

Park Avenue Ltd 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected this home on 27 April 2016. The visit was unannounced. The home is registered to provide personal care and accommodation for up to 13 people who have a learning disability or autism. At the time of our inspection 3 people were living at the home. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

The service was last inspected in 13 July 2013, and was meeting the regulations. Since that time the provider has undertaken significant changes to the property, to the people they support, and the type of service they provide. The registered provider made the necessary application to CQC to enable them to do this. Although a care service had operated from this address for many years, the service offered, people accommodated and the management team had significantly changed since our last inspection. The service was very new, and still under development.

Staff had been provided with training about the Mental Capacity Act 2005 (MCA). However the staff we spoke with were not all sure how this act applied to their work. Where it had been identified that people had been restricted of their liberty applications to the local supervisory body had been made.

People we spoke with told us they felt safe living at Hill House and our observations showed people felt happy and relaxed in the home and with the staff who were supporting them. Staff were not aware of all the actions they needed to take to ensure people stayed safe. Risks people experienced had not all been well assessed or planned for.

People could not be certain they would always receive their medicines safely and as the Doctor had prescribed.

There were enough staff on duty. Staff had been provided with training to ensure they had the competencies required to meet the needs of the people living at the home.

People were supported to attend a wide range of health appointments. This helped to maintain their physical and psychological well-being.

People told us they enjoyed the food provided and we observed people receiving the help they needed with eating and drinking.

Everyone we spoke with told us, and we observed that staff worked with kindness and compassion. The staff provided people with the support and reassurance they required to help them stay calm and to feel settled.

People had not been supported to make plans for their life or to regularly undertake activities that were of importance and interest to them.

The registered provider sought feedback from people, and had used this to further improve and develop the service.

The registered manager was aware of his responsibilities and people we spoke with told us he was approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks were not consistently well managed to ensure people and those around them would be as safe as possible.

Medicines were not always safely managed.

People told us they felt safe, and staff, relatives and professionals confirmed this.

People were supported by staff that they liked, who had been recruited safely and who were provided in adequate numbers to meet people's needs.

Is the service effective?

Good ●

The service was not always effective.

Staff required further support to fully understand the principles of the Mental Capacity Act to ensure people's safety, liberty and human rights were being protected.

People enjoyed the food provided.

People got the support they required to meet their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People, their relatives and our own observations showed that staff supported people with kindness, compassion and patience.

People's dignity and privacy was maintained.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not have interesting things to do each day.

The registered manager was receptive to feedback and suggestions from people using the service and their relatives.

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service had not always been effective, and subsequently action had not always been taken or planned to develop and improve the service where shortfalls had been identified.

There was a registered manager in post who was aware of his responsibilities to meet people's needs and the requirements of regulation.

Requires Improvement 

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 27 April 2016 and was unannounced. The inspection was undertaken by one inspector.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We had not received any notifications from the provider, and we confirmed with the Registered Manager during the inspection that this was correct. We liaised with a local authority who commissioned services from the provider for their views of the service. We used all this information to help us plan the areas we were going to focus our inspection on.

During our visit to Hill House we spoke with the registered manager, the nominated individual and four members of staff. We used our Short Observational Framework for Inspection (SOFI) as well as talking with the three people who were using the service about their experiences. We looked in detail at some parts of all three people's care plans and medication administration records to see if people were receiving the care they needed. We sampled three staff files including the recruitment process. We looked at some of the registered providers quality assurance and audit records to see how they monitored the quality of the service.

We spoke with a further three members of staff, two relatives and two healthcare professionals on the telephone.

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person we spoke with told us, "I feel really safe, there are always staff about." Other people we met were less able to verbally express their feelings and experiences, but during our observations we saw that people were happy and relaxed and appeared to be comfortable in the home and with the staff supporting them. Relatives we spoke with confirmed that people were safe and their comments included, "It's fantastic. I have no concerns about [name of person] safety at all."

