

Hill House Nursing Home Limited

Hill House Care Home

Inspection report

Hill House Care Home
48 – 50 Park Road
Kenley
Surrey
CR8 5AR
Tel: 0208 645 9339
Website: www.hillhousecare.co.uk

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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

We inspected Hill House Care Home on 24 and 25 September 2015. The inspection was unannounced.

Hill House Care Home is a service which provides nursing and personal care to elderly adults. At the time of our visit there were 51 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not at work on either day of our inspection.

People felt safe. There were procedures and risk assessments in place which staff implemented to reduce the risk of harm to people. Staff had been trained in safeguarding adults. They knew how to recognise the signs of abuse and how to report any concerns.

Summary of findings

There were procedures in place to ensure that people received their medicines safely which staff consistently followed. People were protected against the risk and spread of infection.

Appropriate checks were carried out on staff and they received an induction before they began to work with people living in the home. Staff understood their roles and responsibilities. However they were not adequately supported by the management through regular supervision and performance reviews.

There was not a sufficient number of staff on duty to meet people's needs. Some people told us staff did not have time to speak to them.

People's care records were not person centred and did not focus on people's individual needs, personal preferences and dislikes.

Staff asked for people's consent before delivering care. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

Regular checks were carried out to maintain people's health and well-being. People also had access to healthcare professionals and staff liaised well with external healthcare providers. People were supported to plan their end of life care.

People were treated with kindness and respect. Staff ensured people received a nutritious, balanced diet. People were happy with the quality of their meals and said they were given enough to eat and drink. There were a variety of group activities for people to participate in inside the home but few if any opportunities for people to leave the home unless they had the support of their relatives.

Comprehensive internal audits were conducted to check the quality of care people received. However, where areas for improvement were identified and an action plan put in place, management did not always implement the action plan.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to there being an insufficient number of staff to meet people's needs, the lack of consistency with staff supervision and appraisal, the lack of person centred care and the lack of effective systems to assess the quality of care people received. 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?

Some aspects of the service were not safe.

There was not a sufficient number of staff to meet people's needs.

The service had policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff knew the different types and signs of abuse and who they would report their concerns to.

Risks to individuals were assessed and managed. Staff were recruited using effective recruitment procedures. Staff followed procedures which helped to protect people from the risk and spread of infection.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

Staff were not adequately supported through regular supervision and appraisal.

Staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People received nutritious, balanced meals and were supported to maintain good health.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect.

People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Good



Is the service responsive?

Some aspects of the service were not responsive.

People were involved in their care planning. The care planning process was not person centred. Consequently the care provided was task focused and not person centred.

People's spiritual needs were taken in account. There were a variety of group activities available inside the home but people who wanted to were not enabled to go out of the home.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Requires improvement



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led.

There were comprehensive systems in place to monitor and assess the quality of care people received which the management and staff consistently applied. However, where areas were identified as requiring improvement, action plans were not always implemented by the management.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

People living in the home, their relatives and staff felt able to approach the management about their concerns.

Requires improvement



Hill House Care Home

Detailed findings

Background to this inspection

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

The inspection was carried out by two inspectors, a nursing specialist adviser and an expert by experience on 24 September. 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's area of expertise was elderly care. The inspection continued on 25 September 2015 and was carried out by two inspectors.

As part of the inspection we reviewed all the information we held about the service. This included routine notifications received from the provider and the previous inspection report. At the previous inspection in October 2013 the provider was found to be meeting all the requirements we inspected.

During the inspection we spoke with seven people living in the home, three of their relatives and nine staff members. We also spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at eleven people's care files and five staff files which included their recruitment and training records. We reviewed a variety of other records and looked at the service's policies and procedures.

Is the service safe?

Our findings

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. People's dependency and the number of staff a person required was reviewed when there was a change in a person's needs. People told us and we observed that there was an insufficient number of staff to meet people's needs. People commented, "They could do with more staff. They are overloaded", "I don't think there are enough staff. They are short sometimes", "Sometimes you have to wait for the staff" and "There are definitely insufficient staff". People and their relatives had raised their concerns with management about the staffing levels during residents' meetings in November 2014 and June 2015.

We observed that some people did not receive breakfast until 10.40 am on the first day of our visit and 10.30 am on the second day of our visit because there was not a staff member to assist them. During lunch we observed that one staff member was assisting two people at the same time, who were sitting on opposite sides of the room. The staff member was standing up while assisting these two people. A third person who also required assistance to eat their lunch had to wait for 20 minutes once their lunch had been served before a staff member was available.

Staff also felt there were insufficient staff. Records indicated that staff had raised concerns about the staffing level during a staff meeting in July 2015. Staff members told us, "There are a lot of people here who need a lot of support with their personal care and at meal times. It takes a long time because there aren't enough of us to get everything done. It's even worse if people are off sick or on holiday because they won't use agency staff", "We are constantly on the go. We don't have the chance to stop and have a chat with the residents" and "There isn't enough time to do everything. People get the care they need but our paperwork suffers".

