







The Croll Group 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 caring?	Good	
Is the service responsive?	Requires improvement	
Is the service well-led?	Requires improvement	

Overall summary

This inspection took place on the 6 January 2016 and was unannounced.

Hill House is a residential home providing accommodation and personal care for up to 20 people. On the day of our visit there were 14 people living at the service.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was insufficient systems in place to audit, risk assess and protect people from the risk of cross infection in accordance with national guidance. Further work was needed to ensure that the provider had systems in place to regularly carry out medicines audits which would include the balance of stock against medication administration records.

Summary of findings

The provider had systems in place and staff trained to reduce the risk of people experiencing abuse and staff had been provided with guidance in reporting issues of concern.

There were sufficient numbers of staff employed and available at all times to meet people's needs. The provider had followed staff recruitment processes to reduce the risk of employing unsuitable staff.

Further work was needed to ensure people were involved in the planning and review of their care. Care plans did not include assessment of individual's wishes and preferences regarding their preferred day and night time routines. Not all staff had access to risk assessments and this meant they were not provided with recorded guidance to refer to as to action they should take to mitigate risks to people's health, welfare and safety.

Staff received training, supervision and support to provide them with the knowledge and skills they needed to meet the needs of people living at the service.

Staff were supported with regular supervision and staff meetings. There was a stable team of staff who worked well as a team, were motivated and had a good relationship with the manager who worked hands on shift alongside staff.

During this inspection we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe because there was insufficient systems in place to audit, risk assess and protect people from the risk of injury from wheelchair use and risks of cross infection in accordance with national guidance.

Further work was needed to ensure that the provider had systems in place to regularly carry out medicines audits which would include the balance of stock against medication administration records.

The provider had systems in place and staff trained to reduce the risk of people experiencing abuse and guidance in reporting issues of concern.

There were enough staff employed to meet people's needs. The provider had followed staff recruitment processes to reduce the risk of employing unsuitable staff.

Requires improvement



Is the service effective?

The service was not consistently effective as further work was needed to ensure people were involved in the planning and review of their care. Care plans did not include assessment of individual's wishes and preferences regarding their preferred day and night time routines.

Staff received training, supervision and support to provide them with the knowledge and skills they needed to meet the needs of people living at the service.

Requires improvement



Is the service caring?

The service was caring.

Staff were friendly and caring.

People's privacy and dignity was respected and maintained.

Good



Is the service responsive?

The service was not consistently responsive because established routines within the service did not evidence a consideration of people's choice in relation to their preferred day and night routines.

There was a complaints system in place.

Requires improvement



Is the service well-led?

The service was not consistently well led because quality and safety monitoring systems did not identify the shortfalls we identified.

Requires improvement



Summary of findings

There was a stable team of staff who worked well as a team, were motivated and had a good relationship with the manager. Staff were supported with regular supervision and staff meetings.

Hill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6 January 2016 and was unannounced.

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. The Expert by Experience had experience of providing care and support for an older person.

We spoke with six people who were able to verbally express their views about the quality of the service they received, eight people's relatives and one visiting health care professional. We observed the care and support provided to people and the interactions between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with eight members of staff including care staff, the manager, a senior carer, the cook and domestic staff.

We looked at records relating to the management of medicines, staff recruitment, staff training and systems for monitoring the quality of the service. We spoke with stakeholders, including one healthcare professional.

Is the service safe?

Our findings

People's medicines, including controlled medicines, were stored safely and there was a system for the ordering, receipt and disposal of medicines. Staff told us they received training in medicines management. When asked if staff were regularly competency assessed they showed us evidence of one member of staff having been assessed as competent to safely administer medicines. The manager told us that all staff were assessed every six to 12 months.

We looked at the medicines administration records and we carried out a check of stock against medicines administration records (MAR). However, we were unable to carry out an audit for several items of medicines, as there was no record of stock received or carried forward from the previous month. Where people had been prescribed medicines on a when required basis, for example for pain relief, or when they were prescribed in variable doses, for example one or two tablets. We found insufficient recording of the amounts administered. This meant that we were unable to balance the items of stock against the MAR records.

Where people were prescribed medicines on a when required basis (PRN), there was no PRN protocol in place with guidance available to show staff how and when to administer these medicines. Therefore people may not have had these medicines administered consistently and as prescribed.