Staff were able to describe how they supported and cared for people in line with their care plans to ensure people's safety. Records sampled included risk assessments relevant to people's health and welfare needs. Although risk management plans had been updated and reviewed regularly the reviews had not always been effective. We found that significant risks that some people experienced had been missed from their risk assessments. Control measures given in risk assessments such as the number of staff required to support people, or specific training that staff should have undertaken before supporting people had not all been adhered to. While we found no evidence that this had resulted in people coming to harm, these documents and the practice of staff did not ensure people were receiving care and support in line with their assessed needs.

The registered manager had established how each person liked to be offered their medicines and had documented this to ensure all staff were aware of people's preferences. People were supported by consistent staff who understood how to support them to take their medication. Details about each medicine had been produced in an easy to read format which ensured people were as well informed about their medicines as possible. The registered manager had developed records and procedures that would reduce the risk of a medicines error occurring. While it was positive that arrangements were in place to ensure that checks on medicine management took place regularly, we found that these checks had failed to identify administration errors. This meant people had not always received their medicines as the prescribing doctor had intended.

We spoke with a number of staff who all told us that the safety of people was an important aspect of their job. Staff told us about the training they had received to ensure they worked safely using approved techniques and procedures. Training records confirmed these courses had been attended and updated as required. The knowledge staff had been provided with had not consistently been used to inform and direct care planning. Providing access to the courses ensured staff knowledge was updated and refreshed, but no assessment of the competence of staff to apply the learning had taken place.

Records showed that staff had received training in adult safeguarding and the staff we spoke with were able to describe different types of adult abuse and the action they would take in the event of them witnessing or suspecting abuse had taken place. Staff explained how they observed people and reported any injuries or changes in their condition. We saw body maps and entries in people's daily notes when staff had observed bruises or minor injuries. Information about how to raise concerns was available in the home. This would ensure people would receive the support they required and that the relevant agencies would be alerted in

the event of abuse taking place.

People that we spoke with told us that if they had any concerns or felt unsafe they would feel confident to report it. One person told us, "I would feel able to talk to any of the staff here if I was unhappy." A relative we spoke with told us, "I can speak to the manager at any time, he will talk on the phone or come and see me. He has been very open, regularly asking us if we have any concerns. So yes, I would feel able to raise concerns if I did have them." We viewed meeting minutes where people and their relatives had been asked if they felt safe or had any concerns. Openly asking people about their experiences and any concerns ensures people have opportunity and feel supported to raise concerns about their safety or well-being.

People and their relatives told us that they were happy with the staffing levels and that there were enough staff employed to deliver a good service and meet people's needs. The registered manager provided us with copies of rota's that demonstrated adequate numbers of staff had been booked to support people each shift for the coming two weeks.

The registered provider had records to demonstrate safe recruitment practices. We found the processes in place ensured staff were recruited safely. We saw and staff confirmed that they had received appropriate pre-employment checks before they had commenced their role.

Is the service effective?

Our findings

Relatives and health care professionals we spoke with expressed confidence that the staff had the skills and knowledge to meet people's needs appropriately. Feedback we received included, "The staff are very good. They know how to look after [name of person] well." One of the health professionals we spoke with told us the staff appeared to be genuinely interested in their client as a person, as well as having skills relevant to their assessed needs.

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 people lack mental capacity to take particular decisions, any decision 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. The application procedures for this in care homes are 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 were being met. We found that the required applications had been made to the local supervisory body for DoLS in line with the legislation.

The majority of staff we spoke with were unable to explain how the MCA applied to their work. Not all staff we spoke with were aware of the DoLS that had been applied for or agreed by the local authority. The information that the majority of staff shared with us, did not provide evidence that they knew how the principles of the MCA were applicable to individual people living at Hill House or the action they needed to take to comply with the restrictions agreed to keep people safe. Staff we spoke with had received training about their responsibilities to promote people's rights in relation to the MCA. While we observed that staff supported people in a way that reflected the principles of the act, staff we spoke with were unsure of their specific responsibilities, or how the act impacted the care and support they were providing.

