ADR Care Homes Limited

Hill House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Hill House provides accommodation and personal care for up to 37 older people including those living with dementia. Accommodation is located over two floors. There were 24 people living in the home during this inspection.

This inspection was unannounced and took place on 13 June 2016. The previous inspection took place on 19 October 2015 and overall was rated as good. However we had received concerning information about the care that was being provided to the people living at Hill House and as a result of this we brought the date of this inspection forward.

The home had a registered manager in post. 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty when this was lawful.

Medicines were not safely managed and the medicine processes were not effective.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

Staffing numbers were adequate to ensure people's care needs were met.

Care plans provided detailed information on how people's care needs were to be met this had been identified through their quality monitoring system. Staff were aware of people's needs.

People's privacy and dignity were respected at all times. Staff sought, and obtained, permission before entering people's rooms to provide personal care.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals when this was needed.

Wherever possible people or their families were involved in the planning of the care people received.

The provider had an effective complaints process in place which was accessible to people, relatives and

others who used or visited the service.

We found one breach 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.

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.

Medicines were not safely managed and people could not be assured that they would receive the medicines that they had been prescribed..

Risks to people were identified and acted on.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose where they spent their time.

People were supported to see their relatives and friends.

Is the service responsive?

Good

The service was responsive.

People's care records provided detailed guidelines to provide staff with sufficient guidance to provide consistent, individualised care to each person.

People were offered various activities, hobbies and interests.

Is the service well-led?

Good

The service was well-led

There were systems in place to monitor the quality of the service.

There were opportunities for people and staff to express their views about the service.

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 unannounced inspection took place on 13 June 2016. It was undertaken by two inspectors.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with 10 people and four relatives. We also spoke with the registered manager, team leader, two care staff and a visiting health professional. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at two people's care records. We also looked at records relating to the management of the service including staff training records, audits, and staff meeting minutes.

Requires Improvement

Is the service safe?

Our findings

Not all medicines received into the home had been recorded. We also found that there were gaps in the medication administration records so we could not be assured from looking at the records that people had received all of their prescribed medicines. We found that one person had not received some of their medicines for 5 days. Staff told us that this was because the medicine was not available. Although staff informed us that they had received training in medicines management, they did not know what all of the medicines that they were administering were for. In addition, there were no protocols in place advising staff when they should administer medicines that were prescribed as required.

This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People we spoke with told us they received their medicines on time. One person said, "I get my medicine when I need it." Another person said, "I ask when I need my pain relief".

Medicines were stored securely and appropriate arrangements were in place to ensure that unused medicines were returned to the pharmacy.

People told us that they felt safe. One person said, "I am safe and comfortable here and I am well looked after." Another said, "The staff are lovely and no one shouts here."

There was a risk assessment process in place to ensure that people remained safe and that care and support would be appropriately delivered. Risks assessments included risks to the person when moving around the home, fire and falls. However, we saw that a number of the risk assessments were generic and did not look at the risk to the individual person or how this could be minimised. For example one person had a sensor mat in place. It did not indicate why the mat was being used or what the risk to the person was and how this could be used safely. Therefore this put people at risk of not receiving the support they required.

Accidents and incidents were reviewed on a monthly basis and the registered manager stated that they would look for any trends for example, the time of day that incidents had occurred. They also told us that when a person had more than two falls a referral was made to the falls clinic.

The atmosphere within the home was calm and relaxed throughout the inspection. We found that there were enough staff on duty to support people in a timely way. People we spoke with felt that there were enough staff available to meet their needs. One person said, "If I ring my buzzer I know it won't be long before they get here". Another person said, "Yes there are enough staff normally. I have all my needs met. They are busy people (staff)." A third person said, "When I ring my buzzer the carers don't take long to get to me." We heard the call bells being answered within five minutes

Staff told us that they were always very busy but they felt that staffing levels met people's needs. One member of staff said, "There's is enough staff to do the job and we even get time to talk and have a laugh

and joke with the residents".

All the staff told us they had received training to safeguard people from harm or from receiving poor care. The staff showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would always tell the manager if I had any concerns and if I didn't get a response. I would go to Care Quality Commission (CQC)". Safeguarding information was available and accessible to staff and families in the main entrance to the home and included the telephone number of the local authority safeguarding team.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

Good

Is the service effective?

