

Leonard Cheshire Disability

Hill House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19, 20 and 21 November 2018 and was unannounced on day one.

At our last inspection we identified that the registered provider was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, safeguarding people from abuse, staffing and good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-led to at least good. During this inspection we found that although we could see that progress had been made in some areas, further improvement was still required in others. We found that the registered provider was in continued breach of regulation 12, safe care and treatment but was no longer in breach of regulations relating to staffing, safeguarding people from abuse and good governance.

Hill House 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. Hill House can provide accommodation for up to 23 people.

There was a registered manager in post however they were not present during the inspection and an interim manager had been appointed.

We found shortfalls in the safe and proper management of medicines. People's associated risks were assessed however documentation and outcomes were confusing as two types and differing ratings were used.

We made a recommendation that the provider revisits an element of the service improvement plan with regard to consistent documentation relating to agency staff.

Accidents and incidents were recorded however we saw that managerial oversight and investigation needed to be more robust. We discussed our findings with the interim manager during the inspection and they developed a flow chart providing additional guidance to staff which included the need for regular managerial oversight.

Staff had received training and were able to demonstrate understanding of the procedures they would follow to protect people at risk of harm from abuse. People living at Hill House told us that they felt safe.

The environment was spacious, visibly clean and free from malodours. We checked safety certificates and found them to be in order. Regular fire drills were carried out. People had a personal evacuation plan (PEEP) detailing the support they would need in the event of an emergency and a business continuity plan was in place.

During the inspection, staffing levels appeared sufficient to meet people's needs however we received varied views about this from people using the service and their relatives. People's dependency levels were linked to an electronic system used to calculate staffing levels. Staff recruitment procedures were safe. Staff were supported and received the training they needed to carry out their roles effectively.

We saw that applications had been submitted as required where people were deprived of their liberty as required by the Mental Capacity Act 2005 (MCA). However, we saw that assessments of people's capacity were carried out routinely for some decisions and this was not in line with the principles of the MCA.

Staff were inventive in achieving positive outcomes for people living at Hill House. Care was person-centred and people were treated as individuals. There was a programme of work underway to improve the quality of care plan documentation. The mealtime experience was observed to be positive and food was nutritious and of a good quality.

Conversion of a bungalow had been completed since our last inspection and provided activity and therapy facilities. The facilities would benefit from a covered pathway enabling them to be more accessible in bad/cold weather. Some people felt that there was not enough to do.

People were supported to access a wide range of health professionals and staff were dedicated in supporting people's health and well-being. We saw that warm, friendly and trusting relationships had been developed between the people living at Hill House and the staff supporting them.

There was a policy and procedure in place to manage and respond to complaints. We received comments which indicated that complaints/concerns were now dealt with although this had not always been the case previously.

The interim manager and staff engaged with the inspection process and responded positively when queries were raised. We saw that initially progress towards completion of the service improvement plan had been slow but that this had more recently improved with the appointment of the interim manager and regional management changes. We spoke with the regional manager by telephone following the inspection and they informed us of their plans and commitment to achieve further improvements at 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?

Requires Improvement 

The service was not consistently safe.

We found continued shortfalls in the safe management of medicines.

Accidents and incidents were recorded however there was insufficient managerial oversight. The interim manager drafted new guidance when this was brought to their attention.

People told us they felt safe living at Hill House.

Staff received training and understood their responsibilities regarding protecting people at risk of harm from abuse.

Is the service effective?

Good 

The service had improved and was consistently Effective.

Staff received training and were supported in their roles.

Application to deprive people of their liberty had been submitted as required. Staff sought people's consent before carrying out care and support interventions.

The premises were fully adapted to meet people's needs and were visibly clean and well maintained.

The mealtime experience was pleasant. Food was nutritious and of a good standard. People were offered a choice of options.

Is the service caring?

Good 

The service was consistently caring.

Warm and trusting relationships had been developed between staff and the people they supported.

People were treated with dignity and respect and their privacy was respected.

Staff took pride in their work and were inventive and dedicated to achieving positive outcomes for people.

Detailed information was recorded about people's preferred methods of communication.

The service had developed an effective volunteer programme.

Is the service responsive?

Good ●

The service was responsive.

