

# Speciality Care (Rehab) Limited

# Notts Hill House

## Inspection report

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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 responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Notts Hill House is a residential care home providing personal care to up to 16 people. The service provides support to people with a physical disability, and/or acquired brain injury. At the time of our inspection there were 11 people using the service.

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

During our inspection in 2019, quality assurance processes were identified as requiring improvement. This inspection has found improvements are still required to ensure risks are effectively mitigated and monitored and care records are kept current and up to date.

Whilst medicines were generally managed safely, one person's medicine was not always given as prescribed and audit checks of medicines administration records had not identified this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we have made a recommendation about ensuring staff revisit The Mental Capacity Act training.

Risks to people were assessed and actions were taken to minimise risk. People's support plans were personalised to each individual and contained sufficient detail to assist staff to provide safe care.

People were provided with rehabilitation support to regain daily living skills and help them enjoy as much independence as they could. People had support to access healthcare services when they needed.

Systems and processes were in place to protect people from abuse. Staff had received safeguarding training and understood how to recognise and report signs of abuse.

People were supported by enough staff to meet their needs and there were safe recruitment processes in place.

People were supported by staff that had received induction and training appropriate for their roles and the people they supported.

People were protected from the risk of infection because staff followed safe infection control practices and personal protective equipment was being used.

People told us they enjoyed the food. People's dietary and nutritional needs were assessed, recorded and managed and advice was sought from nutrition specialists when needed.

People were encouraged to follow their interests and were supported to take part in a range of activities both in-house and away from the service.

People told us they knew how to make a complaint and would speak to a member of staff if they needed to.

People lived in a service that was well maintained and adapted and designed to meet their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (Published 4 February 2021). This was a focused inspection looking at the safe and well led key questions only. This inspection did not look at the previous breaches of regulation from the inspection in July 2019.

At the previous inspection in July 2019 (Published 28 August 2019) we found breaches of regulations. The provider completed an action plan after this inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This focused inspection was carried out to follow up on action we told the provider to take at the inspection in July 2019.

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

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

We have found evidence that the provider needs to make improvements. Please see the safe, and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement

We have identified breaches in relation to risk management, medicines management and the providers governance systems in place at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation in relation to The Mental Capacity Act 2005.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# Notts Hill House

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The first day of the inspection was carried out by two inspectors and an assistant inspector. The second day of the inspection was carried out by one inspector and an Expert by Experience made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The third day of the inspection was carried out by an inspector from the medicines team.

#### Service and service type

Notts Hill House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

### Notice of inspection

The first day of the inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 5 people and 6 relatives about their experience of the care provided. We looked around the building and observed care and support in communal areas. We spoke with 12 staff including the operations director, registered manager, deputy manager, care staff, maintenance person, housekeeper and the chef. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the home including policies and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Effective systems were not always in place to assess and manage risk to people's safety.
- Where risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, one person had been assessed at high risk of choking as they did not understand what foods were safe for them to eat. To mitigate this risk staff kept everyone's snacks in a central location within the main dining room. We found there was no lock on the cupboard door and staff were not always around. We discussed what we found with the registered manager who told us this cupboard used to be locked, but the lock had been removed as they recognised this was restrictive practice. However, no further action had been taken to assess or mitigate the risks following the removal of the lock. This potentially placed the person at an increased risk of avoidable harm.
- Some people had been assessed as at risk from not eating or drinking enough to maintain their health and well being. Monitoring charts in relation to food and fluid intake were not being completed consistently. For example, one person's support plan said they were not eating enough to sustain them, and staff were to record all food and fluid intake. Monitoring charts from 23 January to 20 February 2023 showed 19 days where food intake had not been recorded and 12 days where fluid intake had not been recorded. This person was put at risk of harm because staff could not be sure they were getting enough to eat and drink.
- People were at risk from harm as staff did not always have the most up to date information and guidance to ensure they provide safe care. For example, one person's support plans had not been reviewed since October 2022 and another person's risk assessments had not been reviewed since November 2022.
- Although most people received their medicines safely and as prescribed, we saw that one person's eye drop medicine to treat glaucoma had not been administered since 28 January 2023.

We found no evidence people had been harmed however, the provider failed to ensure correct procedures to monitor and mitigate people's risks were implemented and the provider had not ensured the proper and safe use of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager acted immediately to address safety concerns in relation to the choking risk. Following the inspection, the provider shared with us their action plan to address the shortfalls in their monitoring records and support plans.
- People had individual risk assessments and support plans around their specific health conditions, personal care, continence, nutrition and hydration, falls risk, and skin conditions.
- Health and safety checks were in place to monitor the premises and equipment used.
- Emergency plans were in place detailing the support people would need to evacuate the building in an

emergency. Fire safety procedures and appropriate checks had been completed.

