

Leonard Cheshire Disability

Hill House - Care Home with Nursing Physical Disabilities

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

Hill House – Care Home with Physical Disabilities [Hill House] is a residential care home providing personal and nursing care to 23 people at the time of the inspection. The service can support up to 24 people.

Accommodation is provided in one adapted building. Additionally, there is separate building which provides activity and therapy facilities and there is a sensory garden.

People's experience of using this service and what we found

We received feedback from people using the service and staff that staffing levels had not always been sufficient which meant that sometimes people had to wait longer than usual for support and that there was a high use of agency staff. The manager was aware of these concerns and staffing levels had recently been increased. On the second day of the inspection the increased level was in place and staff reported that this had made a difference. Additional nursing staff had been recruited and interviews were planned in the next few days for care staff which would reduce the level of agency staff used.

People told us they felt safe living at Hill House. They were protected from abuse and avoidable harm by staff who were appropriately trained in recognising signs of abuse and were aware of the steps to follow should the need arise. Medicines were managed and administered by trained and competent staff and people received their medicines as prescribed. Measures were in place to control and prevent the spread of infection.

People were treated fairly and without discrimination, including characteristics protected by law. However, one person felt their religious needs were not being fully met. We have made a recommendation about reviewing people's cultural and religious needs. Staff received ongoing training relevant to their roles. People were supported to maintain their health and wellbeing with access to a range of health care professionals. The environment was spacious and fully adapted to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Warm and trusting relationships had developed between people and staff. Staff were caring and people were at ease in their company. People told us they were treated with dignity and respect and their privacy was respected.

There was an ongoing programme of activities and people pursued their own interests. However, some people felt the activities were no longer suitable for them due to their changing needs. We have made a recommendation about reviewing activity provision.

People and staff spoke positively about the manager. The manager was clear about their role. Changes of

management at regional and service level had impacted upon some areas previously highlighted for improvement. During the inspection, the quality business partner provided a detailed service improvement plan which incorporated areas identified during the provider's quality assurance checks and feedback provided throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring section below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Hill House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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.

Service and service type

Hill House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager registered with CQC, however they had resigned from their position and, following the inspection cancelled their registration. A new manager had been appointed and their application to register with CQC was in process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, quality business partner, care workers and the chef and one visiting professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure medicines were given as prescribed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Using medicines safely

- Medicines were managed and administered safely and as prescribed by staff who were appropriately trained to do so.
- Medicines were stored securely. We checked a sample of stock and found them to be correct.
- A review of stock management procedures had taken place to ensure stock levels were not excessive.

Staffing and recruitment

- We received mixed feedback from people using the service about staffing levels. One person told us there was "Not always enough [staff] and there's a lot of agency staff." People said they sometimes had to wait for support longer than usual due to staffing shortages.
- Staff told us they did not feel there were sufficient staff and that the high use of agency staff had an impact on their workload. They said "You have to make sure those staff [agency workers] are Ok. You have to think for two people when you are working with agency."
- The manager had identified these concerns and staffing levels had recently been increased. On the second day of our inspection the increased level was in place. A staff member told us "We are fully staffed today. You have the extra time with people to talk and take your time. It's been really nice."
- Recruitment was ongoing to reduce the use of agency staff and staffing needs remain under review. Five interviews were scheduled later in the week. Recruitment procedures were safe. Checks were carried out to ensure that only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Hill House. They said, "Yes I feel safe" and "Yes, very much so."
- People were protected from the risk of abuse and harm. Staff received training in safeguarding and understood how and when to raise concerns. Staff told us they would have no hesitation in doing so. They said, "[Staff] are really good at coming forward and noticing things, sometimes it is not as apparent as you might think" and "I would report any kind of abuse or misconduct."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. There was managerial oversight via an

electronic system so that themes and trends could be identified, and measures implemented to prevent recurrence.

- Risks were assessed and measures in place to mitigate. Although we found no evidence of harm, there was confusion as to the documentation to be used and some templates were not clear about the level of risk remaining. We discussed our findings with the manager and quality business partner during the inspection and they took action to ensure that all staff were aware of the correct template to use along with guidance for completion.