Care planning was person-centred. People had choice and were involved in planning the care and support they received. There was a programme of work taking place to improve care plan documentation.

There was a policy and procedure in place to record and respond to complaints.

Excellent activity facilities were available although some people commented that there was not enough to do.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although we saw that quality assurance and governance had improved since the last inspection, further improvement was needed to develop and establish robust systems and managerial oversight.

People, relatives and staff spoke highly of the improvements made since the appointment of an interim manager.

Staff told us that the interim manager was fair and approachable.

People had opportunities to voice their views and were involved in decisions about the service.

Hill House - Care Home with Nursing Physical Disabilities

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 comprehensive inspection took place on 19, 20 and 21 November 2018 and was unannounced on day one.

The inspection was conducted by one adult social care inspector, a medicines inspector and an expert-by-experience on day one and one adult social care inspector on subsequent days. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information we held about the service. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to tell us about by law. We received a Provider Information Return (PIR) from the service before our inspection. The PIR is a form that asks the provider to give some key information about the including improvements they plan to make. We used this information to plan how the inspection should be conducted.

We invited the local authority contracts and quality assurance team to share their current knowledge about the service but have not, as yet, received any feedback. We checked to see whether a Health Watch visit had taken place but there was no report on their website for the service. Health Watch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care.

During the inspection we spoke with the interim manager, deputy manager seven members of staff, five

people who lived at Hill House, five visitors and one volunteer to seek their views about the service. Following the inspection, we spoke with the regional manager by telephone.

We looked at three care files, three staff recruitment files, records relating to the management and administration of medicines, policies and procedures and other documents relating to the management of the service.

Throughout the inspection we made observations of the facilities available and of general care and support provided.

Is the service safe?

Our findings

At the last inspection we found that the registered provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure the proper and safe management of medicines. During this inspection we found that the registered provider was in continued breach of this regulation.

We found that medicines were not managed safely. We looked at the storage and management of medicines and spoke with the manager, the deputy manager who administered medicines and a support worker. We also looked at all medication administration records (MAR) and reviewed ten in detail.

At our last inspection, we identified discrepancies with the recording of stock balances of medicines. We checked a sample of medicine stock levels during this inspection and this remained a concern. The provider's policy and regular audits identified the need for daily medicine stock checks but these had not always been completed and had not identified the issues we found during this inspection.

We looked at the records for people who were prescribed topical medicines in the form of creams or ointments. For one person, we saw that care staff had documented when topical medicines were applied, but there was no guidance available to state where and when it should be applied. We also found some creams stored in the fridge which were not listed on the MAR, staff spoken with were unsure if these should have been applied. This meant we could not be sure that people were receiving these medicines as prescribed.

When people were prescribed a medicine administered via a patch, there was no documentation to let staff know where it had been applied to avoid duplicate application. Some patches also need to be removed for a set amount of time before the next one is applied. There was no process in place to alert staff when the patches were due to be removed or a record that it had been done.

Some people were prescribed a powder to thicken fluids to help with swallowing difficulties. Information on fluid consistency was available for all staff responsible for making drinks, but there were no records to indicate when and how much thickener had been used. For one person, information on what fluid consistency they needed was not clear, we found various documents stating different consistencies. People are at risk of choking if they do not have their fluids at the correct consistency.

Medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation. Temperatures were monitored daily to ensure medicines were stored in accordance with manufacturer's guidance.

All the MARs had a photograph to help staff who were not familiar with the people living there identify them and ensure the right medicines were administered to the right people. Allergies were documented and when medicine doses were variable or needed a specific time interval between each administration, this was

recorded appropriately. If people were prescribed medicines to be given 'when required', information to guide staff to administer these medicines safely was detailed and specific to the individual person's needs. However, they were not always available for every medicine, staff told us these would be implemented.

Staff responsible for administering medicines had their competencies assessed within the past 12 months in line with the provider's policy. However, a sample of these we checked during the inspection were not always fully completed.

This meant there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the last inspection we found shortfalls in recording and managerial oversight of accident and incidents. This resulted in a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that the provider was no longer in breach of this regulation.

Recording of accidents and incidents had improved in that accident forms were completed with information input to a computerised recording system in which additional information about investigations was recorded. A chart was printed each month showing ongoing numbers under various headings however this did not provide sufficient information to demonstrate that there had been robust managerial oversight of each incident.

