

Bupa Care Homes (AKW) Limited

# Hill House Care Centre

## Inspection report

Elstree Hill South  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This inspection was carried out on 21 January 2016 and was unannounced.

Hill House Care Centre is registered to provide accommodation and nursing care for up to 76 people, with age related frailty, physical disabilities and people who live with a dementia. There were 69 people living at the service on the day of our inspection.

There was 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.

At the last inspection on 20 and 23 November 2013, the service was found to be meeting the standards. At this inspection we found that the provider had continued to meet the standards.

People were protected from the risk of potential abuse. Staff had received training and demonstrated a good understanding of how to recognise and report concerns. Risks were assessed and reviewed and actions were in place to reduce risk where possible without restricting people's right to make informed decisions.

People were supported by appropriate levels of staff who had the right skills and experience. There was a robust recruitment process in place and staff received regular training and supervision.

People were supported to eat and drink sufficient amounts to keep them healthy, and had regular access to various health care professionals when required including their GP.

The leadership in the home was strong and staff were valued. Staff had been given individual areas of responsibility to ensure the smooth running of the home. There were systems and processes in place to monitor the quality of the service and actions in place to address any issues.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with 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 service was working in accordance with MCA and had submitted DoLS applications which were pending an outcome.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe by staff who had been trained to recognise and report any concerns about potential risks of abuse.

Potential risks to people's health and safety were identified and managed effectively.

Safe and effective recruitment processes were followed to ensure that potential staff were suitable to work in a care environment.

Sufficient numbers of staff were employed and deployed to meet people's care and support needs at all times.

People were assisted to take their medicines safely by trained staff.

### Is the service effective?

Good ●

The service was effective.

Staff requested people's consent before providing care and support.

Staff were trained and had the experience to help them meet people's needs effectively.

People were supported to eat a healthy and balanced diet that met their needs and preferences.

People's health was maintained because they were supported to access a range of health and social care professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind and caring way by staff who

knew them well and were familiar with their needs.

People and their relatives were involved in care planning and regular reviews of the care provided.

People were supported in a way that respected their dignity and respected and maintained their privacy.

People's personal information was stored so that it remained confidential.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received individual and personalised support that met their needs and took account of their preferences.

Staff were given appropriate and relevant information to enable them to provide personalised care and support.

People were helped to participate in activities and hobbies relevant to their needs.

There was a complaints policy in place and people knew how to raise concerns in they needed to.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a strong management team in place who were open and transparent and systems were in place to monitor the quality of the service and drive improvement.

People, and staff were positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

# Hill House Care Centre

## **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 21 January 2016 and was unannounced. The inspect team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with five people who lived at the service, two relatives, three members of staff and the deputy manager and registered manager. We received feedback from health and social care professionals. We viewed three people's support plans. We looked at other information relating to how the service was monitored including maintenance records, and accident and incident recording.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People felt safe and told us they were well looked after by staff who knew them well. One person said, "I have felt safe since I came here, they (staff) are always asking if I am alright". Another person told us "we are well looked after here." "A visiting relative told us "I have no concerns, or I would soon let them know about it, they are marvellous here".

Staff had received training about how to safeguard people from abuse and were knowledgeable about different types of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information about how to report concerns, and contact details were displayed on various notice boards within the home, so that people, visitors and staff were reminded of where they could report any concerns they had. However staff told us they were confident that any concerns would be addressed in a timely way by the registered manager.

There was a robust recruitment process in place to help make sure that potential staff were suitable to work in a care home environment. The process included completing an application form, an interview and taking up pre- employment checks including a minimum of two references and a disclosure and barring check (DBS). Other identity checks and proof of eligibility to work in the UK were also made.

There were enough skilled and experienced, staff available at all times to meet people's individual support needs. Staffing levels were determined based on the needs of people who lived at the home. We observed that people were supported in a timely way and safely. Staff had adequate time to spend supporting people and were not rushed.

There were risk assessments in place for all aspects of people's daily living. For example moving and handling, skin integrity, weight management and for when people went out of the home for example to attend an activity. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs.