- Medicines administration records were completed when medicines were given.
- A medicines policy was in place to make sure medicines were ordered, stored and disposed of safely and securely.
- Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions.
- Best interest decisions were recorded for people who had been assessed as not having the capacity to decide about whether to take a medicine or not. These best interest decisions were made in conjunction with the person's GP and a family member. Medicines were given covertly, only when it was in the person's best interest.
- Staff had guidance to help them make consistent, person-centred decisions about when a medicine prescribed to be given 'when required' (PRN) might be needed, particularly where people were unable to communicate their needs. Staff recorded when and why they gave a PRN medicine and whether the medicine had been effective.
- Staff were trained and assessed as competent to administer medicines.

#### Staffing and recruitment

- People were cared for by staff that had been recruited safely. The provider sought references from former employers and completed checks with the Disclosure and Barring Service before staff started working at the service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by sufficient numbers of staff to meet their needs. One relative commented, "Like most places they have had to rely on agency staff, particularly over the last couple of years. I know they have been trying desperately to recruit. Of course, I would love to see more staff, but I do understand the huge pressures they are under."
- We spoke with the management team about their reliance on agency staff. They told us they were having to rely on using agency staff in the short term until they recruited permanent staff members. To provide continuity of care they requested the same agency staff and obtained staff profiles to ensure they had the necessary skills to support people.

#### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and poor care.
- Staff had received safeguarding training and understood how to recognise and report signs of abuse.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visiting was supported in line with guidance.

#### Learning lessons when things go wrong

- Systems and processes were in place to learn from accidents and incidents.
- The registered manager and provider monitored accidents and incidents and identified any lessons that could be learned to prevent further incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure they were working within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Whilst we identified the service was working in people's best interests in practice, improvements were required to ensure all mental capacity assessments undertaken were decision specific and supported by best interests records where people lacked capacity to make certain decisions. For example, in relation to storing people's snacks away for their safety.

We recommend the provider ensures all staff revisit MCA training to ensure they understand and employ the principles of the MCA Act in their practice.

- During the inspection the registered manager took immediate action and all appropriate MCA records

were in place before the end of the inspection.

- People told us staff asked for consent before commencing any care tasks. We observed staff asking for people's consent and giving them time to respond at their own pace.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional support plans detailed people's preferences, individual nutritional requirements, and specific dietary needs, such as modified textured diets. However, we observed whilst one person received the appropriate level 3 liquidised meal, this was not presented in a way that the person could taste each individual item of the meal as it had all been liquidised together. We brought this to the attention of the registered manager and operations manager who told us they would address this.
- People who required assistance from staff to safely eat their meal received the support they needed.
- Where people were at risk of choking, staff sought the advice of speech and language therapists (SALT) and we saw their guidance was recorded within people's support plans and followed by the staff.
- People told us they liked the food and were able to make choices about what they had to eat. One person said, "I like the meals and there nice." Another person told us, "There's always two choices and plenty to eat and I can eat out if I want."
- People who were able, were encouraged to make their own meals to promote their independence. We observed one person making their meals during the inspection, they told us, "I am able to make my own breakfast and lunch and staff cook the evening meal."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved to the service. This ensured they were able to meet the person's care and support needs and had the necessary equipment they might need in place before they moved into the service.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's needs and wishes.
- People's equality characteristics including age, disability, religion or belief, had been considered as part of their care planning.

Staff support: induction, training, skills and experience

- People were supported by staff that had received induction and training appropriate for their roles and the people they supported.
- Staff received comprehensive mandatory training and had been provided with specific training to meet the needs of people living at Notts Hill House, such as positive behaviour support and acquired brain injury awareness training.
- Staff told us they thought the training was good and it met people's needs. One staff member said, ""The training is the best here. I checked 3 weeks ago, and it said my training was up to date and they always remind us of when we have to renew, which is really good."
- We asked relatives if they felt staff were well trained. One relative told us, "I've got no reason for thinking that they're not well trained as they seem to just get on and do things without any fuss being made."
- Staff told us they felt supported, received supervisions regularly and had appraisals of their performance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.