One person told us, "Staff always ask what I need and offer to help me if I need it. They never impose themselves." We asked staff about how they gained consent from people before assisting or supporting them. Staff explained they either asked people or tried to determine from people's body language what support they needed and if they were happy with the care and support being offered. Staff regularly sought consent from people before attending to their daily living needs.

People we spoke with told us that staff prepared meals which they enjoyed. One person told us, "There's all sorts of different foods available." The staff we spoke with identified that the provision of food was an area in which they thought the home could improve. Our inspection confirmed that improvements could be made to the range of food provided. We saw written records that showed and staff told us that sometimes everybody was served Halal food, even when this was not their expressed preference or consistent with their faith and culture.

The records of food eaten showed that the same dish was often repeated several times each week. There was no evidence that this was people's preference. Records showed that fruit and vegetables were not offered routinely, and during our inspection we identified that stocks of fruit and vegetables had run very low, and were not available in the home for people to choose from. The registered manager provided receipts to show that fruit and vegetables were purchased regularly and agreed to improve the supply available to people. Despite this we found evidence that people had achieved healthy weight targets, (both gaining and losing weight as their health care needs required), and we observed people enjoying the food provided.

People told us, and we saw records that supported people had been supported to seek medical attention when they required it. We saw records that showed people had been offered access to routine health screening, as well as appointments relating to specific needs and conditions they experienced. Health professionals we spoke with gave positive feedback, informing us that people's health conditions had stabilised and in some cases improved since moving to Hill House. This provided evidence that people's physical and psychological health care needs were being well met.

All the staff we spoke with told us they received a variety of training to enable them to carry out their job effectively. A member of staff we spoke with told us, "I had some training, and I'm just having some more. I feel able to do my job well." Staff we spoke with told us they felt supported to do their job. They advised us that they received regular supervision, and were able to access support from either their peers or the manager if they needed. One member of staff told us, "I can talk with the manager about anything, new ideas, concerns, anything. He is open and available. "

Staff had been provided with and completed an induction before they started working for the service. Staff we spoke with told us they were given time to read policies and procedures. Staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of adult social care workers. Offering this ensured that all staff have a basic knowledge of good care practice and safe working practices. Staff had the skills and knowledge to support people who use the service.

Is the service caring?

Our findings

We observed interactions between people and the staff team that showed compassion and kindness. Staff we spoke with were aware of issues in people's lives that may cause them anxiety, and described the ways they helped people express their concerns and process their feelings. People told us that the staff were kind, caring and helpful. One person told us, "Moving here feels like I have a fresh start. Everyone has been really nice to me." Relatives we spoke with supported this view and their comments included, "[Name of relative] is really happy there. The staff are great to him. [Name of person] can't tell me if he likes it, but after being out with us, he runs to the front door to go back in. He wouldn't do that if he didn't like it."

Relatives we spoke with told us they were always welcomed to the home, and one relative told us, "I am always made very welcome there." The registered manager described the efforts the staff team had undertaken to help people stay in touch with both family members and other people including previous care staff who had an important role in people's lives. This helped people to stay connected with the people who are important to them, and protects people against social isolation.

We saw positive and respectful interactions between people and the staff. Some people were able to talk to staff in depth and explain what they wanted and how they were feeling. Other people needed staff to support them to express themselves. The provider stated in the provider information return (PIR) that they promoted respect and dignity within the workplace, and that this was a core value that ran through the training for staff. Staff we spoke with told us how they promoted dignity and respect, and during our inspection we observed staff responding to people's needs in a timely and dignified manner. We saw that staff actively engaged with people and communicated with them in an effective and sensitive manner.

We observed people making use of the communal areas, but people also had access to their bedrooms which ensured people had a choice of time with others or on their own. The provider had undertaken some significant upgrading of the building since our last inspection. Each person had their own bedroom, and there were communal spaces available on each floor of the home. This enabled people to have privacy and space when they needed it.

Is the service responsive?