People's independence was supported in a safe way which reflected their personal needs and circumstances. For example a person who went out in the community was supported with road safety and personal safety so that they would be as safe as they could when they went out but without restricting their lifestyles in anyway.

All incidents and accidents that occur at locations where people receive support are recorded, investigated and reviewed by the service managers to ensure that steps are taken to reduce the risks. The registered manager is in the process of introducing a new risk management system that will enable trends, themes and learning outcomes to be identified and discussed at team meetings.

People's medicines were administered safely by staff who had been trained to administer medicines. We saw that there was a process in place for the safe ordering, storage and disposal of medicines. Trained staff supported people to take their medicines regularly. Medication administration records were completed

correctly and there were regular audits in place to make sure any possible errors were picked up quickly.

Regular checks were in place for equipment such as hoists and emergency equipment for example fire evacuation equipment and procedures were regularly tested and reviewed in order to help keep people safe. People had personal fire evacuation plans in place so that they could be safely evacuated from the building in the event of an emergency.



# Is the service effective?

## Our findings

People were supported by staff who had received the training which was appropriate to their role. Staff also told us they were supported by senior staff and had regular supervision with their line manager. People told us they did not know what training staff had but one person told us "They seem to know what they are doing, I don't have any issues with them". A relative also said they "were confident in the abilities of the staff"

We saw that staff received regular training and refresher training when required. Before staff started working at the service they received a detailed induction to help give them the skills and knowledge they required to support people in their care effectively. Part of the induction included 'shadowing' a more experienced member of staff until staff were competent enough to work in an unsupervised capacity. Staff told us there were always senior staff on duty who were on hand to support, advise and give guidance. Staff were working towards achieving the national care certificate which includes an overarching range of topics covering the role of the care worker.

Staff told us that they could request help from their seniors at any time and they felt supported to do their job. One staff member said, "I have regular meetings with my manager and we discuss everything about the 'residents' my performance, and learning and development". We saw that staff received bi-monthly meetings and also attended team or unit meetings.

People were supported to make decisions about their care. We saw staff asked people's consent before assisting them with tasks. For example, we observed staff asking a person "are you ready to get up now" the person said come back in 10 minutes, I am just finishing my tea". Another person was asked "What's the plans for today"? People were given choices about all aspects of their lives and supported to make informed decisions.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty were being met. Staff understood and had a good working knowledge of the requirements of the Mental Capacity Act 2005. We found that staff and the registered manager monitored people so that their capacity was kept under constant review. We found that the service had submitted DoLS applications which were awaiting an outcome.

People were supported to eat a varied and nutritious diet and to drink sufficient amounts to maintain their health and wellbeing. We saw that staff spent time assisting people with making choices about what food they would like with people showing them menu cards to assist people with choosing. We observed people who had special dietary requirements were catered for including a vegetarian option, a pureed diet and a thickened diet. Where people were at risk of malnutrition or staff were concerned a referral was done to an appropriate professional such as a dietician or (SALT) speech and language therapist for assessment and advice. People's food and fluid intake was also monitored and recorded daily.

There was regular access to health and social care professionals. Staff told us they made GP appointments for people and also opticians, chiropodist and dentists came to the home when requested. Staff also

supported people to attend hospital appointments if family were not available to take people. Health and medical appointments were recorded in peoples care plans so that there was an on-going record which informed staff about peoples health for example if someone went for a blood test this was recorded

## Is the service caring?

### Our findings

People who used the service told us that staff were kind and caring. One person told us, "They are stars here, they really go over and beyond, they even look after me, I always get offered a cup of tea". Another person told us "They are like family here, wonderful, all of them". Staff told us "It's all about the people here".

We observed staff supported people in a kind and respectful way. They spoke to people in a gentle tone, supportive and reassuring. Staff were aware of people dignity and respected their privacy and confidentiality. For example a member of staff was supporting a person to the bathroom and waited until we had passed before resuming the conversation, ensuring that the persons dignity was not compromised. Staff told us they ensured people's dignity was maintained by knocking on the door, making sure blinds were closed and that the person was kept covered so as to make them feel as comfortable as possible, while respecting their privacy at all times. We saw that individual care records were stored securely, maintaining people's confidentiality.