In one of the records reviewed we found that although the interim manager had reviewed the record and carried out some further investigation, there was no record of investigation into a comment alleged to have been made by the person using the service. Although staff present during the inspection could provide additional information which demonstrated that the comment had been considered, there was no evidence within the person's care file or accident records. Another record indicated that a piece of equipment had been broken for two months. We could not see that the reason for the delay in repair had been considered. A lack of adequate and ongoing managerial oversight meant that learning to prevent recurrence or to improve standards could be missed.

We brought these issues to the attention of the interim manager who then drafted a check list of the process to follow with clear guidance as to staff responsibilities. This included the requirement for management to be informed of all incidents and for monthly managerial audit as part of the quality assurance process.

At the last inspection we identified that the registered provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we became aware of an allegation which a staff member was aware of but had not reported.

During this inspection we found that the registered provider was no longer in breach of this regulation. Policies were in place, and staff received training, about safeguarding adults at risk of harm from abuse or neglect and for whistleblowing. We saw that the provider had reported incidents to the local authority and to the CQC as required. Staff spoken with demonstrated a clear understanding of what they should report and who they would report to, including external agencies should the need arise.

People living at Hill House told us that they felt safe, comments included "I do feel very safe here, if I didn't I'd speak to the manager" and "I do feel safe living here". Visitors also felt that their relatives were safe telling us "Yes, very much so" and "I would say so".

We looked at how individual risks were assessed and found that two types of assessment were in place each using a different scale to identify the level of risk. Whilst one clearly identified that the level of risk had reduced following measures implemented to mitigate, the other did not. Staff informed us, and we saw from audit records, that issues with risk management documentation had been identified during audits and a programme of review was underway. A member of staff responsible for risk management confirmed they would be seeking further guidance in this regard.

The environment was spacious, visibly clean and free from malodours. Procedures and the training staff received reduced the risk of the spread of infection. Staff had access to personal protective equipment (gloves and aprons) and that these were used appropriately. The interim manager confirmed that the next infection control audit was due to take place over the next few days.

We looked at staff rotas, audits relating to call bell times and sought views about staffing levels within the home. People's needs were assessed and linked to a computer programme which determined the number of nurse/care hours needed. At the time of the inspection there were 21 people living at Hill House supported by staffing levels of; mornings, one nurse and seven or eight support staff and afternoons, one nurse and four or five support staff. This was in addition to a volunteer co-ordinator, chef, kitchen assistant, maintenance person, physio assistant, two activity co-ordinators and two housekeeping staff.

Additional 1:1 communication hours were also allocated. Staffing levels were amended for example, for outings, health appointments and at times of increased needs. Staffing levels at night were one nurse and three support staff. A new role of team leader had been introduced with responsibility for organising the support staff during a shift, thereby enabling the nurse in charge more time to attend to tasks which can only be carried out by nursing staff.

People living at Hill House and relative's spoken with gave varied views about staffing levels. Some felt there were sufficient staff whilst others did not. Comments included "There are enough staff I think"; "The staff do come quickly when I need them" and "There seem enough staff and they are marvellous". However, others said "I don't think there are enough personally. Sometimes you are waiting, and waiting and waiting"; "There's never been enough staff, not for the type of residents here" and "During the day it is good but I don't feel there are enough staff at nights".

Similarly, staff comments also varied with one feeling staffing was low due to there being several new staff and/or agency staff whilst others told us that they felt staffing levels had improved and were sufficient. We saw that call bell times were monitored to ensure that response times were within acceptable limits and that any over ten minutes were flagged up with explanations provided. Our observations were that there were sufficient staff to meet people's needs at the time of the inspection.

We were informed that during recent months, the service had experienced an increased need for agency staff however this had now reduced following successful recruitment of permanent staff. Further improvement was expected with recruitment for nursing staff in final stages. We looked at records relating to agency staff and found inconsistencies regarding evidence of profiles (documentation provided by an agency detailing the identity, training and recruitment checks of their staff) and induction records. This was an action noted on the service improvement plan which was marked as completed. We would recommend that the registered provider revisits this issue to ensure improvements are sustained.

