

Bupa Care Homes (AKW) Limited

# Hill House Care Home

## Inspection report

Elstree Hill South  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The inspection took place on 09 November 2016 and was unannounced. The inspection was a focused inspection which was in response to concerns raised about the safety and well-being of people who used the service.

Hill house is registered to provide accommodation and personal and nursing care for up to 76 people who live with dementia, age related fragility, physical and or learning disabilities. There were sixty four people living at Hill house at the time of this inspection.

The home had a manager who had applied to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 21/1/2016. We found the provider was meeting all the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However during this inspection we found that the provider had failed to provide safe care and treatment that protected people from harm. Staff did not always have the necessary skills, experience and competencies to meet people's needs safely. There had not been an effective system in place to assess, monitor and update people's care plans and risk assessments and staff did not always have the opportunity to read and follow the instructions contained within the care records. Quality monitoring systems and process were not effective in identifying some of the shortfalls we found during our inspection.

Some of the people we spoke with told us they felt safe living at Hill house. Although we found that staff did not always understand how to keep people safe and risks to people's safety and well-being were not always identified and managed effectively to reduce risks. People's needs were met in a timely way by sufficient numbers of staff, however staff did not always have the right skills and experience to provide safe and effective care. There was a heavy reliance on the use of agency and bank staff to cover shifts and recruitment was on-going at the time of our inspection. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were suitable to work in a care home environment. However in the case of agency staff pre-working profiles were not always assessed in advance of staff working. People's medicines were managed safely. People told us they received their medicines regularly from staff who had been trained in the safe administration of medicines.

Staff received individual supervision from their line manager, for care staff this was the nurse who led the shift. Staff told us they felt supported and gave them an opportunity to discuss any training and development needs. People received appropriate support to have a healthy diet and their health needs were met with appropriate referrals made to health professionals when required.

People and their relatives were complimentary about the staff telling us they were very caring. Staff knew about people's basic care needs. Some of the staff were able to tell us about people's care and support needs and their daily routines. People were sometimes involved in the planning of their care as much as they were able. People's relatives and other visitors to the home were encouraged and supported to visit at any time they wished.

The provider had systems and processes in place to receive feedback from people who used the service and their relatives about the quality of services provided. People and their relatives were confident to raise any issues or concerns with the management team and felt they would be listened to.

The provider had arrangements in place to monitor the quality of the care and support provided for people who used the service. The systems were not always effective in identifying areas where improvements were required. There was an open and transparent culture in the home and people and their relatives and staff were confident to speak with the management team if they had any concerns they wanted to discuss.

At this inspection we found the service to be in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of the report.

## 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 not consistently safe.

Risks to people's health and well-being were not always managed safely. Staff were not always given an opportunity to read and understand risk assessments.

Information relating to Agency staff working at the home had not always been provided to ensure they had the necessary training and experience to carry out tasks safely.

There were sufficient numbers of staff available to meet people's needs at all times.

Staff recognised and knew how to respond to the risks of abuse and how to report concerns externally as well as internally.

Safe recruitment practices were followed to help ensure staff were suitable to work in a care home setting.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff did not always receive the training, support and supervision to ensure they provided care that was effective.

Staff sought people's consent before providing care and support.

The principles of the Mental Capacity Act (MCA) were followed to ensure people received care which was in their best interest.

People were supported to eat a healthy balanced diet that met their needs.

People were supported to access health care professionals when required to help ensure that their health and well-being was maintained.

**Requires Improvement** ●

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

There was no registered manager in post at the time of the inspection.

The quality assurance systems and processes were not always effective in identifying areas for improvement.

Records relating to people`s care were not always available to provide staff with sufficient guidance in how to meet people`s needs safely and effectively.

Staff felt supported by the management team, and were clear about their roles and responsibilities.

# 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.

This inspection took place on 09 November 2016 and was unannounced. The inspection was undertaken by three inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 16 January 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they intend to make.