We raised our concerns about the insufficient number of staff with the deputy manager and a clinical and operations consultant retained by the service to improve the systems in place to assess and monitor the quality of care people received. They told us they used a dependency tool to determine the number of staff required to care for people safely. They agreed there was a shortage of staff on the days of our inspection but told us this was because some

staff had called in sick and others were on annual leave. They did not consider there was insufficient staff generally. The provider was however actively recruiting and hoped to retain a further eight care workers to work in the home.

The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure they could meet people's care and treatment needs. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us, "I have felt very safe here", "I am happy and safe" and "I've felt perfectly safe here". Relatives told us, "She has felt very safe, wonderful care" and "He has been safe. They watch him carefully".

The home had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and demonstrated very good knowledge on how to recognise abuse and report any concerns. There was information displayed for people on who to report their concerns to. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person living in the home.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. Care plans gave staff detailed information on how to manage identified risks and keep people safe. They covered such issues as how to minimise the risk of falls and the action to take in the event that the person was to fall. Records confirmed staff delivered care in accordance with people's care plan. Staff knew what to do in the event of a medical or other emergency.

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. This minimised the risk of people being cared for by staff who were unsuitable for the role.

A registered nurse worked on each floor of the home and was responsible for giving people their medicines. People

Is the service safe?

received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed which indicated that people received their medicines as prescribed. People told us they received their medicines at the right time, in the correct dosage. People told us, "I get my medication when I expect it" and "I get my medication on time".

People were satisfied with the standard of cleanliness in the home. People commented, "The home is immaculately clean", "The place is always clean, there is someone cleaning all day long", "The home is generally very clean", "They clean my room daily, "The room is reasonably clean" and "There are no smells about".

People were protected from the risk and spread of infection because staff followed the home's infection control policy.

The service employed full-time cleaners. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. People's rooms and the communal areas of the home were clean and tidy. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. The home was well decorated. People's rooms and communal areas were well furnished. A maintenance person worked at the home and the home and garden were well maintained. The utilities and equipment in the home were regularly tested and serviced. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire.

Is the service effective?

Our findings

Staff were not adequately supported by the provider through regular supervision and annual appraisal. Six of the nine registered nurses had not had a supervision meeting in 2015. 28 out of 48 staff who were eligible to have an annual performance review had not had one. This meant there was not a system in place which was consistently applied to ensure staff maintained their competence to carry out their role.

The provider did not ensure staff received appropriate support, supervision and appraisal to enable them to carry out the duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received an induction when they began to work at the service during which they were introduced to the main policies and procedures in the home and received basic training relevant to their roles. Staff told us and records confirmed that they received training in the areas relevant to their work such as safeguarding, moving and handling and infection control. Staff were able to tell us how they applied their learning in their role day-to-day. Staff told us the provider would support them to obtain further qualifications relevant to their roles.

Staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home. Staff told us that informal assessments were conducted during daily interaction. The service was following the MCA code of practice and made

sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A full-time cook was employed by the provider who had worked in catering for many years. They knew what constituted a balanced diet and the menus we looked at were designed to offer healthy, nutritious meals. People's meals were freshly prepared daily. People were satisfied with the quality of food available and told us they had a sufficient amount to eat and drink. People commented, "The food is really good. The portions are big enough for me. I have put on a stone in weight", "They refresh my juice every day" and "The food is good and the portions are large enough".

Staff carried out regular checks to ensure people maintained good health. For example, people were weighed regularly to check they maintained a healthy weight. People were registered with a local GP. Staff supported people to attend hospital appointments or appointments with other healthcare professionals. People told us, "They organise the chiropodist when I need him", "The physio is here today, I'm seeing him later", "I've never needed the doctor but he is always around", "I do get to see the dentist, the chiropodist and the physio" and "If I need it, the doctor will see me".

Is the service caring?

Our findings

People were supported by a dedicated, caring staff team. People living in the home made positive comments about the staff such as, “The care is good. I think they do a good job”, “The care is great” and “The staff are wonderful. I am very happy here”. A relative told us, “The staff are very patient and caring.” Many of the staff had worked at the home for several years. Their concern for the well-being of the people living there was evident. Staff had a positive attitude to their work and enjoyed working at the home. A staff member commented, “We are professional but we treat them like our own family.”

There was a relaxed, calm atmosphere in the home. Staff spoke to people in a kind and respectful manner and respected people’s dignity and privacy. We observed, and people confirmed that staff knocked on the door and asked for permission before entering people’s rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were supported with their personal care. People commented, “They do keep me private when dealing with me in my room”, “They do ensure

my door is shut when they deal with me” and “They do give me my privacy”. Relatives commented, “They treat residents with respect and kindness” and “They close the door when attending to him”.

People’s religious and spiritual needs were taken into account. The home had links with a local place of worship. Clergy regularly attended the home to conduct religious services.

