

E.C. Investments (Gloucestershire) Limited

Hill Ash House Care Centre

Inspection report

Ledbury Road
Dymock
GL18 2DB

Tel: 01531892980

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02 September 2021

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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

About the service

Hill Ash House Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hill Ash House Care Centre does not provide nursing.

Hill Ash House Care Centre accommodates 36 people in one adapted building in the village of Dymock. At the time of our inspection there were 27 people living at the home and one person was being admitted on the first day of the inspection.

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

People, their relatives and staff consistently praised the leadership in the home and the quality of care people received.

We found some improvements were needed to ensure safe recruitment practices were followed and that audits were fully effective in identifying and addressing quality and safety concerns in areas of infection control and staff recruitment.

We did not find that these shortfalls had impacted on people's care and the registered manager had started taking action during our inspection to ensure improvements were being made.

People received care and support from a consistent staffing team. Staff spoke positively about the support they received and how this promoted person centred care.

Staff understood people's needs and how to assist them to protect them from avoidable harm. Care plans and risk assessments were in place, which provided staff with guidance on how to meet people's needs and manage identified risks.

People were supported to receive their medicines safely and as prescribed.

People were supported by staff who had been trained and supported to meet their needs. People and their relatives spoke positively about the caring nature of staff.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19.

Rating at last inspection

This is the second time we have inspected this service since it was registered in July 2019. The first time we

inspected (02 March 2021) we undertook a targeted inspection and therefore did not rate the service.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 24th August 2021 and 2nd September 2021.

This was a planned inspection based on the service being newly registered.

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.

You can read the report from our last inspection, by selecting the 'all reports' link for Hill Ash House Care Centre on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always was safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Hill Ash House Care Centre

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 Care Act 2014.

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hill Ash House Care Centre 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about important events at the service and feedback shared directly with CQC. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed staff supporting people and looked at the premises. We spoke with ten members of staff including the provider, the registered manager, a team leader, the head of housekeeping, a laundry assistant, a chef, an activities coordinator, the maintenance person and three care assistants. We spoke to four people who use the service. We reviewed a range of records. This included six people's care records, records related to accidents and incidents and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with four people's relatives. We looked at the service's electronic care planning system, staff training and supervision data, quality assurance records, policies and procedures, risk assessments and recruitment processes. We received feedback from the two professional who have regular contact the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safe staff recruitment. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct. Applicant's health status was not always sought to gather assurance about their fitness to undertake their role and whether any adjustments might be needed. Evidence of staff's identity was not always on their employment record.

- Interview records were in place to support the registered manager's decisions to employ staff, but records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some employment histories.

- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to obtain references or complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was highly motivated to improve the recruitment practices. Following the inspection, they provided us with an action plan and the actions they were taking to address these concerns. Following our inspection the provider had engaged the support of a HR company to review their recruitment procedures; this included developing policies and robust staffing checks.

- The service had a low staff turnover and people were supported by enough staff that knew them well. We saw people were attended to and supported in a timely manner and staff were not rushed. Staff had time to spend with people and throughout our inspection we saw staff chatting and supporting people with activities.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Hill Ash House Care Centre. One relative told us: "Everything about Hill Ash is concentrated and focused on the residents so of course they take safety very serious."

- People were supported by staff that had received training and knew how to raise safeguarding concerns. The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management:

- Risks to people had been assessed and actions needed to mitigate risk were understood by staff. This included supporting people at risk of choking to eat safely, helping people to manage their diabetes and their risk of falls.
- Staff followed people's risk management plans. Throughout our inspection we observed staff supporting people to use their walking aids safely.
- When health professional support was needed to support people, referrals were made in a timely manner. For one person, their oxygen provision was reviewed to ensure more appropriate equipment was provided. Another person had their diabetes reviewed on a regular basis.
- Environmental risks to people were managed safely. Risk assessments and safety checks had been carried out including fire and legionella. The registered manager was taking action to ensure the legionella risk assessment was sufficiently comprehensive to cover all aspects of national guidance.
- Systems were in place to ensure staff knew how to respond to protect people in the event of an emergency this included undertaking fire evacuation drills to ensure people's personal evacuation plans remained effective.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from the pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in a locked medicine cupboard in people's rooms. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

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 meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were somewhat assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - 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 somewhat assured that the provider's infection prevention and control policy was up to date.
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- The provider took immediate action to review their infection prevention and control policy in accordance with national Covid-19 guidance.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. These would then be reviewed by the registered manager to ensure the provider's policy was followed.

- There had been no significant incidents and/or accidents at the service before our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- All the staff we spoke with were positive about the training and support they received.
- Staff received the support, supervision and training they needed to meet people's needs. Where training was out of date, the provider had plans in place to update this and we saw training was booked to be completed in August and September, such as moving and handling, infection control and food hygiene
- Senior staff received specific training to meet people's health needs from appropriate health professionals, such as insulin administration. Their knowledge and skill were assessed to ensure they were competent to carry out this task.
- Staff had clearly defined roles and responsibilities. The registered manager was upskilling staff to take the lead in medicine management and infection control.

