

Wall Hill Care Home Limited

# Wall Hill Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

What life is like for people using this service:

At the last inspection in February 2017, the service was rated as Requires Improvement overall, with breaches of the regulations in relation to medicines management, the safety of the environment and ineffective quality assurance systems. The provider wrote to us to tell what action they would take to comply with these regulations. At this inspection, we found that the provider had made considerable improvements and there were no longer breaches of the regulations. However, we found new areas for improvement and the service remains 'Requires Improvement'. This is the third time the service has been rated as 'Requires Improvement'.

Staffing levels were sufficient to keep people safe. However, staff were continually busy and were unable to deal effectively with unexpected situations while continuing to meet other people's needs in a timely manner. People's lunchtime experience was compromised because staff were not always available to serve meals and provide support and encouragement. Whilst the provider had improved the effectiveness of their quality assurance systems, they had not recognised the need to continuously assess, monitor and review staffing levels to ensure they were sufficient to meet people's needs at all times. We have made a recommendation that the provider sources a system that meets best practice guidance.

Although staff were stretched and could not always spend a meaningful amount of time with people, we received positive feedback from people and relatives about their relationships with staff. We saw that staff were kind and caring but on occasions, staff did not recognise that their actions failed to promote people's privacy and dignity. Improvements were needed to ensure the provider's training and support for staff was in line with best practice and underpinned by the key values of kindness, respect, compassion and dignity in care.

People were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Risks associated with people's care and support were managed safely. People received their medicines as prescribed. Significant improvements had been made to ensure the environment was safe for people and the provider had considered the needs of people living with dementia in the adaptations and décor.

People were supported to have choice over their daily routine. However, when people lacked the capacity to make certain decisions themselves, people were not always supported to have maximum choice and control of their lives. The registered manager and staff did not fully understand the legal requirements and did not always support people in the least restrictive way possible; the policies and systems in the service did not support this practice. We have recommended the provider researches current guidance to ensure they meet legal requirements.

People did not always receive personalised support and their care plans did not always reflect their preferences. People had discussed their care needs when they moved to the service. However, we found people's likes, dislikes and preferences were not always recorded and people were not supported to engage in reviews of their care plans, to ensure they continued to reflect their preferences.

The service worked well with other organisations and health and social care professionals were positive about the registered manager and staff. People were supported to have a varied and healthy diet and to access other healthcare professionals to maintain good health.

There was a positive atmosphere at the service. The management team and staff were approachable and people felt able to raise concerns and complaints. People and relatives were asked for their feedback on the way the service was run. The provider acted on their comments to make improvements to the service where possible.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 28 April 2017).

About the service:

Wall Hill Care Home provides accommodation and personal care for up to 35 older people and people living with dementia. The service is provided in an adapted property, with four communal lounge areas, a dining room and bedrooms on both floors. There is a small garden at the rear of the property. On the day of our inspection there were 34 people living there.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: As this is the third time the service has been rated as Requires Improvement, we will request an action plan from the provider following this report being published to demonstrate how they will make changes to improve the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

## 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 always safe

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led

Details are in our well-led findings below.

**Requires Improvement** ●

# Wall Hill Care Home Limited

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

One inspector carried out this inspection, supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Wall Hill Care Home Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two relatives to ask about their

experience of the care provided. Most of the people using the service were unable to tell us their views about their care because they were living with dementia. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of care staff, the registered manager and two members of the provider's management team. We also spoke with four healthcare professionals who were involved with the service to get their views on how the service supported people.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing levels