People were supported at a pace that suited them. Each person had a keyworker, a member of staff who could assist them to communicate their needs and understand the care options available to them. The keyworker system helped to promote positive caring relationships between people and staff. Staff received training in dementia awareness which one staff member told us, “Helped me to better understand the different types of dementia and how they affect people’s behaviour.”

The home had an effective approach to end of life care planning for those people who wished to do so. This meant that people were consulted and their wishes for their end of life care were recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively.

Is the service responsive?

Our findings

People told us they were involved in the care planning process however this was not evident in their care plans. Care plans did not consider all aspects of people's individual circumstances or reflect their life histories, values, specific needs, personal interests and preferences. An activities co-ordinator had obtained this information from people but it was not shared with other staff members or incorporated into people's care plans. Consequently staff knew about people's health and personal care needs but knew very little about the people themselves, their personal preferences and what mattered to them most.

The care we observed was task driven and not person centred. We observed that a person who had recently moved into the home had a specific dietary preference. Staff were unaware of this and the person told us staff repeatedly gave them food choices which were unsuitable. A person commented, "I don't get asked about what I like to eat." Staff did not support people to be as independent as they could be and go out into the community as often as they wanted to. People commented, "They never take me out", "I don't get out often but I would like to" and "I'd like to go out. I haven't been out of here since I moved in". A relative commented, "The person has not been out in four years."

We raised this lack of person centred care with the assistant deputy manager and clinical and operations consultant who told us they understood the care planning process needed to be more person centred and were looking at alternative care planning tools.

People did not get care and treatment which reflected their personal preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs and level of dependence were assessed and reviewed weekly. There was continuity of care because there was a consistent staff team who worked well together as a team. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay.

People's social needs were taken into account. People's relatives were made to feel welcome and felt able to visit the home at any time. One person commented, "There are no restrictions on my visitors." An activities co-ordinator organised group activities for people living in the home, some of which were suitable for people living with dementia. These included activities involving reminiscence, which are known to benefit people living with dementia. People were satisfied with the activities available inside the home although some people felt there should be more one to one activities for people who required it. People told us, "They do have activities here, indoor games and exercises", "There are enough activities to keep me occupied", "There are a few activities. The co-ordinator is trying to put on a reasonable programme" and "We can only do things as a group". A relative told us, "More could be done for people who don't leave their rooms."

People and their relatives felt able to express their views. People told us staff were approachable and that they felt comfortable making comments and suggestions about the care they received. Residents' meetings were held twice a year where people and their relatives were able to give their views on the quality of care provided and make suggestions on how it could be improved. People were able to give feedback on the care they received by completing surveys provided by the management. People and their relatives knew who to talk to if they wanted to make a complaint and were confident it would be resolved appropriately. People told us, "I have complained when things are not right" and "If you do complain, they do try and sort things out".

Is the service well-led?

Our findings

There were comprehensive arrangements for checking the quality of the care people received. Monthly audits were conducted in areas such as care documentation, infection control, activities and medication. The audits identified the areas which we found required improvement. Action plans were put in place with deadlines for completion. However they were not actioned. For example, there was a system in place to check that staff supervision and appraisal were up to date. The system identified that some staff were not getting regular or any supervision and that staff who were due to, had not had an appraisal but this remained unchanged month after month. People living in the home and their relatives expressed their concerns about the staffing levels in November 2014 and May 2015. Staff expressed their concerns about staffing levels and the impact this was having on the quality of care people received during a staff meeting in August 2015. The impact on people of there being insufficient staff was evident at the time of our inspection.

The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the service provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the home was well organised and well-run. People and staff told us the registered manager who they called matron, was approachable. People commented,

“The matron is approachable”, “I think the home is run well. The staff are always accommodating”, “I see the matron, she walks about and I think she is aware of everything”, “Matron is brilliant, you can speak to her at any time. She is usually in reception” and “Matron is friendly and approachable”.

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Staff felt able to express their views on the management of the home and the way care was provided. Records of staff meetings indicated there was open communication between the management and staff. However some staff felt that while management listened to their views they often did not take any action on the issues raised. A staff member told us, “They do listen but I’m not sure anything happens after that.”

Registered services such as Hill House Care Home must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.

There were systems in place to ensure that the standard of maintenance of the home and equipment used was monitored and prompt action was taken when repairs or servicing was required.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed.

Regulation 18 (1) Health and Social Care Act (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive appropriate support, supervision and appraisal to enable them to carry out the duties they were employed to perform.

Regulation 18 (2)(a) Health and Social Care Act (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People did not get care and treatment which reflected their personal preferences.

Regulation 9 (1)(c) Health and Social Care Act (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not established and operated effectively to enable the registered person, in particular,

This section is primarily information for the provider

Action we have told the provider to take

to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

Regulation 17 (1)(a) Health and Social Care Act (Regulated Activities) Regulations 2014.