were supported in a kind and caring manner.
- The provider carried out a residents' survey in 2021. The majority of people said staff were caring and friendly. People responded even more positively when asked about dignity.
- People's equality and diversity were respected. One person told us, "I have not seen any cause; any racism or sexism", "Everybody is treated equally but differently according to need" and "You are treated as if it was your own home."
- Staff received training in dignity and had access to an equality and diversity policy.

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

- People received person centred care and were able to express their views about the support they required. Staff involved people and where possible their relatives in planning their care. One person told us, "By

coming into your room, staff talk to you, listen to your concerns" and "We have regular relative/residents' meetings so you can ask any questions needed about their care".

- People's rooms were personalised. One resident had regularly facilitated the 'Tea morning' where they chose the music for other residents to listen to. We saw people watching different TV programmes in their rooms.
- We observed people receiving therapy involved in making decisions about their care. Members of the therapy team worked closely with people on rehabilitation and reablement plans and we saw they were enthusiastic, empowering, and supportive. For example, reablement involved often difficult exercises that required people to exert significant energy and emotional commitment. Therapists involved people and supported them physically and emotionally during their sessions.
- Activities provided for people were limited due to the lockdown as activities coordinators and volunteers were restricted. Recruitment of two activities co-ordinator was underway to enable people to have more individualised one to one sessions when needed. We observed an activities coordinator work with people to lead and facilitate social activities, including music singalongs and activities to improve cognition. The activities coordinator clearly knew people well and looked forward to their sessions together. Staff told us the work of the coordinator was valuable and contributed significantly to people's mental wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People's comments included, "Everything is done to respect privacy, so if anyone comes in, they shut the door, press the green button, so everyone knows, so if people come with your washing and the green light is on, they don't just come in." We observed staff knocked on people's bedroom doors and sought permission to enter.
- During the inspection we observed some doors were wide open, others half open and some closed. We discussed with the registered manager how this may impact on the privacy and dignity of people. They told us, some people preferred to have their doors open to enable them continued interaction with different members of staff and other people as they went about their business in the home.
- Staff understood people's dependency levels and adapted care accordingly. Care plans reflected this and were detailed, up to date, and personalised. A cognitive psychology physiotherapist had recently joined the team. They provided targeted, highly specialised care to people with mental and physical health needs to support rehabilitation and reablement.

# 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 Requires improvement. At this inspection this key question has now improved to 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

At our last inspection were found the audits were not always effective used to identify and address shortfalls in medicine management, staff supervisions and training, record keeping and recruitment process. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- At this inspection we found the provider and registered manager had increased their oversight on monitoring the quality of care. Audits were carried out regularly and any issues identified were followed up and acted on.
- Staff told us, records and audits confirmed they were supported regularly by supervisions and appraisal. Staff attended one to one and team meetings with management team.
- Audits showed staff followed medication protocols around PRN (when needed). Nurses and management reviewed care records to ensure they were complete and reviewed when needed. The registered manager ensured staff made changes to care plans and other documentation as highlighted in audits. For example, staff made changes to care plans to show person centred and or include more information about changes to a person's health and the support they required.
- Checks were made which ensured staff application forms were completed and showed full employment history.
- The provider and registered manager understood their regulatory requirements and operated the service based on meeting the regulations governing the care and support they provided to people.

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

- At our last inspection, we found there was a systemic culture of poor morale amongst the staff members. At this inspection staff told us relationships between teams and management had improved. Staff felt more empowered to speak up and raise concerns about their welfare and the quality of care they provided. The registered manager, unit managers, nurses undertook supervisions, groups sessions and one to one meetings to help build staff relationships. The provider and registered manager continued to engage in various activities to build staff morale and foster closer working relations between teams. For example, the chief executive officer held monthly meetings with staff to hear the views and how they wished to develop

positive relations among staff.

- People and their relatives told us the registered manager and provider encouraged an inclusive and empowering culture. People were encouraged to talk about their health and well-being and how they wished to receive support. Feedback about management and leadership was positive.
- People and staff told us the registered manager was honest and open to ideas to improve the quality of care.
- Overall staff felt communication and support had improved significantly. One member of staff said, "Things are much better. We have a voice, people are mostly happy and if something goes wrong, we can talk about it, which we wouldn't have done before." The management team continued to work with staff and clinical leads on information sharing between teams. We were assured with the action taken which ensured staff had sufficient information about people's needs and how the service was run. Staff told us the clinical leads and managers were approachable and supportive.

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 understood requirements relating to their registration and we had been informed about important events that had occurred within the service. The provider and registered manager acknowledged safeguarding concerns, complaints and incidents and accidents and apologised when things went wrong. The registered manager was open and honest about the challenges faced at the home and understood the procedures they had to follow should things go wrong. This was also evidenced when a safeguarding concern was raised during the inspection.

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

- People using the service and their relatives were involved in care delivery and felt the registered manager listened to them and acted on their concerns. People were given opportunities to share their views and ideas about the service. Staff said they were encouraged to provide feedback about the service and felt management considered their views. The provider had increased communication during the pandemic with service users, relatives and other stakeholders via telephone and virtual meetings.
- Staff continued to be supported through the pandemic by regular supervision and an annual performance and development review. The management team highly valued the staff for the additional work they had put in during the pandemic.

Working in partnership with others

- The provider worked with other health and social care professionals and agencies to ensure people received appropriate support.
- People benefitted from access to a therapies team that focused on their individualised therapy care plans. This included input from a cognitive therapist, who worked with the activities coordinator to plan informal sessions that would support people who received reablement care. This team provided training and activities plans for care staff to support people when the therapies service was not in operation. This contributed to better outcomes for people.

Continuous learning and improving care

- The registered manager completed lessons learned from incidents and concerns raised at the service, which enabled continuous learning and reduced the potential of re-occurrence. For example, the quality of care and support provided had improved due to changes made after audits. Staff told us and records confirmed that follow up actions were identified where necessary and addressed. Staff had opportunities to share their views about the service in one-to-one and team meetings their line managers and surveys.
- The provider and registered manager looked for ways to improve the service. There was a five-year

strategy plan to develop the premises and introduce advanced care to people with neuro disabilities. This was being implemented in phases.