- There were sufficient staff to keep people safe but they did not always have the time to respond to people's changing needs. Some people felt there were enough staff and others told us they had to wait on some occasions. Our observations showed that staff were very busy throughout the day and this impacted on their ability to deal with any unexpected situations. For example, when a person became unwell and required input from the ambulance service, staff found it difficult to be able to respond promptly to support other people to go to the bathroom or move to another part of the home, at the same time as assisting the emergency services. We saw staff had to ask people to wait for up to ten minutes on several occasions whilst they supported another person. Staff we spoke with told us there were times when there were not enough staff on duty which meant they found it difficult to meet people's needs in a timely way. One member of staff said, "We are almost at full capacity now and staffing numbers haven't changed".
- Staffing levels were not kept under continuous review and adapted to respond to people's changing needs. The registered manager had reviewed staffing levels when they started working at the service in February 2017. We saw they assessed people's dependency level to establish the number of staff needed to support them to be safe. However, they did not use this information to continuously review the number of staff on duty at given times during a working day to ensure they met people's changing needs. In addition, the provider had not fully considered the impact on the staff skill mix caused by the absence of the activities co-ordinator, to ensure people's needs continued to be met.

We recommend the provider develops a system to continuously review the number and skill mix of staff deployed on each shift to ensure this is appropriate for the needs of people living in the home.

- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

### Using medicines safely

- At the last inspection in February 2017 the provider had failed to ensure safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made the required improvements and the service was no longer in breach of Regulation 12.
- People who could give us their views told us they received their medicines when they needed them.

- When people received their medicines on an 'as required' basis, protocols were in place and staff were clear about when these medicines should be administered. We saw medicines were now stored and disposed of safely in accordance with best practice. Medicine records were completed correctly and monitored for accuracy.
- Staff told us, and records confirmed, they received training and had their competence checked to ensure people received their medicines as prescribed.

### Assessing risk, safety monitoring and management

- At the last inspection in February 2017, improvements were needed to ensure the environment was safe for people and that risks associated with people's mobility were assessed and managed. At this inspection, we found the provider had made the required improvements.
- Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them. We saw that staff followed risk management plans which gave clear information on how to manage identified risks. For example, staff could tell us how they supported people who may be at risk of choking and people who needed equipment to avoid pressure damage to their skin.
- When people displayed behaviour that may challenge themselves and others, we saw staff remained calm and managed the situation in a positive way. The service worked closely with other professionals to understand and reduce the causes of this behaviour to minimise the risk of harm. A professional told us, "The staff understand people's triggers and clearly document people's moods, for example when they refuse support; this makes it much easier when I come to review them".
- Risks to the environment were assessed and managed and accidents were investigated to identify actions to reduce the risk of reoccurrence. Records showed that equipment was regularly serviced and well maintained.

### Safeguarding Systems and processes

- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would act if they raised any concerns. We saw that when safeguarding concerns had been identified, these were reported to the local safeguarding team for investigation and outcomes were discussed with the staff for learning. Staff were aware of the whistleblowing procedures and said they would not hesitate to use them if they had concerns about misconduct of any kind.

### Preventing and controlling infection

- People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available when needed. We saw the staff had received training and followed clear policies and procedures to ensure the home was clean and safe for people.

### Learning lessons when things go wrong

- Openness and transparency about safety was actively encouraged by the registered manager and provider. Accidents and incidents were thoroughly investigated to identify any learning which may help to prevent a reoccurrence. Discussions with the registered manager and staff demonstrated that changes in practice had occurred following learning from a safeguarding concern.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support was not always consistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA), provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so or 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 with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- At the last inspection in February 2017, improvements were needed to ensure the provider was acting in accordance with the MCA when decisions were made in people's best interests. At this inspection, we found that some improvements had been made but further improvements were needed to ensure legal requirements were consistently met.
- We found that people's capacity to consent was considered and recorded in their care plan. However, the registered manager had not received training and did not recognise that decision specific capacity assessments needed to be documented. For example, decisions had been taken to support people to take medicines and to have assistive technology but there were no capacity assessments to show that the person could not make these decisions for themselves. This meant people could not be assured their rights would always be upheld. We discussed our concerns with the registered manager and provider who confirmed they would review all decisions made to ensure all assessments were correctly recorded.
- The registered manager and staff understood how people may be deprived of their liberty in their best interests. For example, they told us the door was locked and coded because some people did not understand they would not be safe to leave unsupervised. We saw that the registered manager had made DoLS applications where needed and approvals were monitored to ensure any conditions on authorisations were being met. However, as noted above, mental capacity assessments had not been documented to show how the decision had been made to apply for the DoLS in the person's best interests.