There were no charts or records in place to record the application and removal of prescribed transdermal pain relieving skin patches. This meant that we were unable to determine if staff had administered patches in accordance with the prescriber's instructions to ensure people's safety and effectiveness of the medicine.

We reviewed the provider's management of medicines policy and noted this was not written in line with current legislation and guidance. The supplying pharmacy audit reports from their last two visits to the service had identified an outstanding need for the provider to update their medicines management policy and procedural guidance in accordance with current legislation, including the NICE guidelines for Managing medicines in care homes.

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

The provider did not carry out any audit to identify environmental risks. We found that wardrobes were not secure as in some rooms we found wardrobes that tilted forward and moved when touched. Tops of wardrobes were used to store some heavy and sharp edged items. There was potential for unstable wardrobes to fall forward on to people as well as stored items to fall off and injure people who used the service and others. Cleaning and linen cupboards which staff told us should be locked were found unlocked which meant that cleaning equipment were not safely stored.

Further work was needed to ensure the provider had systems in place in line with current legislation and guidance including, The Health and Social Care Act 2008: Department of Health, Code of Practice for health and adult social care on the prevention and control of infections and related guidance. For example, we found bathrooms and people's ensuite rooms without sufficient hand washing facilities including; antibacterial hand soap and paper towels for staff and community nursing staff to access.

There was a lack of cleaning schedules and management audits in place. We reviewed a recent environmental health inspection report which recommended that hand drying equipment be made available for staff adjacent to the hand washing sink located within the main kitchen. We found access to a paper towel roll was not adjacent to the sink and was found on top of a tall fridge. Areas of the kitchen were in need of cleaning for example, cupboards and drawers where crockery and utensils were stored. Kitchen staff told us they were unaware of and did not use the 'Safer food better business' log book as recommended by the food standards Agency to help ensure that the service complied with food hygiene regulations. The manager when asked produced this log book and told us it was kept in the manager's office. This log book was not easily accessible to kitchen staff, was not up to date with any daily recording of safety checks and did not evidence any planning of schedules for cleaning and evidencing when cleaning tasks had carried out as required.

Communal wheelchairs were provided and in use. Some wheelchairs were found without foot rests attached. Use of wheelchairs without foot rests when supporting people to mobilise presented a risk to entrapment and injury to people's legs. Staff told us they put these on when they moved people using wheelchairs. However, staff were unable to tell us where the missing foot plates were to be

Is the service safe?

accessed when needed. We noted there were not enough foot rests for the number of wheel chairs in use. Staff told us foot rests were not in use for one person as they were unable to bend their knees. Staff also told us they would pull the wheelchair backwards when walking with the wheelchair. This presented a safety risk to the person as well as to staff. We also noted that this identified risk to this person's safety and to staff had not been risk assessed and there was no guidance within this person's care plan which would provide staff with recorded actions to take in mitigating these risks. We discussed this with the registered manager who told us they would update this person's care plan. They also told us there was no system in place to evidence regular servicing of wheelchairs. The registered manager also told us there were currently no environmental risk assessments and infection control audits in place.

This demonstrated a breach of Regulation 15 (1)(a)(c) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated a good understanding and awareness of the different types of abuse and described to us how to respond appropriately where abuse was suspected. Staff had been provided with training in the local safeguarding protocols in place for the safeguarding of adults from abuse and what steps to take if they had concerns. This demonstrated that staff had the knowledge to protect people from avoidable harm and abuse.

People told us they were confident and reassured that they would receive consistency of care and be supported by staff who were aware of their needs. Staff described how the staff team was stable and staffing levels were sufficient to meet people's needs. Call bells were responded to quickly and staff had time to attend to people without rushing them.

People and their relatives told us that there were sufficient numbers of staff deployed throughout the day and night to meet the needs of the people who used the service. One person told us, "I ring four times during the night and they come, sometimes they say they will come back and they

always do." Another told us, "It is very good and there is always enough staff when you need them." A relative told us, "There always appears to be enough staff about. They have time to chat to us and [my relative]."

Everyone we spoke with told us they did not have any concerns about their safety. One person told us, "It is very good here and I do feel safe, staff are very nice and thoughtful." A relative told us, "It is very good here and we are impressed, it is not crowded, there are no smells and staff are friendly, the staff ratio to residents is good."

Staff told us they worked well together as a team and all mentioned the good 'atmosphere' in the home. Staff were not rushed and gave support according to people's individual need. Staff told us they were aware of any changes to people's care as this was communicated through handover meetings and care plan reviews. It was evident from staff interactions with people that they were caring and people felt comfortable in their presence.