Preventing and controlling infection

- Staff were aware of the measures to take to prevent and control the spread of infection.
- Adequate supplies of personal protective equipment [gloves and aprons etc.] were available and we saw that staff used them appropriately.
- Hill House was visibly clean, tidy and free from malodour.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs was carried out before they came to live at Hill House to ensure that they could be met. This information, along with input from relevant people involved in the person's care and support, was used to formulate care and support plans.
- People's needs and choices about their care were clearly reflected in their care plans.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered although one person felt their religious needs were not fully met.

We recommend the provider seeks further feedback from people using the service regarding their religious needs.

Staff support: induction, training, skills and experience

- Staff had access to a wide range of training in relevant topics to support them in their role and attended refresher sessions annually.
- People felt that permanent staff knew what they were doing when supporting them. We were told "Yes, they manage everything well" and "Yes they do". However, we were told this was not always the case with agency staff. Comments included, there were "Lots of agency staff, that's the thing, they don't know me" and "Agency can be a pain, they don't know the routines."
- Staff had opportunities to discuss their learning and development needs during 1:1 and group supervision. The manager had developed a plan to carry out annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that people were supported to maintain a balanced diet in line with their dietary needs. The chef liaised with nursing staff and was knowledgeable about people's individual needs, likes and preferences.
- People told us the food was "Very good" and "The chef is very obliging." However, one person said, "Some food is diabolical." They felt this was because the chef had to choose from suppliers chosen by the provider. When we spoke with the chef they told us that following the change of supplier there had been some initial issues which choice, however this had since improved as a wider range was available.
- People had choice about the food they ate. The chef spoke with people on a daily basis about their choice and preferences as people had decided they did not want to have a set menu.

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

- Hill House was fully adapted to meet the needs of the people living there. Corridors and doorways were

wide to allow easy access for wheelchair use. Communal areas were spacious and modern.

- People's rooms were spacious, personalised and had equipment needed to support their day to day life.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of healthcare professionals to support their health and well-being. Staff worked closely with other health and social care agencies to promote holistic care and support.
- A local GP visited twice weekly to review people's health and medicines. When we met them during the inspection they spoke positively about the service and the environment.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- People's capacity to make decisions was assessed appropriately and any made on their behalf were made in their best interests.
- The manager was aware of the procedures to follow regarding DoLS, and there was an established system in place to submit applications and monitor timely application for renewal.
- People told us, and we observed that staff sought permission before undertaking tasks or providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed warm and caring interactions between staff and people using the service. Trusting relationships had been developed and people were relaxed in staff's company.
- People told us, "They [staff] are very, very good, they have a laugh and joke"; Very much so, nothing to complain about" and "Yes, kind and caring once they get to know you."
- Staff told us they would be happy for a relative of theirs to live at Hill House. Comments included "I know the care team are very good at what they do"; "They would be well looked after, I know they would get everything they needed" and "Absolutely, I'd be happy to live here myself."

Respecting and promoting people's privacy, dignity and independence

- The manager and staff treated people with dignity and respect and promoted people's privacy. We saw that staff knocked on doors before entering and did not discuss people's needs where others might hear. Personal information was securely stored.
- People told us they were treated with dignity and respect. Comments included, "Definitely, no problems, very good" and "Staff knock and only open the door slightly."
- Staff supported people to maintain their independence where possible. Assistive technology was used such as pendant alarms and the environment enabled people who required the use of a wheelchair to access communal areas independently.
- Most people said they were encouraged to do what they could for themselves. One person told us they could make their own hot and cold drinks in their room and another told us they did as much as they could themselves." A relative told us their family member was supported to eat independently, with support offered when needed.

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

- People told us they were able to make choices about their care and support, including about the staff who would support them with personal care.
- The manager operated an open-door policy and during the inspection we saw that people regularly approached her to chat. Meetings were held enabling people using the service, relatives and staff to express their views about the service. This year's quality surveys were due to be issued having allowed the manager time to settle in so that responses would reflect their leadership.
- People told us they felt listened to and that what they had to say was acted on. They said "Definitely, they [staff] try to help me as much as they can" and "Yes they do." One person mentioned that a member of staff had not always returned when they said they would and that they would speak with the manager if the

situation occurred again. We made the manager aware of this feedback.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst some people told us they had enough to do and pursued their own interests, others felt the activities provided were not suitable for them to participate in due to their changing needs. Some people had access to trips and outings more than others. One person told us, "I go on trips when the opportunity arises if I feel like it."

