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North Hill House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on 27 May and 1 June 2016. The service was last inspected in August 2014; we had no concerns at that time.
North Hill House is a care home that can accommodate up to 28 older people. At the time of our inspection there were 25 people living at the service.

This service is owned by a sole provider and, as the 'registered person', the provider is responsible for the day-to-day running of the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe living at North Hill House and with the staff who supported them. Comments from people and their relatives included, "No concerns, very good" and "I am very happy living here." A healthcare professional said, "It's brilliant. Everyone seems happy and chatty when I visit."

During our inspection there was a relaxed and friendly atmosphere at the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Relatives said, "They [staff] do everything possible for [person's name]" and "Staff are lovely. Really caring of me and [person's name]."

People took part in a range of group and individual activities of their choice. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.
People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Relatives told us they were confident that the service could meet people's health needs and they were always kept informed if their relative was unwell or a doctor was called.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. A newly recruited 'hotel service manager' had sought people's views about the meals provided and, as a result of the comments received, menus had been changed. One person told us, "The catering wasn't so good. Since [name of hotel service manager] joined it has improved a lot."

Care records accurately reflected people's care and support needs. Details of how people wished to be supported were individualised and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

People and their families were given information about how to complain. People told us they knew how to raise a concern and they would be comfortable doing so. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff said, "Communication is good" and "It's absolutely lovely working here."

Effective quality assurance systems were in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly observed and talked to people to check if they were happy and safe living at North Hill House.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe living in the service. Staff knew how to recognise and report the signs of abuse.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff had received relevant training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with management and were confident they would be listened to.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing the best possible care for people.

Staff said they were supported by the management and the provider, working together as a team.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

North Hill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 27 May and 1June 2016. The inspection was conducted by one adult social care inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with four people living at North Hill House, two visiting relatives and a visiting healthcare professional. We looked around the premises and observed care practices.

We also spoke with five care staff, the administrator, the deputy nurse manager, the nurse manager and the registered provider. We looked at three records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at North Hill House and with the staff who supported them. Comments from people and their relatives included, "No concerns, very good" and "I am very happy living here."

Due to their health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff, and they approached staff for help or support without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to help people manage their finances. With people's, or their advocates, agreement the service held small amounts of money for them to purchase personal items and to pay for the visiting hairdresser and chiropodist. The nurse manager carried out regular audits of the money held and records kept by staff.

Risks were identified and measures were in place to minimise these. For example, how staff should support people when using equipment, reducing the risks of falls and pressure sores. Manual handling plans gave staff clear guidance and direction about how to use the identified equipment to support people safely when assisting them to mobilise. Staff assisted people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person.

Some people had their own individual slings while other people, who used the same size and type, shared slings. We discussed with the nurse manager that this is not considered to be good practice because of the risk of cross infection and lack of respect for people's dignity. The nurse manager advised us that they would discuss this with the owner and arrange for additional slings to be purchased as soon as was practicable.

Where people were assessed as being at risk of skin damage due to pressure, appropriate equipment such as hospital beds and pressure relieving mattresses were in place. This equipment was checked daily by the nurse in charge of each shift to help ensure people were protected from the risk of developing pressures sores.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. Events were audited by the nurse manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at North Hill

House. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner. One person told us, "They [staff] come quickly."

Throughout the inspection there were six care staff on duty from 8.00am to 2.00pm and four care staff from 2.00pm until 8.00pm for 25 people. In addition there was the nurse in charge, a cook, two domestics and the hotel service manager. The nurse manager told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear managers knew everyone well and because they worked alongside staff they were aware of people's changing needs. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at North Hill House. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Where people were prescribed pain relieving patches there was a system in place to record on the person's MAR chart where the patch had been sited each time. However, records showed that the site of a new patch was not always recorded on individual MAR charts. Although, no errors had occurred it meant that potentially people could have pain relieving patches placed on the same area of their body without an adequate time lapse. The nurse manager assured us they would review the system to ensure nurses kept consistent records.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated the room and refrigerator temperatures were consistently monitored. This showed medicines that required cold storage were safely managed. Staff had received appropriate training in administrating and managing medicines and regular audits were completed.

The environment was clean, free from malodours and well maintained. At the time of our inspection some extensive building work was taking place. This was to upgrade some bedrooms, add three new bedrooms, upgrade the laundry room, add office space and extend the car park.

Records showed that manual handling equipment, such as hoists and bath seats, had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People told us that staff knew them well and understood how to meet their needs. A relative said, "They [staff] do everything possible for [person's name]."

Staff told us they had received relevant training for their role and there were good opportunities for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. Some staff told us they had not received refresher training as often as they had previously. The nurse manager explained that some refresher training had fallen behind when they were on sick leave. Since their return plans were in place to work with the manager of the provider's home care service to carry out joint training. Some staff in the homecare service were qualified to deliver various training, including the manger being a manual handling trainer. Staff confirmed that the manager from the home care service regularly worked with them to give guidance on how to safely work with individuals and use specific equipment.