Our findings

Staff told us that the training they had received was good and had helped them to develop the skills they needed to carry out their role. Regular staff meetings were held and staff had the opportunity to attend.

Staff told us that since the registered manager had returned fulltime to the home they were being well supported and could go and speak to them at any time. One member of staff said, "We work as one big team and all get on". Supervisions had been planned which would provide staff the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics which included infection control, food safety, moving and handling and safeguarding people. One member of staff said, "We get lots of training and have received regular supervision". Another member of staff said, "I have attended the staff meetings and we are asked to bullet point items for the agenda".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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. The registered manager and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions that could be made on behalf of people who lacked capacity were in line with the MCA code of practice. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights to make decisions were protected. One person had an authorised DoLS in place and that detailed specific decisions were taken in the person's best interest.

People told us the staff met their needs. One person said, "The staff are always careful. They always ask permission before they do anything to help me". Another person told us that, "They know what they are doing. They always ask permission before they do".

People told us they were satisfied with the food and drink options that were made available to them. One person said, "I get a choice and enough to eat and drink". Another person said, "The food is good. I can have something else if I don't like what's on the menu." A third person said, "There's plenty to eat if you want it. You can choose something else if you don't like what's on the menu."Special diets, including soft food, were provided for people who needed them.

Mealtimes were calm and relaxed. Staff made sure people were comfortable where they were sitting. Staff did not rush people with their food and gently encouraged people to eat their meal. Staff who were assisting people sat with the person and we heard them asking if the person was ready for another mouthful or if they wanted a drink. Staff asked people if they had enjoyed their meal and checked whether the person wanted any more to eat or drink.

During both the morning and the afternoon people were offered drinks and biscuits. People could also request additional drinks.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, dieticians and therapists. A visiting healthcare professional we spoke with told us that people were referred to them by the service regarding their healthcare needs and that staff had followed their instructions and advice. They commented that the registered manager knew the people at the home well and that a member of staff would always accompany them when meeting a person's healthcare needs.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the care that they received. One person said, "The girls are really kind. They help when I need it". Another person said, "They [staff] make me comfortable. They are such good workers". A third person said, "Staff are very nice. They call me by name and they will chat if they have time. They do encourage me to do things for myself".

Staff told us how they treated people with dignity and respect. They told us that they made sure that people's needs were met, they were treated as individuals and that they were involved in making choices. We saw that people were offered choices. We saw staff knock on people's doors before entering their room. Staff also said that they explained what they were going to do before undertaking personal care. One person said, "They [staff] talk to me when they help me when getting up out of bed. They are always happy in their work". People told us that their family could visit whenever they wanted. One person said, "I look forward to my family visiting and they can come anytime".

Staff spoke with people in a caring and respectful manner and people were involved in decisions about how their care was delivered. We saw one of the care staff engaging people in conversation about what they would be doing during the day and whether they had had visitors over the weekend.

We observed one person who was confused. They were unsure where they needed to be and were concerned they were in the way and stopping the staff from doing their job. Staff were seen to put their arm gently around the persons shoulder and reassuring them. They asked them where they would like to go and encouraged and supported them with their choice. They continued to sit with them until they were happier and more settled. We observed that staff encouraged residents to be independent. For example, one person was encouraged to use their walking frame for independence rather than the easier option of a wheelchair. The member of staff kept a supportive hand on the person's back for encouragement and reassurance.

Care records showed that people and their relatives had been involved in the planning of the person's care. Care plans were personalised and clearly showed areas in which the person wanted to remain independent. People had been encouraged to contribute their views about how they wanted their care delivered by the staff. Another member of staff was heard to say to a person who was walking with their frame, "Don't worry [person's name] I am here with you and you are doing very well".

People's personal care records were kept securely in the office so that people's confidentiality was maintained. Staff only spoke in confidence about those people they cared for.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People's needs were assessed before they received care to ensure the staff were able to meet the prospective person's needs. A senior carer told us that people's care plans were based on pre-admission information. They also used information provided by families. They said that care plans were developed over a short period of time and then were reviewed regularly and updated when necessary.