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

- People's needs were assessed prior to moving to Hill Ash House Care Centre to ensure the home was suitable and could meet their needs fully. This information was used to help staff draw up a plan of the person's needs. We saw a person was due to move into the home a few days after our inspection and at the time of our visit information about their preferences had already been shared with staff.
- People's relatives praised the service's knowledge of their relatives' needs. Comments included: "Oh yes they have very good records and they take the time to know [person] as a person". "One of the big things about Hill Ash is their stability. They absolutely know [person] and they value [person] and visa-versa."
- Care plans covered all areas of need.

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

- People were offered a balanced healthy diet and offered drinks at regular intervals during the day. Staff assured us people maintained good hydration levels. People told us they enjoyed the food and one person told us, "There is a variety of food', something for everyone."
- People were supported to eat and drink safely and their care plans provided this information. Staff understood what support people needed while eating and drinking to reduce the risk of them choking or to manage risk of malnutrition.
- Kitchen staff were aware of people's preferences. Three people we looked at had made a personal choice to eat a soft diet and we saw this was provided.

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

- The staff were observant and noted when people were unwell. They liaised closely with relevant health

specialists to ensure people received effective treatment. A person told us they were confident staff would support their health needs. They said, "They will call the doctor and make sure they look after my medical things."

- The GP carried out twice weekly calls with the service and visited as needed.
- The service worked closely with the diabetes, district and oxygen nurses to support people. Referrals were made to occupational therapy professionals to support people at risk of falls and people were supported to attend eye, dentist and other hospital appointments.
- People have medical passports in place to take along to health appointments to ensure health professionals had the information they needed to know how to support people.
- People's oral care needs had been assessed. Staff told us about people's oral support needs.

Adapting service, design, decoration to meet people's needs

- The home was very well maintained; had been refurbished and attractively decorated to accommodate people's needs and wishes. One relative told us: "It looks more like a hotel now; each room has been done out and the grounds are lovely, and [service] have ponds, it looks very nice."
- Following feedback from people, the home made the addition of a cinema room and independent kitchen so people can maintain their independent cooking skills.
- The home developed a sensory room, to offer people who need to spend time relaxing this opportunity.
- People had equipment to help them move around safely. There was a lift to help people get up and down floors safely. Handrails, grab rails and ramp access had been installed to help people move around more easily.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make informed choices regarding their care. They understood each person's capacity to make decisions about their daily lives. We observed staff supporting people to make choices throughout the day, including what they would like to eat and drink.
- The registered manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for people whose liberties were being restricted. DoLS applications had been supported by mental capacity assessments and best interest assessments. There were no conditions attached to people's DoLS.
- People's representatives were included in decisions regarding the person's care. One relative said: "Well where [person] health and finance is concern and I am [person] sole next of kin so they will discuss everything with me."
- Staff had been booked to receive mental capacity and deprivation of liberty safeguards training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff were gentle, patient and attentive. We observed staff interacting with people and saw they spoke softly to people, maintained good eye contact, and made sure people understood what they were saying. They sought people's agreement where possible before they gave assistance. A person said, "First class, they come quickly when I press my bell. Not a bad one amongst them."
- Staff received equality and diversity training and could describe how they would ensure people were treated as valued individuals regardless of their backgrounds, beliefs or differences.
- Staff knew people well and understood the things they liked and made them happy. One person told us, "It is wonderful living here. They know I like staying busy, so they always find me things to do." Another person said "I like sitting in the sun they always get a hat for me."

Supporting people to express their views and be involved in making decisions about their care

- Where people were able to express an opinion, their views were sought by staff. We saw staff asking people what they would like to do, where they would like to sit and what they would like to eat and drink.
- Staff and managers worked with people and their families to decide and review how they received care. One relative told us: "Yes definitely they understand what [person] needs, [relative] think [person] has physically improved, [person's] needs are centred around [person] activities and they cater for that." Another relative told us, ". [person] gets confused and forgetful but will surprise you sometimes and come out with things – and they are very responsive to things that [person] asks for".

Respecting and promoting people's privacy, dignity and independence

- People's support plans reflected principles of promoting and protecting dignity and respect. During our inspection we saw staff treated people with respect. One relative told us: " I visit one to two times a week, and [person] is always clean and tidy, [person's] nails always done and [person] seem happy, so I am happy with it."
- The service recognised that some people would like to maintain their skills in cooking therefore developed a separate kitchen to enable people to cook independently.
- The service also promoted independence for people who wished to keep in touch with family and friends by creating a writing area,
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in an online care planning system and in paper form which maintained people's confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received personalised care according to their individual needs and wishes. Each person had a care plan that covered all areas of needs and these were reviewed when needed.
- Staff we spoke with knew people well and understood each person's needs and preferences. Staff described how they asked people what they wanted, for example a member of staff said, "We always ask what people want to do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed but the care documentation did not always describe ways in which to support the person's communication needs. However, staff knew people well. The registered manager described to us how the staff communicated with one of the people with limited communication.