Staff told us they felt supported by the nurse managers. They told us they had received an annual appraisal to discuss their work and training needs. A revised programme for staff to have six weekly office based face-to-face supervisions with the nurse manager had just started. Staff said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

New staff completed an induction when they commenced employment which included training identified as necessary for the service and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The service had recently updated the induction in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

People had access to healthcare services and received on-going healthcare support. Specialist services such as occupational therapists and dieticians were used when required. Relatives told us they were confident that the service could meet people's health needs. People and visitors told us they were sure that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

The service monitored people's weight in line with their nutritional assessment. People were provided with drinks throughout the day and at the lunch tables. People in their bedrooms also all had access to drinks.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. A newly recruited 'hotel service manager' had sought people's views about the meals provided and, as a result of the comments received, menus had been changed. One person told us, "The catering wasn't so good. Since [name of hotel service manager] joined it has improved a lot." We observed the support people

received during the lunchtime period. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Some people were given specially adapted plates and cutlery to enable them to eat independently.

Staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time.

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. The application procedures for this in care homes and hospitals are 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 were being met. Management and staff were clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had not needed to make any DoLS applications.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. However, care plans did not record all of this information. After discussions with the registered person and the nurse manager we were assured that care plans would be updated to reflect each person's individual decision making abilities.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a lift to gain access to the first floor, where some bedrooms were located.

Good

Is the service caring?

Our findings

There was a calm and friendly atmosphere at the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. A relative told us, "Staff are lovely. Really caring of me and [person's name]." A healthcare professional said, "It's brilliant. Everyone seems happy and they are always chatting together."

Staff provided care that was appropriate to people's needs and enhanced people's well-being. Staff were calm, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff who were assisting one person to move from a wheelchair into an armchair using a hoist were patient and gentle. They explained every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. One person said, "I can go to bed and get up when I like."

One person moved into the service with their cat, as it was important to them to continue to live with their cat. They told us staff helped them to look after their cat and they had recently moved to a downstairs room to make it easier for their cat to go outside. The person told us they had a telephone line in their room so they could use the internet to shop for cat food. They also said, "Staff are very kind to my cat. They feed him and wash his bowls."

People were able to choose where to spend their time, either in one of the lounges or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

Some people living at North Hill House had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had worked with people and their relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. For example, staff were using a memory board in the room of one person who had recently moved into the service. As new information about the person's life was discovered this was added to the board. This information was used to reminiscence with the person and to add to their care plan to develop personalised information about how to meet the person's needs.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on

bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at North Hill House. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. This information provided direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves. Where people needed to be regularly re-positioned care plans detailed how often staff should carry out this task. Daily records showed that people were re-positioned in line with their assessed needs.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs and this information was used to update care plans and communicate at handovers. We observed the nurse in charge give a handover to staff before they started the afternoon shift. This handover gave staff detailed information about each person's needs, if calls to GPs had been made and if any additional monitoring was required for anyone who was unwell.

While care plans had been updated as people's needs changed the programme to routinely review them had fallen behind. Plans were in place to resume regular reviews and we saw that this had already started.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The management were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at North Hill House.

People were able to take part in a range of group and individual activities of their choice and the service employed an activities coordinator for 18 hours per week. Activities included exercises, craft work, reminiscence, card games, quizzes, church services and external entertainers. Where people stayed in their rooms the activities coordinator spend one-to-one time with them chatting, reading and doing crosswords. The service had run a weekly quiz for some time and most people liked to take part. However, in recent months more people stayed in their rooms, either through their choice or because they were cared for in bed. The activities coordinator carried out the quiz by going to each person's room and then letting people know the results. People clearly enjoyed the quiz and were competitive about the results. This created a join activity even though people were unable to physically meet up with each other.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. A relative said, "They [staff and management] are all very approachable. Whenever I have mentioned that something is wrong they have responded quickly."

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The owner of the service as the 'registered person' was responsible for the day-to-day running of the service. They were supported by the nurse manager, the deputy nurse manager and a newly appointed hotel services manager.

The nurse manager had recently returned to work at the service after a few weeks absence. Prior to their absence they had overseen the day-to-day nursing care by working alongside care staff and nurses most days. During their absence the registered person and the deputy nurse manager had ensured that the daily nursing care provided to people had continued to meet their needs and was safe.

Since the nurse manager's return to work, together with the registered person, a reorganisation of the management structure and re-defining of each person's roles had taken place. This re-structure had included appointing a hotel services manager to be responsible for checking the quality of the food, cleaning, laundry and the maintenance of the premises and equipment.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. While some areas, such as care plan reviews and staff supervision, had falling behind during the nurse manager's absence, plans to bring these up-to-date were already in place.

The nurse manager and deputy nurse manager both worked alongside staff to monitor the quality of the care provided. The nurse manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. The registered person was visible in the service and carried out monthly quality audits by checking records and speaking to people to check if they were happy and safe living at North Hill House.

People, visitors and healthcare professionals all described the management of the service as open and approachable. The management team led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. There was a positive culture within the staff team and it was clear they all worked well together. Staff said, "Communication is good" and "It's absolutely lovely working here."

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions.

In October 2015 the registered person had carried out a complete review of all the service's policies and procedures, adding new ones as necessary. This had ensured that the policies and procedures reflected current legislation and guidance, for example, in relation the Mental Capacity Act and Deprivation of Liberty Safeguards.