

United Health Limited

# Hill House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced focussed inspection of this service on 5 November 2015. A breach of legal requirements was found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

At the last inspection on 5 November 2015 we found that the provider did not have effective systems to ensure that there were sufficient staff available at times during the day to meet people's needs. At our inspection on 19 April 2016 we found the provider had made the necessary improvements.

People told us that they felt safe at the home. Staff responded to people in a timely manner. There were arrangements in place to ensure that there were sufficient staff to provide safe care.

## 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.

Staff responded to people promptly. There were sufficient staff to meet people's needs. Arrangements were in place to ensure there were sufficient staff to meet people's needs.

# Hill House Care Home

## **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.

We undertook an unannounced focused inspection of Hill House on 21 April 2016. This was completed to check that improvements to meet legal requirements planned by the provider after our inspection on 5 November 2015 had been made. We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting some legal requirements in relation to this question.

The inspection team consisted of two inspectors.

During our inspection we observed care and spoke with the registered manager, the compliance manager, two people who lived at the home and four care staff, the head cook, domestic supervisor and activities coordinator. We looked at four care plans, minutes of staff meetings and records of audits. After the inspection we spoke with three relatives and one additional staff member by telephone.

# Is the service safe?

## Our findings

At our inspection in November 2015 we identified that people were not adequately protected as there were insufficient staff to provide safe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the provider wrote to us to say what they would do to meet the legal requirements. At this inspection we found the provider had made the required improvements. People who used the service told us they felt safe living at the home and had confidence in the staff. Relatives told us that they felt their family member was safe. A relative told us, "I feel [my relative] is in a safe environment."

People and staff told us that there was enough staff to provide safe care to people. We observed staff responded to people promptly. A member of staff told us, "There are sufficient hours to get things done."

At our previous inspection in November 2015 staff had told us that they didn't have time to ensure that they had the skills and knowledge to meet people's needs because there were insufficient staff. At this inspection we observed that arrangements were in place to ensure that there were sufficient staff available to provide safe care. The provider had put in place a system for management of shifts on a daily basis. The 'Daily Shift planner' provided guidance to staff on what specific support people required, people's appointments and also allocation of time for breaks and training. The registered manager told us that they and the senior on duty for that day completed these. Arrangements had also been made with another of the provider's homes for staff to spend time working across the homes. The registered manager told us that this allowed staff to acquire a range of skills in order to meet people's needs. In addition it provided a flexible pool of staff who could be called on to cover shifts in the event of sickness or annual leave. We saw on the day of our inspection that a member of staff had come across from the other home to ensure that there were sufficient staff. We saw that rotas reflected the staffing levels that the registered manager and staff told us were usually rostered.

The provider told us that they would be appointing to a new role in order to provide additional support for people who needed to attend appointments. In their action plan the provider had told us that they aimed to have this post in place by 31 March 2016. When we inspected on 19 April 2016 the registered manager told us that they had recruited to this post but the person hadn't yet commenced in the role as they were awaiting the results of recruitment checks.

At our previous inspection in November 2015 we found that there were insufficient staff to support people properly at mealtimes. At this inspection we saw that there were people were supported appropriately at meal times. For example, people who preferred their meals in their bedroom received their meals in a timely manner. One person required their meal alongside their medicines and we saw that this was provided.

At the time of our inspection the provider was in the process of ending the provision of nursing care by

nurses in the home. People had been assessed to ensure that their needs could be met. Arrangements were in place with local health services to provide nursing support when it was required and staff had been trained to provide safe and appropriate care to people. We looked in detail at the care plans for four of the people living at Hill House and we observed that staff were available to provide safe care to these people. For example, one person who required nursing intervention every 72 hours had arrangements in place to ensure that this was met by the local district nursing service.

The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with vulnerable people. The home had three vacancies which had been recruited to and they were awaiting the completion of checks.