Care records included some personalised risk assessments in relation to the safe moving and handing of people when mobilising. We noted from daily records that one person was regularly found with their legs over the side of their bed rails during the night which could indicate they had attempted to climb out of bed. Risk assessments in relation to people with bed rails in situ did not record any actions staff should take in mitigating risks to people's safety. We discussed this with the manager who told us they would take action to review all risk assessments.

We looked at the staff recruitment records for three care staff most recently appointed. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults. We were therefore satisfied that the provider had established and operated recruitment procedures effectively to ensure that staff employed were competent and had the skills necessary for the work they were employed to perform.

Is the service effective?

Our findings

People received care and support from staff who had received training, were skilled, experienced and knowledgeable in the roles they were employed to perform. People and their relatives were all complimentary of the staff who supported them. One person said, "All the staff here are very nice." Another told us, "I think the staff are well trained and appear to know what they are doing." One relative told us, "We have no concerns. They appear to be well trained and know people well. There is a good atmosphere here, every time you visit."

Staff confirmed that they had received regular one to one supervision meetings and team meetings. One member of care staff told us, "I have supervision around every three months. We have team meetings. We work well as a team and the manager works hands on with us." This provided staff with the opportunity to discuss their performance and plan development opportunities. Staff files showed us that staff had been competency assessed to ensure they were competent to carry out the roles they were employed to perform.

Staff told us they received a variety of training to support them in the roles. Staff and the manager told us the majority of training was provided through watching DVD's or reading and completing work books to evidence their competency in areas relevant to their roles. Staff including domestic staff told us they had recently attended training in 'virtual dementia' where they experienced through role play and the use of equipment what it may feel like to have impaired vision and limited mobility alongside the effects and experiences of people living with dementia. One staff member told us, "This has helped me to understand what it must be like for people and I found this very helpful." Another told us, "They make sure you are well trained." However, not all staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and awareness of associated Deprivation of Liberty safeguards (DoLS). It was evident from discussions with care staff they did not understand fully their roles and responsibilities with regard to the MCA and the requirements of the law. This meant that staff may not have the required knowledge to identify when a referral to the local safeguarding authority was required to ensure that best interest assessments were carried out as is required by law.

The manager was not clear as to those people living at the service who had appointed persons with lasting power of attorney (LPA) judgements in place in relation to their health and welfare or with responsibilities for managing their financial affairs. Where relatives had told the manager they had authorised LPA this had not been confirmed with copies of authorised LPA's obtained. This meant that when required this information may not be easily accessible to support people in supporting them with their preferred wishes and choice upheld.

People were supported to have enough to eat and drink and maintain a balanced, nutritious diet. People told us they could ask for drinks and snacks whenever they wanted. We observed the lunch time meal. Lunch was attractively plated with ample portions. People were complimentary about the food provided and said they enjoyed mealtimes and did not feel rushed. Staff supported people in a sensitive manner. One person was observed to eat very little and pushed their plate away. A care staff member was observed to sensitively and patiently ask if they could sit next to the person and proceeded to encourage them to eat and drink a little more.

People told us they were asked for their feedback during residents and relatives meetings and consulted as to suggestions for further improvement. One person told us, "The food is very good and I have no complaints. I did not have much appetite before I came here but now I have put on weight." Another told us, "I have no complaints, there is usually a hot roast or a salad to choose from and a desert of trifle and ice-cream. My family bring me in fresh fruit."

There was a system in place where staff monitored people using the 'Malnutrition Universal screening tool' (MUST). However, people's weights were not always monitored in accordance with specialist advice given. Where people had been identified as at risk of malnutrition we saw that they had been referred to a dietician for specialist advice. However, we noted that advice was not always followed. Where dieticians had suggested that people be weighed on a weekly basis this was not always actioned. When asked the reason for this. The manager told us that the weighing scales were in need of repair and they were waiting for replacement parts.

We spent time talking with the cook. They described to us training they had attended and understood what steps they would take to fortify foods to provide additional

Is the service effective?

calories where people had been assessed as at risk of malnutrition. However, they were not clear as to the names of everyone diagnosed with diabetes and what dietary support and adjustments to people's diet was required.