Care plans that we looked at provided detailed information on how people's care needs were to be met by staff. Where plans had been reviewed and changed these had been signed or dated when the changes had taken place. Staff we asked also confirmed that they are able to read the care plan information to ensure that people are provided with consistent and appropriate care.

People told us that staff knew them well, even knowing what there likes and dislikes are. We found this to be the case when we asked staff to tell us about the people they cared for. We saw members of staff, which included the registered manager and housekeeping staff, talk to people about their interests and what they were able to do. We also saw that members of care staff spoke
with people in the way that they were able to understand. This included the use of simple short sentences and giving people time to respond.

People were supported to follow their spiritual and religious beliefs. People told us that they were religious service in the home every month. People were offered a range of other recreational activities to take part in and meet their individual needs. The activities include but not limited to baking, bingo, card games, and arts and crafts. One person who was up early was sat in the chair. We found them a newspaper to read. They then began to read out the headlines. One person said, "I never get bored. I like to read." A trip to a local café for afternoon tea was taking on the day of the inspection. People we spoke with were looking forward to the trip.

Care records and risk assessments were kept up-to-date and reviewed each month or sooner, with the person and or their relatives. The senior carer described the care plan review process: they said, "I would sit with the person and then we would go through their care plan with the person and relatives if this had been agreed with the person. The registered manager gave an example of another person's improvement in their ability to walk. We saw the person was able to independently walk.

People knew who to talk to if they wanted to raise a concern or complaint. One person said, "I'd tell the boss [registered manager]" People said that they were satisfied with their care and had no cause to raise a concern or complaint. Staff members were aware of how to support people with following the provider's complaints procedure. This included listening to what the person was saying and reporting their concerns for the registered manager to deal with. The healthcare professional told they had no complaints about the staff and the care they provided. The record of complaints showed that there had been no complaints made to the provider within the last twelve months.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and knew their name. We saw the registered manager knew individual people and engaged with them in a social and kind way. We also saw that they supported staff in looking after people; this included helping people with eating and drinking and checking in a new delivery of people's medicines. One person said, "The manager seems nice and she is approachable.

Relatives told us that the registered manager was always available now they had returned to the home full time and often helped staff look after people. Members of staff had positive comments about the registered manager. One member of care staff told us, "It's great now that [Name of registered manager] is back things are so much better organised".

We received notifications as required which demonstrated that the registered manager was aware of their legal responsibilities to do so. This included, for example, notifications to inform of us when people had suffered a serious injury.

The registered manager demonstrated an open and transparent leadership style. They said, "We look at each inspection (from both the local authority and CQC) and use any suggestions and advice and learn from them. We listen to people's views and take these on board to improve the service for people." Staff had opportunities to make suggestions during their one-to-one supervision and during staff meetings. Members of staff told us that they felt supported and listened to. One member of care staff said, "If we have any problems, such as any areas we feel we need to improve, we can talk to [name of registered manager". Another member of staff said, "I feel listened to. Lots of things are changing and have improved. For example record keeping."

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the registered manager regularly 'worked alongside the staff in providing care. This ensured that staff were implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

Minutes of staff meetings showed that staff were reminded of their roles and responsibilities in providing people with safe care. This included maintaining the cleanliness of the home and ensuring that people's records were kept up-to-date.

The registered manager told us that now they were back at the home they would be carrying out surveys to obtain people's and their relative's views about the standard and quality of the service provided. The results of the surveys would be collated and analysed to assess for any emerging trends or themes. Audits and checks were in place which monitored safety and the quality of care people received. Although not all the checks were effective and had not identified our findings in medicines. Checks included areas such as care planning, medicines and health and safety. Where action had been identified these were followed up and

recorded when completed to ensure people's safety. We saw that where the need for improvements had been highlighted actions had been taken. Such as the redecoration of various areas of the home and where cleaning had been highlighted as not up to standard. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of the environment provided.

Members of care staff knew about the provider's whistle blowing policy and were aware of their roles and responsibilities in following this. They also told us that they had no reservations in blowing the whistle on poor practice that posed a risk of harm to people they looked after.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the safe management of medicines. Regulation 12 (1)(2)(g)