We looked at three staff files and saw that safe recruitment and selection procedures were in place. We saw that there were application forms, references, proof of identity and that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are used by employers to check if employees are suited to working

with vulnerable people, thereby supporting safe recruitment decisions. We saw that the provider's disciplinary procedures were followed effectively.

Arrangements were in place to ensure the environment at Hill House was a safe place for people to live. We checked safety certificates such as electricity, gas and fire safety and found these were up to date. People had a personal emergency evacuation plan (PEEP) detailing the support they would need in the event of a major incident. A business continuity plan was also available.

We saw that regular fire drills took place although information about whether the drill was successful was not always recorded. During a conversation with a staff member they provided significant information about how they planned the drill, scenarios used, what worked well and areas they had identified for improvement. We discussed that this evidence of good practice had not been captured on the record and the staff member and management provided assurance they would do so in future.

Records were kept securely and were accessible to appropriate staff. The interim manager explained that they had recently reviewed the layout of the administrator's office to ensure compliance with the requirements of the General Data Protection Regulation (GDPR).

Is the service effective?

Our findings

At the last inspection we identified that the registered provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to shortfalls in completion of staff training and supervision and/or appraisal. During this inspection we found that the registered provider was no longer in breach of this regulation.

Staff told us that they received the training needed to carry out their roles effectively. From the matrix provided we saw that training completion was regularly monitored and that compliance had improved. Overdue training sessions were continually monitored and we saw that most listed related to newly employed staff currently completing their induction. We discussed some of the lower completion percentages with the interim manager who was aware of and in the process of addressing those areas. A staff member told us that they had asked about a specific training course and that "Within 48 hours it was put in place".

People using the service and their relatives told us they felt the staff had received the training they needed to meet their needs. Comments included "They seem to be well trained"; "I think they are competent".

At the last inspection we saw that staff supervision and/or appraisal had not always been carried out as scheduled as many sessions had been missed or were overdue. During this inspection, we found that this was an area covered by the service improvement plan and that, although some sessions had not been carried out as planned earlier in the year, since the arrival of the interim manager this had improved and supervision and appraisal sessions were now being carried out. Staff told us that they found the sessions useful commenting "Definitely worthwhile, we can verbalise issues".

New staff completed a robust induction programme. This included training, opportunity to shadow members of staff and time to get to know the needs of the people living at Hill House. The requirements of the induction programme were linked to the standards of the Care Certificate. The Care Certificate was developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Staff we spoke with told us they felt the induction equipped them with the information and skills they needed for their role.

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that the service was working within the principles of the MCA regarding compliance with the DoLS and that applications had been submitted to the local authority appropriately.

Staff spoken with were able to explain the principles of the MCA. However, we saw that a "Day to Day Decisions" assessment was used routinely to assess whether people had capacity to make particular decisions and that these were completed when there was no concern about the person's ability to make their own decisions which was not in line with the principles of the MCA. We discussed this with staff including the interim manager who confirmed that this will be addressed during the ongoing review of care files.

People told us that staff sought their agreement before providing care and we observed this during the inspection. People's comments included "Yes, they are very good, and they knock on my door before coming in" and "Yes, they are polite and do ask me when they help".

The premises were fully adapted to meet people's individual needs, corridors and doorways were wide, bedrooms had tracking for the use of hoists and en-suite facilities. Communal facilities included a spacious orangery, specialist bathrooms and a dining room on the ground floor. Externally there was a tranquil sensory garden which had been officially opened shortly after our last inspection. The garden has mood lighting, interactive music and seating.

Conversion of a bungalow to provide additional facilities had been completed since our last inspection. The new facilities included two large and well-equipped craft areas, a sensory room with a "magic carpet" on which electronic images such as rippling water could be displayed, a quiet room and a physio suite. Several staff expressed, and we observed, that there were no covered areas in the sensory garden or covered pathway to the additional facilities which on cold/windy days may discourage people from accessing these excellent resources.

People's needs were assessed before they came to live at Hill House to ensure that the service could meet them. We saw that care planning focussed on people's goals and outcomes.

Staff had been inventive and determined in providing effective care to achieve positive outcomes for people living at Hill House. We saw evidence of a person's journey to recovery documented in a photograph album.