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's relatives and friends were able to visit them at Hill Ash House Care Centre in accordance with COVID-19 safe visiting guidance. One person told us, "My family can visit me in my room."
- The service recently recruited a new activities coordinator and they spoke enthusiastically about their plans to develop the activities on offer. A relative told us, "[Service] had a summer fare and invited family members and I could see how brilliant [service] are with [person]; [service] certainly know what [person] needs and have been brilliant in giving it".
- People told us there was enough to keep them occupied and stimulated. One person told us, "I always do the dining room flowers. I am doing the part of the nativity display and I have bird feeders and they are putting a bird bath in so I can watch them." Another person said, "There is always something to do." One relative told us: "Hill Ash House has lots of activities and [person] loves them; [person] is not sitting in chair all day. They seem to have a good network of people a community of residents and [person] seems very happy".
- People living with dementia were offered sensory and reminiscence activities such as a train memory activity and there was a sensory room with interactive equipment. There was also a cinema room and an active sewing group.

Improving care quality in response to complaints or concerns

- The service had not received any complaints since they were registered. One relative told us "If I had any concerns, I would go to the carers first of all, then I would go to the home manager."
- Feedback from a relative showed that their feedback was used to improve the care of their family member. They told us, "The only concern I raised is once [person] became more able, [person] started to feel lonely. Hill Ash identified other residents that [person] may bond with and develop friendships with and do activities with. It was obvious [person] needed social and mental stimulus and Hill Ash provided that and did a fantastic job".

End of life care and support

- People's care files contained DNAR (Do Not Attempt Resuscitation) information so that staff would know what people's wishes would be if they needed to be resuscitated.
- We looked at one person's End of life care plan. This care plan contained information about the person's preferences for care at the end of their lives.
- The registered manager explained how people would be supported by district nurses to manage their pain and medicines at the end of their life .
- Staff were receiving end of life training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service had a pre-employment check list in place, but this had not identified that all required checks, references and a satisfactory interview had not been completed before the service was able to offer an applicant a job. The provider governance oversight system had also not identified that this check had not been completed appropriately. The service's infection control audit was not sufficiently comprehensive to check that all aspects of national guidance was being adhered to.
- The registered manager and provider took immediate action to review their governance systems and provided an improvement plan showing the action they were taking to address the effectiveness of their governance systems.
- The registered manager understood their role. They were supported by the senior care staff and the provider to ensure the quality performance, risks and regulatory requirements.
- The service had systems to monitor and improve the quality of care people received. The registered manager carried out a range of audits in relation to people's medicines, health and safety, nutrition, dignity and respect as well as a manager's quality assurance audit. However, we found some audits were not fully effective in identifying and addressing quality and safety concerns.
- Following our inspection the provider told us they were reviewing their governance arrangements and audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 relatives, staff and people spoke positively about the management and the caring culture of the staff. Comments included: "Very strong qualified manager with a strong stable team." "What sets Hill Ash apart is the ownership; there is always some sort of new investment by people who care; the management is part of the owners' vision and backs them up. The owner is visible and [owner] would meet [relative] when [relative] visited and they would talk to [relative] about improvements they plan to make." "I love working here. The manager is always available and there is a lot of support."
- There was a stable and positive staff team, many having worked in the home for a number of years. People told us this was important to them as it meant they knew the staff well.
- The manager aimed to be visible at the service and had worked alongside staff at weekends and on night shifts. This enabled her to get to know the people, monitor staff practice and promote visions and values

which were person centred.

- The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

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

- The pandemic had made it difficult for the service to maintain their three-monthly family meetings, the registered managers had kept relatives informed via email updates and by sending photos to assure them of their relatives' wellbeing.
- The registered manager held departmental meetings with the staff in the home and participated in daily handovers. Staff told us their views were listened to and taken into account.
- The activity coordinator held residents' meetings and could describe how people's feedback had informed the activities on offer. Staff and people told us the registered manager was always available and they could speak with her and give their feedback.

Working in partnership with others; Continuous learning and improving care

- The home has worked with local organisations such as local health and social care organisations to ensure people receive good care and treatment. We heard many examples of how this joint working had resulted for example, in people remaining living at the home when their personal circumstances had changed.
- The registered manager worked closely with relevant professionals when they identified that developing staff's specialist skills would support people's care. This was evident from the insulin training staff had received to enable people's medicine to be managed by staff.
- The provider had invested in a new electronic care planning and care management system which they told us had improved the monitoring of the care people received.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.