We recommend the provider researches best practice guidance to ensure they demonstrate that consent to care and treatment and best interest decisions are always in line with legislation and guidance.

- We saw staff involved people in making day to day decisions about their care, for example when

supporting them with personal care. People told us the staff explained what they needed to do and sought their consent before supporting them. One person said, "The staff always ask you".

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

- People's needs were assessed prior to moving to the service and the registered manager and staff worked with other agencies to ensure people's care was delivered effectively. People's care was regularly reviewed and updated when their needs changed.

Staff skills, knowledge and experience

- Staff did not always have the training and supervision they needed to provide care and support in line with best practice. On one occasion, we observed two staff supported a person who was distressed and having difficulty standing up to use their frame. They supported the person to move by standing either side of them and putting their hands under their arms to support them to stand. This practice is unsafe and does not meet the guidance from the health and safety executive for safe moving and handling in care homes. We discussed this with the registered manager who told us they would speak with the members of staff concerned to ensure they were aware this was unsafe practice. They told us they had identified the need to improve training in a number of areas, including safe moving and handling. The deputy manager was completing training to become an accredited moving and handling trainer and would be providing staff with training in January 2019. Staff told us and records confirmed that there was a regular programme of supervision and appraisal. The registered manager told us that training would be followed up with more intensive monitoring of staff practice, as part of the supervision and appraisal system.
- All staff completed an induction and shadowed other staff before working unsupervised. Records showed that staff completed a range of training which the provider deemed necessary to meet people's needs. We saw that training in MCA, DoLS, safeguarding and infection control needed to be updated. The registered manager told us that this was being addressed as a priority.

Supporting people to eat and drink enough with choice in a balanced diet

- People's mealtime experience was not wholly positive. As noted in the Safe domain, the provider did not have an effective system to determine the number of staff needed to support people at all times of the day. We saw this impacted on staff's ability to serve meals quickly and provide consistent support and encouragement to people. At the start of lunch, one staff member was administering medicines, and another staff member had to leave the dining room to answer the door. This left one member of staff to serve meals to 29 people. We saw that people were seated for 15 minutes before their meals were served and it was a further 15 minutes before all three staff were available to support people. A number of people required support and encouragement due to poor appetite. Whilst we saw that any concerns with people's weight were being managed, staff did not have time to sit with people to interact with them and encourage them, which meant we could not be sure their needs were being fully met. We discussed this with the registered manager and provider and have made a recommendation to review the staffing levels to ensure they are sufficient to meet people's needs at all times.
- People who could give us their views were positive about the choice of meals on offer. One person said, "It's varied. If there is something you don't like they'll find you some alternative". We saw visual menu choices were available to support people with hearing impairment and memory loss.
- People were involved in decisions about menu choices and the provider had sought the advice of a chef to ensure people were encouraged to make healthy food and drink choices. Ethical decisions about meal choices were considered, for example vegetarian and vegan diet choices were offered.

## Access to effective, timely healthcare support

- Staff understood people's health care needs and supported them to access other health professionals, such as the GP, district nurse, community psychiatric nurse and optician. Professionals we spoke with were positive about how the staff worked with them and told us they contacted them as soon as they had any concerns. Records showed appointments to see healthcare professionals were recorded and any concerns acted on.