Technology was used effectively to support people's communication needs. We saw that people had access to Skype and Facetime facilities to keep in touch with friends and relatives. In addition, Eye-gaze was used to support people's communication needs. Eye gaze or eye tracking is a way of accessing a computer or communication aid using a mouse that is controlled by eye movement. Additional staff hours were allocated in order to provide one to one support for communication and we saw that detailed information about people's individual needs and support requirements was recorded.

The service employed a physio and therapy assistant to assess people's needs and develop appropriate treatment plans. These were incorporated into care planning and provided guidance to staff about the support the person needed. Progress and effectiveness of the plan was regularly reviewed by the therapy assistant.

We observed the mealtime experience of people seated in the dining room and found this to be a relaxed and enjoyable experience. There was a choice of options available and staff were attentive, providing

support to people discreetly and when needed throughout. People could choose where to eat their meals and staff chatted throughout the service in a warm and friendly manner. Food was nutritious and of a good standard. People told us that they were happy with the meal they had been served telling us "It was very nice indeed" and "I enjoyed it". Others told us "The food is fabulous" and "I enjoy the food and I can choose what I like".

Meetings had been held throughout the year for people living at Hill House and relatives. We saw that topics included activity provision, service related issues and menu choices. A meeting held in September had involved sampling of new dishes. People had the opportunity to discuss with the chef how the dishes were prepared along with dietary options such as vegetarian and diabetic.

People were supported to access a range of health care professionals as and when needed such as GP, Dietician and Speech and Language Therapy (SALT). Staff demonstrated a good knowledge of individual's needs and how this impacted on the person's health and well-being.

Is the service caring?

Our findings

Throughout the inspection we observed that warm, friendly and trusting relationships had been developed between the people living at Hill House and the staff supporting them. We saw that people were treated in a respectful manner and staff ensured their dignity was protected.

People told us that staff knew them well and listened to what they had to say telling us "They definitely know me" and "They are patient with me". Some people did mention that they had been supported by agency staff but did not raise any concerns in this regard. Comments from relatives included "We find all the staff to be helpful and supportive of our [relative]"; "Staff are friendly, there is a lovely atmosphere" and "They have a good rapport with my [relative]".

Staff were aware of the importance of protecting people's privacy and people told us "They [staff] let me have privacy when I want it" another said "They [staff] are very good, and knock on my door before coming in"

We saw that staff took pride in their work and were dedicated in maintaining people's health and well-being. For example, there were opportunities for people living at Hill House to experience "Revitalise" visits at other Leonard Cheshire services. During one of these visits a person became anxious after being admitted to hospital. A staff member volunteered to travel to stay with them every night to reduce their anxiety and aid their recovery.

Communication books were developed to provide staff with detailed guidance as to the person's preferred communication methods and support needs. These books were person-centred and included a photograph along with an instruction for staff to read as "This book will help you get to know me and how I communicate".

We saw that staff had been inventive and determined in achieving positive outcomes for people. For example, to achieve a connection and promote a person's recovery staff arranged visits from a kitten, puppy and a staff member's baby along with personal pamper sessions. Their journey to recovery was photographed and collated in an album which was given on their birthday. The album clearly demonstrated an effective outcome for this person, with their pleasure and achievements evident throughout.

People living at Hill House were supported to maintain relationships. Family members told us that they were made to feel welcome when they visited and that they could stay overnight if needed. Five fully adapted vehicles were available, some of which could be used by family members to take their relative on outings. A new minibus was also due to arrive soon which would further enhance the fleet of adapted vehicles providing additional transport options.

The service had established a highly effective volunteer programme with staff, individual and corporate volunteer support. This included supporting trips and outings, activities, garden maintenance and benefited from donations such as the new minibus. We spoke with one volunteer who told us "I love it here".

Staff told us they would be happy for a relative of theirs to receive support at Hill House, they said "Definitely, it's friendly"; "Never seen better care"; "It's independent living, people have choice, it's not institutionalised" and "Staff are amazing, fiercely loyal and very knowledgeable. Service users really love them".

An advocate, employed by Leonard Cheshire but independent of Hill House, was available to provide support although staff informed us that at the present time there was no-one requiring advocacy services as all had family support when needed.