A review of records showed us that people had access to a variety of healthcare services including GP's, community nurses, opticians, continence advisors and chiropodists. Community nursing staff visited the service daily to support people diagnosed with diabetes and who required support with administration of their insulin. The manager told us that people would be supported by relatives to attend the dentist. People told us staff responded promptly to support

them with access to health care services when required. One person told us, "If I need a doctor they get one for you." Another person said, "I have regular the foot person come to see me regularly."

People and staff told us there were good links with local GPs to ensure people's medical needs were met. People and family members told us they were supported to be in control of medical decisions that related to them. Some care plans showed us that some people had been consulted with regards to their preferred wishes concerning end of life care. This enabled people to have access to healthcare services and receive the on-going healthcare support they needed.

Is the service caring?

Our findings

Throughout our inspection all of the people we spoke with told us they were happy and satisfied with the service they received. One person who used the service said, "I have a bath twice a week and it is done nicely. Staff are very kind." Another told us, "Staff are all very friendly and obliging."

We observed people were treated with warmth and kindness. Staff had time to sit with people and chat to them. There were positive interactions and people were relaxed and comfortable in the presence of staff. One person said, "The care staff are all very kind and I feel comfortable with them all. There was one who was sharp and abrupt but they have gone now." A visiting professional told us that all staff were always caring in their approach and supportive of people's needs in a dignified and respectful manner.

People's privacy and dignity was maintained in supporting people with their personal care.

One person said, "The staff have never failed to treat you with respect." Another person told us, "When I have a bath I am not made to feel awkward or embarrassed, I am comfortable." We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. For example, we saw staff knocked on people's door and waited for a response before entering. Staff described how they would support people with their personal care in a dignified manner. They also told us how they supported people to maintain their independence.

People were cared for and supported by staff who knew them well and in the main understood their likes and dislikes. Care plans contained some information regarding people's preferred choices. However, we were not assured that care plans described people's individual preferences with regards to their choices as to the time they rose from bed in the morning. Care plans contained some information with regards to how people wished to be spend their day but this was limited.

People told us that they were supported to maintain contact with their relatives and friends. We observed a steady stream of visitors throughout the day. All of the relatives we spoke with were positive about the care and support their relative received. One person said, "There are no restrictions here. My relative can come whenever they like." A relative told us, "We can come at different times during the day. There are no restrictions on visit."

We saw from a review of care plans that some people had been consulted and their wishes considered with regards to their preferred wishes and preferences in relation to death and dying. For example, access to a named priest, identification of a funeral director and who should be informed in the event of a death such as friend and family. However, some care plans had a statement which appeared to have been copied and pasted stating that staff were to, support in accordance with the person's wishes but did not state what these wishes were. Staff told us they were not confident to ask people their wishes in relation to dying and death until they became unwell. This meant that people may not have the capacity by then to express their personal views.

Is the service responsive?

Our findings

Everyone we spoke with told us they were happy living in the service. One person told us, "I have nothing to complain about." Another person said, "I have all I need and have no complaints." However, everyone we spoke with also told us they were woken up between 06:00am and 07:00am.

People told us, "I am woken up at 06:00am as they have a lot of people to get up, they put the light on and speak to me and help me get out of bed and then I doze again in my chair until they bring breakfast at 07:00am." And "I get woken up with breakfast and tablets from 06:00am onwards. I would prefer it to be later but I understand that the night staff have to get us up."

Staff also confirmed what people had told us. They told us that the service had an established routine whereby night staff served breakfast and administered medicines between 06:00am and 07:00. This was also confirmed from daily care notes we reviewed. We noted that staff had recorded, daily within the night staff handover log book, 'PC routine started at 05:30am. Staff confirmed this related to personal care. We were not assured that established routines in place considered individual wishes and choices as to people's preferred times for rising from bed and the serving of their breakfast. Care plans we reviewed lacked evidence that people had been consulted as to their preferred day and night routines. We discussed this with the manager who told us people could sleep in later in they wished but would however review what they agreed was an established routine within the service.

People and their relative's told us that they had been involved in the initial assessment of their needs before they came to stay at the service. However, they also told us they had not been involved in any review of their care plan and all of the people we spoke told us they had never seen a copy of their care plan. Care staff told us, "We do not review care plans and risk assessments on the electronic system.

This is for the senior staff and the manager to do." Staff also told us they did not all have access to risk assessments and so were unable to tell us what guidance was available to them in mitigating risks to people's safety.

