

Wall Hill Care Home Limited

# Wall Hill Care Home Limited

## Inspection report

Broad Street  
Leek  
Staffordshire  
ST13 5QA

Tel: 01538399807

Date of inspection visit:  
13 April 2022  
14 April 2022

Date of publication:  
24 June 2022

### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Wall Hill Care Home is a residential care home providing personal care for up to 35 people. The service provides support to older people over 50 years with physical disabilities and dementia. At the time of our inspection there were 24 people living in one adapted building.

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

We have made a recommendation about gaining people's views on the service.

Improvements were needed to quality assurance systems as they were not always effective in supporting management to identify errors. Care file audits needed completing more frequently to identify where information needed updating to ensure staff were able to support people in line with people's needs. Risk assessments were in place, but some needed more information to enable staff to better support people. Statutory notifications were not consistently being sent to the Care Quality Commission (CQC).

There were enough suitably trained staff to safely support people. Recruitment was on-going, and agency staff were used if necessary. Staff understood how to protect people from abuse. Infection prevention control measures were in place and staff wore PPE and tested in line with current guidelines to prevent the spread of infections.

The provider had taken action to ensure the building was safe for people and plans were in place to continue to make required changes for people's safety.

Lessons were learned when things went wrong and there was a positive culture around continuous learning.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 29 January 2020).

### Why we inspected

We received concerns in relation to the management of the service and wanted to be assured actions had been taken following a serious incident to ensure the premises were safe for people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed following this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wall Hill Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe 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** ●

# Wall Hill Care Home Limited

## Detailed findings

### Background to this inspection

#### The Inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors and an Expert 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

Wall Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers 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 used all this information to plan our inspection.

#### During the inspection

We spoke with five people and ten relatives. We spoke with nine staff including; care staff, a care manager, a deputy manager, senior care staff, the registered manager, visiting professionals, an external entertainment person, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed four people's care folders and numerous medical records. We looked at five staff files as well as training records and policies.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Trained staff administered people's medicines safely. Although we identified some stock discrepancies on the inspection visit, no one came to harm as a result and the registered manager and care manager addressed the issues immediately as well as putting additional measures in place.
- People felt their medicines were managed well for them. One person said, "They [staff] give me my medicines. If they change, staff tell me what has changed and why, so I am aware."
- Protocols for medicines which are needed 'as required', or PRN medicines, contained personalised guidance for staff to follow. This meant, for example, people could receive their pain relief safely when needed.
- Relatives told us they felt medicines were managed safely and felt staff kept them up to date with any changes.
- A health professional visiting the service told us, "We have no concerns about how people are supported with their medicines. The managers are always responsive and staff helpful."

### Staffing and recruitment

- Staff were safely recruited; references had been obtained and criminal records checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough suitably trained staff. Recruitment was on-going and agency staff were used when needed.
- One relative told us, "They [Staff] are good, they know about dementia, it's a fabulous home." Another relative told us, "There is a good continuity of staff there, we've got to know them well."

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

- Risks were assessed and planned for to keep people safe.
- Systems were in place to monitor people's safety and protect them from abuse. Management were exploring additional technologies to continue to promote people's safety.
- People told us they felt safe. One person said, "I absolutely feel safe." Another person said, "I feel safe – there is nothing to be frightened of."
- Relatives told us they felt people were safe. One relative told us, "[My relative] is very safe here... [my relative] is looked after amazingly."
- We saw staff training records and staff told us how they kept people safe from harm. Staff understood

when and how to report any concerns.

- The registered manager understood how and when to report safeguarding concerns to the local authority.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- Visiting in care homes

The provider kept people safe when visitors entered the care home and followed government guidelines. A separate room was used for visitors and this was cleaned between all visits. A relative commented, "They have a good system in place for visiting to keep everyone safe."

Learning lessons when things go wrong

- The provider learned lessons when things went wrong and took action to reduce risks to people. This included installing compliant window restrictors in line with the Health and Safety Executive guidelines after a serious incident. The provider was completing recommended actions from their latest fire safety assessment.



# 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 we have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified some occasions where statutory notifications had not been sent to CQC. Although this did not result in anyone coming to harm, providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services. The registered manager responded to our feedback and submitted outstanding notifications. We will continue to monitor to make sure statutory notifications are received.
- The registered manager had not identified some care files required updating to reflect people's current needs. For example, a person with diabetes had information in their folder for staff to undertake their blood sugar-level testing. This was no longer a task for care home staff as it was carried out by visiting healthcare professionals. This information could lead to confusion for new members of care staff who may undertake unnecessary blood sugar tests. The registered manager acknowledged this and told us this would be addressed. Similarly, some risk assessments required more detail so unfamiliar staff could support people appropriately. Again, the registered manager addressed this when we raised it.
- The registered manager had not identified medicine stock discrepancies. The registered manager and care manager addressed and resolved these issues immediately, as well as implementing additional measures to monitor this and mitigate future risks.
- Staff were clear about their roles and knew who to report issues to. They told us they felt confident issues would be addressed.

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

- Although recent surveys or questionnaires had not been given to people and relatives due to the COVID-19 pandemic, people and relatives told us they felt positive on the whole about the service and the care they or their relative received.

We recommend the provider proactively seeks views and opinions of people and relatives to improve the service.

- People and relatives told us they felt involved in the service. One person told us, "They [staff] ask me what I can do." A relative told us, "[Staff member] phones to tell me about [relative's] medication and when [relative] had had their vaccinations." Another relative told us, "They [staff] update me with everything."

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

- Management promoted an open door policy and invited people, relatives and staff to speak with them whenever they wanted to.
- People told us they felt able to speak to staff and management if they needed. One person said, "I'd tell somebody if I was not happy. I don't worry about anything."
- Relatives told us they felt able to raise concerns if they needed. One relative told us, ""The manager always seems to be there." Another relative said, "I have not had any problems, but I am sure [the manager] would deal with it right away."
- Staff told us they felt supported by management, one member of staff said, "I like how the managers get on with the staff. They [managers] don't turn you away from the office."

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

- The provider was open and honest and acted on any feedback during and after the inspection visits.
- The provider has acted appropriately when things have gone wrong; contacting relatives, apologising, informing all relevant professionals as well as acting to reduce future risks.
- There is a culture of continuous learning and development embedded within the service. Management are passionate about delivering high quality care to people and support staff with their learning and development in this area.

Working in partnership with others

- We saw staff and management worked in partnership with health and social care agencies.
- The management told us how they invited different people into the home to provide entertainment for people to promote wellbeing and inclusion. We saw this during our inspection.
- A visiting healthcare professional told us, "Management are always available and approachable and make me feel welcome."