During the inspection we observed staff supporting people who used the service. Some of the people who used the service had limited communication due to age related fragility, but we spoke briefly with four people, two visitors, eight staff members, the manager and deputy manager.

We received a copy of the latest local authority contracts monitoring report. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to eight people who used the service and other documents related to people's health and well-being. These included accident and falls records, policies and procedures, staff recruitment files and training records, medication records, equipment maintenance records and quality audits.

# Is the service safe?

## Our findings

Risks to people's well-being were not always identified and appropriately managed at Hill house. Staff did not always access care and support plans or risk assessments to provide them with detailed guidance about how to support people safely.

We saw that people had care plans in place and risk assessments. However staff did not always have an opportunity to read the care plans or the risk assessments. Information was given verbally to staff at 'handover'. One staff member who told us that they were involved in updating people's care records had not been aware of one person's specific needs in relation to how to provide care for the person safely.

The recruitment processes were safe and robust to help make sure staff employed were suitable to work in a care home setting with vulnerable people. Appropriate checks had been undertaken before staff started work including completion of an application form in which any gaps in employment history were explored. Other checks included evidence of the applicants' identity and address, a minimum of two written references, and a Disclosure and Barring Service check (DBS). The deputy manager told us agency staff in most cases had an induction to the service and a 'profile' of the person was provided to the homes management team so that they could assess their suitability to work in the home. We found that agency staff had not always had an induction before working at the home and this presented risks to people who lived at the home. For example in the event of an emergency which required the home to be evacuated the agency staff member would not have been aware of the homes layout or people's emergency evacuation plans to enable them to assist with the safe evacuation.

The deputy manager told us they usually requested information from the agency in advance of the agency staff working at the home. However if they had to 'fill' a shift over the weekend the deputy manager told us they sometimes did not have an opportunity to review the agency workers profile until Monday which meant the worker would have worked at the home without the management team being aware of their skills, training and experience and an induction. The manager and deputy manager told us they would make sure going forward that they did not use an agency staff member unless they had seen the profile and ensured they had had a full induction to the home.

We found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks to people's health and welfare were not sufficiently mitigated to keep people safe.

People told us there was enough staff to meet their needs safely. One person told us, "I can call for help anytime by pressing my call bell" Another person told us the staff came to check on them at regular intervals and said "there is always someone putting their head around the door to see if I wanted or needed anything". We saw that on the day of our inspection that people were assisted in a timely way most of the time and call bells were answered promptly. On one occasion we observed a staff member respond to a call bell and heard them tell the person "I am just finishing off assisting another person but will come right back to you in about five minutes is that ok"? The person said "there's no rush, come back when you can".

Staff had received training and had some knowledge about the risks of potential abuse and knew how to report any concerns. Two staff spoken with required prompting when asked about safeguarding and what constituted abuse. However they were able to say they would report any concerns to a senior staff member. Staff were able to describe the 'whistleblowing policy' and give examples of when they may be required to whistle blow.

People told us they felt safe living in Hill house and said the staff helped keep them safe. One person told us, "I feel safe here, I was not safe living at home but here there are many people to help and reassure you". Another person said, "I might not always need too much help but I like to know the carer's are here if I need them, it gives me peace of mind." A visiting relative also confirmed they felt their relative was kept safe at the home and said "I have no concerns at all".

There were appropriate arrangements in place for the safe storage, management and disposal of medicines. People were supported to take their medicines by trained staff. Staff received regular medicines administration training and competency assessments and observations were undertaken to help ensure that staff members had the skills and expertise to administer people's medicines safely. Medicine administration records were completed correctly and in a timely way. People spoken with confirmed that they received their medicines regularly.