Staff told us they worked together well as a team and all mentioned the good 'atmosphere' in the service. Staff were not rushed and gave support according to people's individual need. Staff told us they were aware of any changes to people's care on a daily basis as this was communicated through handover meetings. It was evident from staff interactions with people that they were caring and people felt comfortable in their presence.

People told us they enjoyed the group activities provided by designated staff responsible for planning and providing group and one to one activities. They also told us they occasionally enjoyed trips out into the community. One person told us, "We have activities on Monday, Tuesday and Thursday. We do exercises, table games and nail painting. Last year I went out twice, once to hear a brass band and once to Clacton." Another person told us, "It would be nice to go out more. If it wasn't for my family who take me out I would not see much of the outside world." People told us that staff respected their wishes when they wanted to be alone and encouraged those who enjoyed the company of others to participate in group activities.

People said that they were supported to voice any concerns at resident's and relative's meetings. We reviewed meeting minutes and saw that people had been asked their views regarding the food provided and in the planning of group activities. One relative told us, "We had a relatives meeting last year organised by a community service independent of the home. I am not aware of any other meetings being organised." Another told us, "I think they do organise meetings for relative's to give their views but we have no concerns. This is a nice small home and I would recommend it to others."

We looked at the provider's concerns, suggestions and complaints log. We noted that all concerns and complaints had been responded to in a timely manner.

Is the service well-led?

Our findings

The service had a registered manager in place who had worked at the service for a significant period of time. There was a stable team of staff who told us they worked well as a team, were motivated and had a good relationship with the manager who they said was supportive and approachable whenever they had any concerns. They told us the registered manager and deputy manager worked hands on shifts several times a week and this was confirmed by the registered manager.

Observations of how the registered manager interacted with staff and comments from staff showed us that the service had a positive culture.

Not everyone we spoke with knew who the manager was. One person told us, "I would not know who the manager is but they are all very good here." Another said, "The manager is always busy, she has far too much to do to talk to us." Relatives told us the manager was helpful and approachable whenever they had any concerns.

Staff were provided with regular supervision including access to staff meetings. This meant that they had been provided with opportunities to meet with their manager to discuss their work performance and plan their training and development needs. Minutes of staff meetings we reviewed demonstrated discussions on a variety of subjects including delegated tasks, health and safety and work performance issues.

We asked the manager how they and the provider assessed the quality and safety of the service. The manager told us they did not currently carry out any formal quality and safety monitoring of the service. There was a lack of safety

audits in place which could have identified the shortfalls we found in the management of people's medicines, infection control and assessment of risks to people's health, welfare and safety.

The manager told us the provider visited the service on a regular basis and provided support when required. We were provided with some provider quality audit visit reports to review. Whilst these audits referred to people as being happy with the service they received, these did not record any description of the number of people, relatives and whether and which staff were spoken with. The manager and provider audits did not evidence that any audits had been carried out of care plans, medicines management monitoring and assessment of risks in relation to health and safety checks.

We saw that people and their relatives had completed satisfaction surveys in 2013 in which they had been asked to contribute suggestions as to ways in which the service could be improved for example, in relation to the food provided and in the quality of the care they received. We noted that people had commented on inadequate lighting and suggestions for more trips out into the community. The provider had identified in their annual improvement plans in 2014 and 2015, plans to replace the leaking conservatory used as a communal dining room and also improvements to the quality of the lighting throughout the service. However, these works had not been completed. There were no action plans produced by the provider with timescales for completion of the works identified.

This demonstrated a breach of Regulation 17 (1) (2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12.2 (a)(b)(d)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safe care and treatment</p> <p>Risk assessments relating to the health, safety and welfare of people were not completed to include guidance for staff with actions for managing risks.</p> <p>The service did not have systems in place to protect people against the risks of not receiving their medicines as prescribed.</p> <p>The provider did not have systems in place in line with The Department of Health Code of Practice in relation to the prevention and control of healthcare associated infections.</p>
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17.2 (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Good governance</p>

This section is primarily information for the provider

Action we have told the provider to take

There were ineffective systems in place to regularly assess, monitor and mitigate risks relating to the health, welfare and safety of service users.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

Regulation 15 (1)(a) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Premises and equipment

Wheelchair equipment had not been serviced and foot plates provided in sufficient quantities.

Risks to people's health, welfare and safety had not been fully assessed and staff provide with guidance to mitigate these risks.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.