Our findings

People told us they had been involved in the planning and reviewing of their care. They were happy with the quality of the care which was provided in the way that they wanted. One person told us, "Nobody tells me what I have to do. There's no strict rules. I feel like the staff work with me, include me in the team, helping me make decisions about my life and what I want to do." Some people were unable to fully express their wishes verbally, however the registered manager and staff were able to share examples of things people had requested using communication aids and gestures. One person had requested a change of the colour of their bedroom and had been supported to choose the colour they wanted, and changes were made as agreed.

People had care and support from staff who knew them and had information available to provide appropriate care. Care plans included information about people's personal history, individual preferences and interests. The written plans reflected people's care and support needs and contained a lot of specific information and guidance for staff to enable them to provide individualised care and support. Staff we spoke with were able to describe people's life histories and things that were of importance to individual people.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. People had enjoyed some days out together to places of local interest. Photos of these trips and talking with people who had been on them, showed these activities had been a success and to their liking. Our observations showed that on the day of inspection the activities available to people were very limited. We observed people sitting for long periods looking out of the window. We asked staff about this who agreed that activities were an area the home needed to improve upon. We looked at people's daily records and saw that the opportunities provided for people to engage in activities either inside the home or in the local community on a regular basis were very limited and reflected the lack of activity and opportunities we saw during our inspection. We did not see for example that people had been supported to regularly pursue personal interests, undertake regular exercise or to contribute to the running of their home. People were not being supported to lead interesting or active lives.

People had been given the opportunity to raise concerns and ideas in regular meetings with staff and the registered manager. Efforts had been made to provide communication aids that would support people to do this. Relatives we spoke with reported being happy about the service and told us they had a positive relationship with the registered manager. They were confident they would be able to raise any concerns and these would be dealt with fairly. No complaints had been received since the last inspection.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. This meant people benefitted from a service that was listening and developing in response to feedback about issues of concern.

Is the service well-led?

Our findings

Although a care service had been operated from this address for many years by the same provider it had significantly changed since our last inspection. For the past year the service had changed and now offered care and support to people with different needs than those who had been cared for when we last inspected the home. . People were supported by a new staff team and new registered manager. The service was still under development. There were systems in place to monitor the quality of the home. These included audits undertaken by other registered managers from the providers other care homes, audits by the registered manager and audits by the nominated individual on behalf of the registered provider. Feedback had also been sought from people using the service, staff and relatives in the form of questionnaires. The audit systems had not always been effective at identifying where improvements were needed, as during our inspection we identified shortfalls with medicine management, activities and the provision of varied menus for example that had not been picked up in audits. This meant the registered manager and organisation had not consistently directed their efforts and resources to develop the service to best meet the needs and expectations of people. We shared our findings with the registered manager and nominated individual who acknowledged our concerns, and agreed with the findings of our inspection. They made a commitment to address the matters raised. The failure to have systems that ensure the service is meeting the needs of people and complying with the requirements of regulation is a breach of Regulation 17(1).

Hill House had a registered manager who was present throughout the inspection. The registered manager demonstrated that they were aware of the legal requirements of their position. The provider information return (PIR) contained information that showed the registered manager had undertaken training relevant to the position of home manager, and had previous experience of supporting people with a Learning Disability and Autism. People we spoke with gave us positive feedback about the manager which included, "He is a very good manager-approachable. His relaxed style filters down across the whole staff team." A relative told us, "He's definitely the right man for the job." Health professionals we spoke with told us they had confidence in the manager and had found him to be both professional and approachable.

The registered manager stated in the PIR that there were regular meetings to gather feedback from people and to plan together to improve the service. We saw minutes of these meetings, which had been produced in an easy to read style. This would enable as many people as possible to access and understand what had been discussed and written down. We were informed that people, relatives and staff were supported and encouraged to give feedback about the service. People and their relatives told us that the service held regular meetings which provided opportunities for people to express their views and experiences of life at the home. The registered manager had been creative and used initiative to ensure the views of people and their families were heard. This had included going to meet with families at their home when travelling to Hill House had not been possible.

Staff meetings had taken place and they identified that current matters had been shared with the staff to ensure effective communication between the team and that developments and improvements could be made.

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 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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service were not effective, and had not identified all areas requiring improvement or development.