There was a policy and procedure in place to ensure that people were treated fairly and without discrimination. The service user guide detailed the importance the provider placed on respecting equality and diversity stating "Our mission is to assist people with disabilities throughout the world regardless of their colour, race or creed, by providing the conditions necessary for their physical, mental and spiritual well-being".

Is the service responsive?

Our findings

People told us that they received care which was responsive to their needs. They told us "I'm very happy with the care and support I get" and "I am happy and I get good care". Relatives told us "Staff make time, hold hands if unwell".

We saw that people were treated as individuals and that their personal needs and wishes were assessed, respected and followed.

A detailed pre-admission assessment was carried out before people came to live at Hill House to ensure that the service would be able to meet their needs. Staff told us that an initial one-page document which included moving and handling support needs would be produced with a full care plan then developed.

At the time of the inspection a review of all care plans was underway which included combining the two existing files into one overall plan. This work was included within the provider's service improvement plan. We were informed completion was taking place more quickly with a member of staff allocated dedicated time to carry out this work. We compared a file which was in the new format to existing documentation and improvements were evident. The provider's quality improvement manager was providing guidance and support to staff in this regard and we discussed some areas such as risk assessments and mental capacity assessments during the inspection as noted within the Safe and Effective sections of this report. Care plans, both newly written and existing contained detailed person-centred information with clear individual aims and goals.

Care plans were updated regarding people's needs and wishes. We saw that one person had expressed that they liked to receive their one to one support in the privacy of their room and this now formed part of their care plan. Information about people's preferred routines was also recorded in care plans to inform staff of their choices. For example, "I like to get up around 09.00hrs in the morning. I enjoy a mug of coffee in bed in the morning before I get up. I like to be given my dentures right away before I commence my morning routine".

People were aware of their care plans and told us that they were involved in developing them and that they could make changes when needed. They told us "I am aware of it, we tweak it now and again" and "I do have a care plan and can add things to it if I need to".

There was a policy and procedure in place to record and respond to complaints. People living at Hill House told us that they were aware of how to make a complaint and who they would speak to if they had any concerns. We saw that the interim manager had investigated a complaint since they arrived at Hill House with a detailed response provided. A relative told us that things had improved since the interim manager arrived as previously they were told "Leave it with me" but that nothing was done.

People could make choices about their care and support, for example what time they would like to get up or retire to bed, about meal choices and activities. People told us "Yes, I make the decisions"; "I decide when I

get up and go to bed" and "Getting up and going to bed is entirely up to me". Most people told us that they could have a bath or shower as often and when they wanted. However, one person said, "We have set times for it and set days" and another said they could not have a shower as often as they would like adding "It's because they have so many people to do".

The service employed two activity co-ordinators and there was a spacious activity suite available. The suite was well stocked with a wide range of craft equipment and supplies and a kitchenette area provided facilities for drinks and baking activities. As mentioned in the Effective section of this report, there was no covered pathway from the main building to the annex suite and this appeared to discourage people from using the facilities. One relative said "A lot won't go if it's raining". We saw that service user meetings took place and minutes from a meeting held in May 2018 noted disappointment with the number of people using the facilities.

Whilst we could see that organised entertainments were taking place and that excellent activity facilities were available, several people and relatives felt that there was generally not enough for people to do. Comments included "There isn't really enough, but they are trying to improve it"; "There doesn't seem to be a great deal to do here" and "Don't think there is enough going on, a bit more would be nice". We saw that service user meetings took place and had included discussion around the new facilities with the intention of tailoring activities to people's wishes.

At the time of the inspection there was no-one receiving end of life care. However, care plans evidenced consideration to people's future wishes, including do not attempt resuscitation (DNAR) instructions where appropriate. Staff explained how end of life care had previously been provided in a caring, responsive and dignified manner. They told us that every person on shift sat with the person, played music and held their hand creating a calm and peaceful atmosphere and ensuring the person "was not on their own for one point during passing" as they did not have family.

Is the service well-led?

Our findings

At the last inspection we found that the registered provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because quality assurance systems and managerial oversight were not sufficiently robust. During this inspection we found that the registered provider was no longer in breach of this regulation, although further improvements were needed to establish and sustain good governance.