## Is the service effective?

### Our findings

Staff were not able to confirm detailed information about the people they supported for example. Two staff members did not know what sling size was used to transfer a person they were supporting. In the care plans we reviewed we saw that there was conflicting information which would be a concern. The care plan stated that a medium sling should be used. However care staff confirmed they used the large sling. We fed this information back to the manager who told us they would review the care plan immediately to ensure staff had access to the correct information. We also noted that the care plans for two people stated that they needed to be repositioned every four hours during the night. But found there were no turning charts in place and one person confirmed they were not turned they said, "I wake up in the same position I go to sleep in." This suggested that people did not always receive effective care as detailed in their care plans.

Staff were not always able to describe where they could find information in relation to people's care and support. Four out of eight staff spoken with told us they got information at 'handover' at the beginning of each shift. When prompted staff told us they 'could' look at care plans or risk assessments to find information. One staff member told us "I would usually read a care plan for a new person to the home". Another staff member told us I would ask a more experienced member of staff if I needed to know anything about anyone I was supporting, while a third member of staff said they were given all the information they needed at handover.

The staff training matrix showed that some training was overdue and we spoke to the deputy manager to establish when the training would be provided. Of particular concern was moving and handling training. We were concerned about gaps in this training as there had recently been an incident where correct procedures had not been followed which resulted in a person sustaining an injury. The deputy manager told us that the training was being provided in the next few weeks and the staff concerned had been assigned to do this training.

People told us they were satisfied with the support staff gave them. One person told us "I am sure they have had some training because they seem to know what they are doing". Another person told us "I have two carer's assisting me. I think one is experienced and the other is still learning.

Newly employed staff confirmed they had completed induction training and shadowed a more experienced staff member for a period of time until they were confident working in an unsupervised capacity and had their competencies checked. Staff members told us, and records confirmed that all staff were provided with on-going training relevant to their job roles. Refresher training was done either annually or bi-annually in accordance with the homes staff training policy.

Staff spoken with told us they felt supported by the managers and that they had regular one to one supervisions with their line manager, for care staff this was the nurse who led the shift. Staff told us they were able to discuss all aspects of their work including discussing the people they supported as well as their performance and development and any training needs. We reviewed three records relating to staff supervision and noted they were not always effective in identifying areas for development, training needs or

an opportunity to discuss the people they were supporting. The staff training matrix showed that the training had been 'assigned' but with no details of when it was happening.'

People told us staff obtained their consent before supporting them. One person told us, "The staff always ask me if they can assist me with washing or can they give me my tablets, they never just assume". Staff confirmed that they asked people for consent before supporting them and one staff member told us "Even when people cannot communicate verbally they do still let you know by holding out their arm or squeezing your hand to signal their agreement. We saw that people's consent had been recorded in their care plans and staff told us consent was reviewed when the care plans were reviewed.

We saw that people had drinks available in all areas of the home including people's bedrooms. Snacks were available on request and where people may not be able to request a snack or drink we saw that staff offered these to people regularly. One person told us "We have so much food there is always something on offer". We observed staff assisting people with their lunch in three of the dining areas. The tables were laid with flowers on each table along with the day's menu so that people could see what choices were available if they had changed their mind about their pre ordered choice.

We saw that this was a pleasant and sociable experience for people who were assisted at their own pace. People who choose to eat their meal in their bedrooms were supported to do so. We saw that there was a choice of menu available to people and people who lived at Hill house were able to request 'lighter bites' if they did not fancy what was on the main menu. People's weights were monitored regularly and if any concerns noted about weight loss or gain these were referred to appropriate professionals such as the speech and language therapy team (SALT) team or a dietician for intervention and support. People we spoke with had mixed views about the food. Some people told us they found the food was really nice while others told us they did not like it as it was "always the same things on the menu".

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. We found that mental capacity assessments had been completed for people who had a diagnosis of dementia or other problems which affected their memory and they may have lacked capacity to make decisions regarding their care and support needs.

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 found that people had restrictions applied to their freedom for example if people were not able to leave the building on their own or the use of bedrails to help keep people safe. We saw that authorisations were pending from the local DoLS team which demonstrated they were lawfully applying restrictions on people`s freedom.