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

- The provider had considered the needs of people living with dementia and had made significant improvements to the home to ensure it was accessible and promoted people's independence. Each person's bedroom door had an individual vinyl finish which simulated a regular front door, which helped people to identify their own bedroom and orientate themselves. The registered manager told us they had considered how noise impacted on people's wellbeing and we observed that televisions and radios were played on low volume.
- People could choose to spend their time in a number of communal lounges and there was a small garden area that had been assessed for risks. Areas of the home were themed with pictures and murals that were important to people living there. For example, there were photographs showing old scenes of Leek and a mural showing a canal side theme.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were not always treated with dignity and respect and recognised as individuals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected. Although people and relatives were positive about staff and told us they respected their privacy and dignity, our observations did not always confirm this. The registered manager told us they and the deputy manager had received training to become dignity champions, to act as role models for staff. They added that staff had received training and understood the need to take people to their bedrooms when providing personal care. However, we found staff did not always recognise the importance of this. For example, in the afternoon, we observed staff supported two people to have a shave in the dining room. We also heard staff referring to 'toileting' people when they were working together in the communal lounges, which demonstrated a task-focused approach which did not respect people's dignity. We brought this to the attention of the registered manager who told us they would address this with the staff.
- People who could tell us their views told us the staff encouraged them to be as independent as possible. One person said, "I do most things for myself, I dress myself, wash myself, do my own hair; [staff help me with everything else]". We saw that staff encouraged people to walk with their frames. One member of staff told us, "It's important to encourage people to be independent; for example, supporting a person using their frame for short distances, instead of their wheelchair".

Ensuring people are well treated and supported

- People who could give us their views told us the staff treated them with kindness and were positive about the staff's caring attitude. However, they told us staff did not always have time to sit and talk with them for a meaningful length of time. One said, "They're very kind to me; all of them. They often have a little word but it isn't for many minutes." Another said, "Well they are always very busy; They've got lots to help [other residents]". We saw that staff were frequently rushed and at times people sat in the communal lounges without the support of staff for more than 20 minutes. One member of staff told us, "This is a big home [a lot of residents] and it's difficult at times; we don't always have time to chat to people". This showed us that the provider had not considered the importance of staff always having the time to treat people as individuals and respond to their changing needs.
- We did see examples of positive interactions between people and staff. We saw that people had good relationships with staff and looked comfortable in their company. Staff were compassionate and offered reassurance when people were distressed. Although they were frequently busy, we saw they kept returning to people to assure themselves that they were comfortable and had everything they needed. Staff told us the happiness of the residents was very important to them. One member of staff said, "I love my job; it's all

about the residents".

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

- Relatives told us the staff kept them informed about changes in people's care and involved them in important decisions about their family member's care. For example, we spoke with a relative who had come in to attend a meeting with the registered manager and their family member's GP. The registered manager and staff recognised when people may need others to help them make decisions. For example, we saw that people were supported to access an advocate if they needed help to communicate their wishes.
- We saw that staff recognised their responsibility to support people to have choice over their daily routine. We saw that people could choose to join in group activities and what they had to eat and drink.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's individual preferences were not always met.

How people's needs are met; Personalised care

- People were not always involved in reviewing their care plans and communicating their preferences for how they were supported. People and relatives told us they had been consulted when their care plans were first agreed but could not recall being asked to review them. Staff told us, and records confirmed, that care plans were reviewed on a monthly basis or when any changes occurred. However, they told us people were not involved in this process. We saw that care plans were not always detailed in respect of people's likes, dislikes, goals and aspirations. For example, one person told us they were no longer able to go out following a fall and had not felt able to ask staff to take them out as they were usually too busy. They said, "I would love to [go shopping]. If someone could wheelchair me around the supermarket". We saw the person's care plan had been updated to reflect the fall but there was no information to show that their preferences for activities to promote their wellbeing had been considered. The registered manager and provider confirmed people and their families were involved in agreeing their care plans when they first moved into the service. They told us they spoke informally with people daily and at resident's meetings but there was no formal arrangement to review their plans. This meant we could not be sure people's care plans reflected their up to date preferences for how they received their care.
- The provider had not fully considered how to provide information in different formats to meet the Accessible Information Standards (AIS). Some pictorial information was available and a whiteboard was available to support a person with hearing impairments. However, the provider used an electronic care planning process and had not considered how they could provide copies of people's care plans in different formats to support them to be involved in a review process. This meant they had not fully implemented the AIS.
- Some people who could tell us their views were happy with the way staff supported them. One person said, "Staff help you out if you want anything." People were positive about the social activities available at the home. We saw there was a regular programme of activities which included bingo, pets as therapy visits and visits from the local church to support people to follow their faith. Staff told us how arrangements were made to ensure people of other faiths were supported when needed. People were also supported to engage in reminiscing activities, to encourage conversation and trigger memories. For example, one activity involved a person bringing in photographs of local gardens people were familiar with. On the day of our inspection, some people took part in an exercise class, called pop mobility, which they clearly enjoyed.
- People were supported to build and maintain contact with their families and friends. People could contact their relatives through Skype, for example a person had been able to speak to a relative in Canada. Relatives told us they were welcomed any time. We saw that the registered manager and provider were available when relatives wanted to discuss any concerns.