Due to the concerns raised during the last inspection we asked the provider to submit an action plan telling us how they intended to make improvements. The provider amalgamated this plan into a service improvement plan with requirements from a local authority plan and the provider's internal actions for improvement. We could see that progress was regularly reviewed by the regional management team and, although some of the initial timescales had not been met, many of the actions were now completed, with some elements ongoing.

At the time of the inspection there was a registered manager in post, however they were on a period of extended leave and were not present during the inspection. Since August 2018 the provider had employed the services of an interim manager to oversee day to day management of the service and drive improvements forward. Since the last inspection there had also been changes to the regional support for Hill House with the appointment in May 2018 of a new regional manager and a quality improvement manager was now in post.

The interim manager informed us that they would not be remaining at Hill House on a permanent basis however, they were involved in the selection of a new interim manager should this be needed following their departure. The regional manager was monitoring management arrangements closely.

The interim manager was open and transparent that improvements were still a "work in progress". Management and staff engaged with the inspection process throughout and were responsive to queries raised and actively sought to make improvements immediately when highlighted.

We could see that some aspects of governance had improved since the last inspection and that concerns were being identified during internal audits. Progress to complete the requirements of the service action plan was initially very slow. Since the arrival of the interim manager this had improved, although it was clear they could not concentrate on all areas at once.

Systems and processes need to be further developed and established to ensure robust quality assurance. In particular the continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 must be addressed to ensure compliance with regulatory requirements and safe management of medicines.

An ongoing investigation had impacted considerably on the service, particularly in terms of staffing. Although there was some concern about the timeliness and quality of investigations when concerns initially

came to light, we could see that when these escalated, robust investigations were carried out and were overseen by the regional manager.

We looked at the quality assurance systems in place. The regional manager had visited Hill House regularly and carried out senior management audits. The interim manager had carried out a service health check and was becoming used to the electronic system of service management. A service review was also carried out by an external auditor and we saw that issues such as those regarding risk assessment documentation had been identified.

People living at Hill House and relatives spoke positively about the interim manager and told us that the home was well-led. We were told "It is well managed. [Name] is the manager and she is wonderful" and "[Manager] has been a God send in the difficult times they [staff] have had". People also told us that they felt improvements were noticeable since the interim manager's arrival. Comments included "Since [Name] has taken over I can see a big improvement"; "[Manager] used to say leave it with me and you would never hear anything about it" and "[Name] is the manager, she is very easy to talk to. Easier than the one before because she listens".

Staff also spoke positively about improvements they had seen since the interim manager was appointed. They said "[Name] is very nice, she is very approachable". Staff said they now felt supported by the interim manager and that they could go to her for advice or with concerns. We were told there had been "Massive improvements since the arrival of the interim manager. I've been impressed with their ability to make changes and feel the service has improved under their leadership".

Staff told us they were "never expected to do anything outside your confidence levels". They also said that staff morale had been low, not just in terms of the recent investigations but was more "widespread". However, staff said that morale had improved dramatically. Comments included "Morale has gone through the roof", "It's a lot nicer, all up there again now. It's a lovely place to work".

Since their appointment, the regional manager has kept the CQC up to date with progress about investigations and management arrangements. Following the inspection, we spoke with them by telephone. They told us of their commitment to provide outstanding care and support at Hill House, the review of pay scales which had taken place and the areas they would be focusing on in the coming months. These included plans for Hill House to become an assistive technology centre of excellence and development of new roles such as project manager and for occupational and speech and language therapists based within the service.

We saw that service users, relatives and staff meetings were held providing an opportunity for people to voice their views. People living at Hill House were involved in decisions about the service, for example representatives attended staff interviews and was able to give their views of prospective employees.

Staff told us that they could make suggestions and always received feedback. Annual surveys were distributed to people living at Hill House, with 2018 questionnaires recently distributed. We saw that the results from the 2017 survey which was responded to by seven people demonstrated 72% of respondents were quite or very happy with the care they had received during the previous 12 months.

Organisations registered with the CQC have a legal obligation to notify us about certain events. This is called a statutory notification. We checked our records and found that notifications had been made to the CQC as required. The current CQC rating was displayed as legally required on the provider's website and within the home.

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	The registered provider had failed to ensure the proper and safe use of medicines.
Treatment of disease, disorder or injury	