People were referred to a range of health care professionals when required. This included appointments with GP's dieticians, dentist's optician and chiropodist. Staff told us that GP's visited the home regularly and in addition if anyone was 'unwell' and needed to be seen by a GP they would attend on request

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# Is the service well-led?

## Our findings

The service was not consistently well led and the systems in place to assess, monitor and improve the quality of the service needed were not effective in identifying some of the issues we found during our inspection. There was no registered manager at the home but the manager had submitted an application to the Care Quality Commission to register.

We found that although various audits were in place they had not always identified some of the issues we identified. Care plans did not always contain the correct information. The provider failed to ensure that staff were knowledgeable about the current information including care plans and risk assessments for the people they were caring for. There was a heavy reliance on the use of verbal handovers to share information with staff coming on duty. However the handover sheets were not detailed enough to pass on the level of information required by staff to enable them to provide safe and effective care and support to people if they were not familiar with people's care plans.

The provider failed to ensure staff rotas were effective and provided the right skill mix of staffing to meet people's needs safely. For example we found that in particular the night shifts had been covered by bank staff and agency staff who did not have sufficient experience and knowledge of people's needs. There were occasions when there was no permanent staff on duty on each unit to offer guidance to agency staff. The provider had not taken steps to ensure that the shift leaders or care staff were competent and able to carry out the tasks required of them.

We found that equipment checks were not always completed when they were due. Two pressure relieving monitors stated that they were due to be checked on 23 July 2016. However they had not been checked on that date or anytime up to the time of the inspection. We brought this to the manager's attention who agreed to get them checked.

Records were not always clearly maintained for example changes to the rota made it difficult to read and to check how many staff were on duty at all times. We also found that documents such as the handover records did not contain sufficient detail of what was handed over. We discussed this with the manager and deputy manager during feedback and explained the potential risk of important information being missed if records were not properly maintained and accessed by care staff.

Staff training systems were not consistently effective, and some of the staff had gaps in their training. This had not been identified as part of the overall quality monitoring of the service.

Daily care records contained a brief summary of their daily routine and or significant events for example if there was a change to a person's ability or if their mobility reduced; however the care plans and risk assessments were not promptly updated to reflect these changes. For example we found that for one person who had recently stayed at Hill house had a decline in their mobility. Although the daily notes noted this decline, the care plan and risk assessment were not reviewed and amended to reflect this or to inform staff how to manage the person's reduced mobility. The person told us that the staff were always too busy to

help them mobilise using a specialist piece of equipment which had contributed to their reduced mobility.

GP visits were found to be appropriately recorded in people's care plans to detail the time and reason for their visits.

PAT testing and regular audits of maintenance and servicing of equipment were undertaken. A new lift had been recently fitted and during the time it was out of action a stair lift had been installed however individual risk assessments had not been completed in relation to people using the stair lift. This meant that people may have been at risk of injury if they used the stair lift without the appropriate risk assessments being completed.

Accidents and incident were recorded and monitored however we found that action was not always taken to address some of the contributory factors which led to the accident occurring.

Due to the ineffective processes and systems for governance in the service, this was a breach of Regulation 17 of the Health and Social Care Act (regulated activities) Regulations 2014.

Staff told us they felt supported by the management, they had supervisions where they could discuss any topics they wished as well as their development and any training needs, and we saw that staff meetings were held regularly.

Statutory notifications that providers are required to send us to inform us about significant events were sent and recorded.

People and their relatives were very positive about the manager and staff. One person said, "(manager`s name] is always around the home, I don't know their name but do see them from time to time" Staff told us that they liked the management team and said they were approachable and supportive. People were asked for feedback about the service they received. The results were analysed and actions were put in place to address any shortcomings.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	.Risks to people's health and welfare were not sufficiently mitigated to keep people safe
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The governance processes and systems were ineffective.
Treatment of disease, disorder or injury	