Staff had well developed caring relationships with the people they supported and were knowledgeable about their individual needs, personal circumstances and individual likes and dislikes and also about how people liked their routines.

Visitors were welcomed at the home at all time and were invited to attend events regularly. Staff supported people to maintain relationships with family and friends and people who were important in their lives. Staff told us they often had visitors for lunch or dinner and encouraged relatives to be involved in events at the home, where possible.

People told us they were involved in the planning and reviews of the care and also relatives were asked to participate when possible. People had an assigned 'key worker' who was responsible for ensuring people's care and support was regularly reviewed and care plans updated to meet their individual needs, and incorporate any changes.

## Is the service responsive?

### Our findings

People received personalized care and support that met their individual needs and took full account of their preferences and personal circumstances. Detailed information was provided to assist staff to provide care in a person centred way, which reflected people's individual needs.

Detailed life histories were included in peoples support plans, as well as peoples likes and dislikes. This meant that people's views and preferences had been taken into account during the planning and delivery of their care. One person told us, "[staff] helps me to do as much as I can for myself, this is important, I don't want to loose my ability to do things for myself". People's care and risk assessments were kept under regular review to make sure that any changes to peoples needs or abilities were documented and plans put in place to address them.

People were supported to pursue a range of activities and hobbies. People had individual 'chats' with activities staff. One person told us "they come to talk about activities and what we would like to do, I enjoy just having the chat". We saw that there was plenty going on both individually and in groups some in the home and other activities in the community. Several people told us they prefer to stay in their bedrooms and watch television another person was very interested in music and had a vast collection of musical memorabilia which kept them busy and engaged.

People's religious and cultural needs and wishes were taken into account for example different religious representatives attended the home regularly and people were supported to attend services. One person who did not participate much in activities did enjoy a particular type of cusine and was supported by staff to go to restaurants with family and staff so that they could maintain cultural links.

People and their relatives told us they were consulted and updated about the services provided, how the home was run and invited to attend regular relatives meetings to provide feedback about how it operated. People told us they felt listened to. People knew how to make a complaint and told us that the managers responded to any concerns raised in an appropriate manner.

Complaints, and concerns were recorded, investigated and resolved by the registered manager. We saw that complaints were responded to in a timely way and that where possible a resolution was found. We saw that compliments were also recorded and this 'motivated' staff a they recognized that people took the time to give positive feedback and it was not just negative all the time.

## Is the service well-led?

### Our findings

People were very positive and complimentary about the management team and how the home was run. People told us they knew who the manager was and that they were regularly seen around the home. Staff also told us they felt 'valued' and supported by the manager and senior staff. One person told us, "the manager and all the staff are great, they really are, nothing is a problem". We found the registered manager and staff to be open and transparent with strong values and a commitment to supporting people to live full and meaningful lives. Staff told us they were supported to progress their career and develop their skills when opportunities were available."

Staff told us that they had clear roles and responsibilities and lines of accountability. For example when they started working at the home they were provided with a welcome pack, giving them information about the ethos and values of the wider organization and where they fitted in. Staff had specific areas of responsibility for example an infection control lead, a medicines lead and unit managers who were responsible for particular units within the home.

The Managers were aware of individual peoples needs and preferences and about what was important to them. Staff told us they had regular updates with the management team to keep them informed about key developments within the home. Relatives were invited to give feedback and engage with the home. The managers told us they held regular relatives meetings and encouraged people to contribute to how the home was run. Staff told us it also improved their understanding of the people they supported to see them engaging with family and friends.

An annual survey was also sent to people, relatives and all stakeholders about how the service was doing. We saw that information was reviewed and analysed and action plans put in place to address any areas where improvements could be achieved. External and internal audits were undertaken in a range of key areas, for example in relation to health and safety, complaints, the management of medicines, and the maintenance of the building. We saw that some of the checks of the building were done in relation to (PAT) testing portable appliance testing, gas and water checks and equipment maintenance and checks to ensure the building, environment and equipment were all maintained.

Notifications were sent to CQC to inform us about important events that happened within the home, such as accidents or incidents. These were monitored and reviewed to help the provider identify trends and put remedial actions in place.