We recommend that the provider includes activities in their overall review of care plans.

- Activities were provided 1:1, on a group basis and from visiting entertainers. There was a fully adapted bungalow which provided an area for activities and therapy in addition to those which take place in the main building.
- The service had a fleet of adapted vehicles for trips and outings which were also available for families to use. We received some comments that the recent staffing issues had impacted upon the number of staff qualified to drive the vehicles, however the manager informed us that this was improving with the successful recruitment of permanent nursing and care staff.
- People were supported to maintain relationships with family and friends.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning was person-centred and tailored to individual needs. Care plans were comprehensive however had not always been kept up to date or contained conflicting information. We discussed this at length with the management team and were informed that the provider had identified these issues. Arrangements had been made for support from the provider's quality team, with two visits by the quality business partner taking place at the time of the inspection and a further three days the following week specifically to focus on person-centred care planning.
- Most people told us staff discussed their needs and preferences, they said "Staff know me well."

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to handle, monitor and respond to complaints, concerns and compliments.
- People told us that they were aware of who to speak with if they had a concern and that that issues had been resolved. They said, "Things usually get sorted."

End of life care and support

- The staff team received training and had experience of caring for people at the end of their life. At the time of the inspection the service was not supporting anyone with end of life care.
- The manager and staff were knowledgeable about end of life care, liaising with the district nursing team and local hospice to ensure good quality, dignified and pain free care would be provided.
- We found that people's future wishes for end of life care had not always been incorporated into their care plans. We discussed this with the management team who had identified this issue and told us that some people did not want to engage in discussions about end of life care. A full review of care plans was to be carried out which would include future wishes where people chose to share their views.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed before they received a service and incorporated into their care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although there was a manager registered with CQC, they had resigned from their position earlier in the year however they had not cancelled their registration with CQC. The quality business partner addressed this and following the inspection their registration was cancelled.
- Since the last inspection the service had been managed by an interim manager and from June 2019 by the current manager whose application to register with CQC is in progress. The quality business partner acknowledged the need for consistent leadership within the service.
- The manager was clear about their role. Being without the support of a deputy manager whilst recruitment took place had impacted upon their workload. A new deputy manager was due to join the service imminently and the manager was positive about the future. Support for the manager and induction for deputy manager was to be overseen by the quality business partner.
- There was a robust electronic quality assurance framework to assess and monitor the quality of the service which was overseen by the quality business partner. The service was supported by the provider's quality assurance team and a regional manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although people expressed concern about staffing levels, most said they did not feel rushed when staff were supporting them. Staff spoke of their passion to ensure people were well cared for. Staff said "It's the little things. One of the service users had wanted a tattoo so we took her in our own time" and "When you go into their room they are the most important person in the building at that time."
- Staff worked as a team. Staff told us "The girls are brilliant. We work together, it is really great, it works really well" and "I have had so much support from everyone, they have been fantastic."
- People and staff spoke positively about the manager. Staff said "I do think the service is well-led. I think [Name] is doing a really good job" and "Nothing seems to phase her. She has an open-door policy, she is there when you need her." People were also complimentary about the manager, however one person said, "She can only do so much because of HQ."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The changes of management at regional and service level had impacted upon some areas previously highlighted for improvement, as had the need for increased use of agency staff. However, the manager was

clear in their determination to drive improvements forward with support from the regional team.

- During the inspection, the quality business partner provided a detailed service improvement plan which incorporated areas identified during the provider's quality assurance checks and feedback provided throughout the inspection.
- An Assistive Technology Team was due to join the service in January 2020 which will include a project manager, speech and language therapist and occupational therapist. People will be provided with innovative electronic devices which will reduce the need for invasive monitoring checks as the wrist worn device will alert staff to risks, for example, blood sugar levels.
- The service worked successfully with other agencies and sought opportunities for continued learning. For example, end of life training provided by a local hospice.