Adapting service, design, decoration to meet people's

- The service had been designed to promote people's well-being and independence whilst ensuring their safety. For example, the service was equipped with overhead hoists, a lift to all floors and a hydro-spa bath.
- People also had access to a communal lounge, dining area and gardens, as well as a gym and the use of a kitchen where people could be supported to increase their independent living skills.
- People's bedrooms were personalised with family photographs, ornaments and things that were important to them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection the provider had failed to ensure they were providing multidisciplinary rehabilitation support to enable and empower people in their recovery. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had individualised support plans which detailed the level of care and support they needed and included key information on their likes, preferences and hobbies. However, we found support plans and risk assessments had not been regularly reviewed and updated. We have reported on this in the safe and well led sections of this report.
- People were provided with support to regain daily living skills and help them enjoy as much independence as they could. Since the last inspection, the provider had employed an occupational therapist and physiotherapist to provide rehabilitation support to people if this was required and part of their assessed need. People were also supported to access other health services in the community if needed. A relative told us, "When [persons name] moved from the hospital into the care home setting, it was all about making sure his rehabilitation needs were met. I know that I was very much part of that, to make sure that everything was included that he wanted. We are constantly working towards getting him home, which is the one key aim of the care plan."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to follow their interests and were supported to take part in a range of activities both in-house and away from the service. However, most people we spoke with told us they felt bored and there was little going on in terms of stimulation at the service. We spoke with the registered manager about this who told us high levels of agency used at the service had impacted on the activities they were able to provide as they were not able to drive house vehicles due to insurance. However, they told us this was about to change and they expected to be able to provide people with more opportunities to go out and do things they enjoyed.
- During the inspection we saw people taking part in activities and games such as bingo and connect four. Some people were supported to go out to Dartmoor for and ice cream and another person went shopping for their birthday present. Other activities included baking and pizza making nights, using the onsite gym

and movie nights.

- People were supported by staff to keep in contact with their families and friends. One relative told us about how staff helped their relative keep in contact with their children who lived abroad, they added, "The staff have arranged a face book group so that she can have regular contact with them and that has made a huge difference to her quality of life, and how she sees things. It took a bit of getting there, but I was very grateful that the staff persevered and were able to make this happen."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's support plans described their specific communication needs. This included information about any sensory loss along with guidance for staff to follow.
- Where verbal communication was limited, people were supported to use alternative methods. This included non-verbal cues, such as facial expressions or gestures, objects of reference and other communication aids.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place with a copy displayed for people to access.
- Where complaints had been raised, they had been investigated appropriately, in line with the providers policy.
- People told us they knew how to make a complaint and would speak to a member of staff if they needed to.

End of life care and support

- No end of life care was being delivered at the time of this inspection. People's end of life wishes was discussed with people, where appropriate, and recorded in their support plans.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The providers systems and processes for monitoring the safety and quality of the service were not always effective in keeping people safe, protecting people's rights and providing good quality care and support. The provider's governance systems had not identified the issues we found during this inspection.
- Governance systems and processes had not identified that records were not always accurate or up to date. For example, in relation to monitoring people's food and fluid intake and ensuring people's support plans and risk assessments were regularly updated.
- The provider had not ensured all records reflected that people's rights were protected in line with the requirements of the Mental Capacity Act 2005. We made a recommendation about this.
- Audits and checks of medicines administration records had not identified that staff were not giving one person's medicine as prescribed for them.

This demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider acted immediately to address the shortfalls and the operations manager shared their action plan with us.
- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the home.
- Processes were in place to ensure that accidents and incidents were appropriately recorded, actions were taken when needed, and accidents and incidents were analysed to look for trend and themes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- The management team promoted a positive culture where person-centred care and support was

promoted to achieve good outcomes for people.

- Throughout the inspection we saw people looked comfortable with staff and relatives told us they were happy with the care and support their relative received at Notts Hill House. One relative told us, "Since the new managers came on board, there seems to have been a renewed focus on ensuring that residents are the number one priority."
- Staff, including agency staff, spoke positively about the registered manager and deputy manager. They told us they were supportive and always available to discuss any concerns. One staff member said, "I know [registered manager] well so I respect him, and his door is always open if you have a problem. I think both are very good and I think [deputy manager] will be an asset to this unit."

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

- People and their relatives were asked for their views of the service and the quality of the care provided. Surveys were sent out to relatives and health professionals.
- People were encouraged to provide feedback on a day to day basis. People were also invited to 'our voice' meetings with their peer's from the providers other local services to meet and discuss changes and improvements they wanted to see at their service.
- Staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to and were supported by the registered manager and deputy manager.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals who were involved in supporting people living at the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure effective systems were in place to assess and manage risk to people's safety. The provider failed to ensure records contained up to date information and guidance to ensure they provide safe care. The provider had not ensured the proper and safe use of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes in place to monitor the quality and safety of the service were not always effective. Audits and quality checks were not consistently identifying risks and shortfalls.</p>