## Improving care quality in response to complaints or concerns

- People were aware of how to raise a complaint and felt able to do so. We saw there was a formal complaints procedure which was accessible to people. We saw that their concerns and complaints were responded to in a timely manner.

## End of life care and support

- Although the provider was not supporting people with end of life care at the time of our inspection, we saw that their needs and wishes had been considered and recorded. However, as noted above, there was no formal system to discuss this with people to be sure their wishes remained relevant.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership did not consistently assure high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection in February 2017 the provider had failed to make sufficient improvements to their governance systems to ensure people received safe care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made significant improvements in the home environment and had introduced effective quality monitoring systems in most areas. As a result, we have judged that the service was no longer in breach of Regulation 17. However, we identified some gaps in the provider's quality monitoring systems which need to be improved to achieve a 'Good' rating.
- The registered manager and management team had worked hard to implement new systems to address the breaches found at the last inspection and was now meeting the regulations. However, the provider had not identified the need to have a system to assess and continuously monitor staffing levels within the service. We found that pressure on staff had compromised the delivery of person-centred care and increased the risk of the service breaching regulatory requirements. In addition, the provider did not monitor information about consent-related activity to ensure they were acting in accordance with legal requirements and best practice.
- The registered manager and management team carried out a range of audits and checks to ensure the service was safe, for example checks of medicines and the health and safety of the environment. We saw that when shortfalls were identified, an action plan was put in place to ensure action was taken promptly. We saw there was an overall service improvement plan which showed us that the provider was committed to improving the quality and safety of the service.
- The registered manager understood the requirements of registration with us and notified us of important events as required. We saw the provider had displayed their latest inspection rating at the home. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

Leadership and management; Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was a positive atmosphere at the service. People who could give us their views and their relatives were positive about how the service was managed. Although people were not clear about who the registered manager was, they told us they felt able to talk to any member of the management team or a member of staff if they had any concerns. One person told us, "They come and chat privately to you".
- The registered manager and management team demonstrated a clear vision and values for the service.



However, support for staff to understand and share this was not always evident. Improvements were needed to ensure the performance monitoring and appraisal system was effective and staff were clear about how they needed to improve.

#### Engaging and involving people using the service, the public and staff

- People and their relatives were encouraged to give their views on the quality of the service through resident's meetings, an annual survey and the provider published a newsletter to keep people and their family members informed about what was happening in the service. We saw that people's views had been acted on in relation to menu choices and to address concerns about the trees in the garden. The provider did not seek staff views through the annual survey. However, staff told us they felt able to give their views at staff meetings and told us the provider had an 'open door policy'. This showed us the provider listened and acted on feedback to improve the service where possible.

#### Continuous learning and improving care; Working in partnership with others

- We found the registered manager and management team worked closely with other professionals to ensure people received effective, joined up care. Professionals we spoke with were positive about the approach of the management team. One said, "Communication here is good; they contact us promptly when they have any concerns".
- Whilst we have identified the absence of systems to monitor staffing levels and compliance with MCA, the provider and management team clearly understood the principles of good quality assurance. We saw that the service had invested in systems which were checked for effectiveness at regular intervals by an external compliance organisation.