

Hill House (Malmesbury) Ltd

# Hill House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

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. The service can provide accommodation and nursing care for up to 35 people at this location. The service had two buildings at this location from which care was delivered, however only the new building was occupied at this time. At this inspection there were 23 people living in the home, however one person was receiving a respite service. The inspection took place on 16 and 17 May 2018 and was unannounced.

This inspection was a planned inspection to follow up on the concerns found at our last inspection in October 2017. At the inspection in October 2017 we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A recommendation was also made in response to medicines management in the service. The service received an overall rating of 'Inadequate' and was placed into 'Special measures' by CQC. The purpose of special measures is to ensure that providers found to be providing inadequate care significantly improve. The concerns we found included ineffective assessment of risks to people, monitoring records not correctly completed and insufficient staff to respond to people's needs.

Due to the number of concerns we wrote and met with the provider, to request an action plan to immediately address these shortfalls and keep people safe. The provider responded to this letter within the timeframe and has continued to send monthly improvement plans. The provider also placed a voluntary embargo on the service, which meant they would not increase the number of people they supported until they had made the necessary improvements.

At this inspection we found that improvements had been made and the service had met five of the previous breaches identified and part of another breach. The service remained in breach of two Regulations. The service is no longer rated as Inadequate and therefore will be taken out of 'Special measures'. This service will continue to be monitored and re-inspected shortly, to ensure the improvements continue and are sustained.

The previous registered manager had left the service shortly after the last inspection. A new registered manager was now in post supported by a new management team. A consultant had also been working with the service since the last inspection to identify shortfalls and support the necessary improvements. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, management team and owners were both present and available throughout our inspection.

Where there were risks to people these had been identified and a risk assessment put in place. However we

saw that the information on some risk assessments was sometimes limited. A new format was in place for recording accidents and incidents; however these were not completed appropriately in order to be an effective investigation record.

People were supported by a sufficient number of staff who were currently supporting people in one building only. Staff felt that care was un-rushed and that they had time to spend talking with people.

At this inspection although we saw a few further improvements were needed, action had been taken to improve the management of medicines. People and relatives told us they were happy with the arrangements for staff managing medicines.

The service had not made the necessary improvements and remained in breach of the Regulation around consent. This is the second consecutive time the service has been in breach of this Regulation. The service did not always work within the principles of the Mental Capacity Act. Two people unable to consent to their care and treatment at Hill House did not have the appropriate legal documents in place.

The environment in the new building did not adequately support people's orientation. There was a lack of signage to aid navigation to key areas such as the dining room or bathrooms. For people who had a diagnosis of dementia or visual impairment, consideration to their needs had not been considered in the design.

People were treated with kindness and compassion in their day-to-day care. We saw that staff responded to people in a respectful manner and took time to offer supportive care.

At this inspection we found the service had not made the necessary improvements to care plans and documentation and remained in breach of Regulation 17. This is the second consecutive time the service has been in breach of this Regulation.

People spoke positively about the opportunities they had and were supported to maintain and develop relationships that were important to them. Several people had close friendships in the home and staff supported people to spend time together by assisting them to sit together, or to go on outings together.

The service had a new registered manager in place who had been registered by CQC shortly before this inspection took place. The registered manager was realistic about the challenges they faced in making the necessary improvements and spoke of the things that had been implemented since they had taken up employment.

The registered manager had put in place systems to start monitoring the quality of the service people received. We observed some gaps on audits and not all of the concerns we identified had been picked up or action taken to make the necessary improvements. Due to some of the concerns raised at the last inspection the older building was currently closed to people whilst it was undergoing improvement work and redecoration.

## 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.

Where there were risks to people these had been identified and a risk assessment put in place. However we saw that the information on some risk assessments was sometimes limited.

At this inspection although further improvements were needed, action had been taken to improve the management of medicines

People were supported by a sufficient number of staff who could offer care that was un-rushed, and had time to spend talking with people.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

The service was not always working within the principles of the Mental Capacity Act. Capacity assessments lacked detail about how a person was supported to make a decision, who had been consulted and the decision made as a result.

The environment in the new building did not adequately support people's orientation. There was a lack of signage to aid navigation to key areas such as the dining room or bathrooms.

The menu had been revised and there were plenty of choices available for people. People spoke positively about the food offered.

**Requires Improvement** 

### Is the service caring?

The service was caring.

The provider had made improvements to the care and support people received. The atmosphere experienced was positive and people were supported appropriately by caring staff.

The registered manager spent time on the floor observing the care that people received and was visible for people to speak with if they needed.

**Good** 

People told us that staff behaved in ways which promoted their privacy and dignity.

### Is the service responsive?

The service was not always responsive.

Care records lacked detail and were inconsistent. Monitoring charts were still not completed appropriately.

People spoke positively about the opportunities that were available to them.

Although people were encouraged to raise concerns, we saw the complaints procedure contained incorrect information about who would look into the complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The registered manager had put in place systems to start monitoring the quality of the service people received. We observed some gaps on audits and not all of the concerns that we identified had been picked up or action taken.

A new management structure was in place with clear lines of accountability. The service had a new registered manager in place who was supported by a deputy manager, administration staff, staff trainer and a head of care.

There had been a focus on building open communication with people. Meetings had been held and when suggestions were made there was evidence that these had been acted upon.

**Requires Improvement** ●

# Hill House Care Home

## **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.

The inspection took place on 16 and 17 May 2018 and was unannounced. On day one the inspection was carried out by two inspectors and an expert by experience and on day two a pharmacist inspector also joined the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke to nine people living at the home and two relatives. We spoke with seven members of staff, the registered manager and the two directors of the company. We also spoke with one health care professional.

We looked at the care and support records for seven people. We also looked at records relating to the management of the service including the staffing rota, incident and accident records and recruitment and training records. We observed care and support provided to people in the communal areas of the service.

# Is the service safe?

## Our findings

At our last inspection in October 2017 the service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not being identified or managed in order to make sure people were safe. Fire records had not been updated and staff were not adequately trained to respond in the event of a fire. At this inspection we found although there were still improvements required, enough action had been taken to address the breach.

Where there were risks to people these had been identified and a risk assessment put in place. However we saw that the information on some risk assessments was sometimes limited. For example one person's mobility care plan stated they were at high risk of falling but chose to walk around the home. There was no information on what was in place to support this person and minimise the risk whilst promoting their independence. Another person's falls risk assessment had no date of when it was put in place but stated they had no history of falls. It was hard to establish why the risk assessment had been put in place, or if it was still relevant of that person's needs. One person needed a hoist to support their transfers from bed. We saw it stated this person could at times be resistant to the hoist and may try to stop what was happening. However there was no recorded information on what to do at this time to guide staff in a consistent and safe response.

Some people were unable to use their call bells and were on either one or two hourly checks. We saw these were recorded on a monitoring chart, however this was not always completed, which meant we could not be sure that staff had checked on people when needed. For example, we saw there were two nights recently where nothing was recorded all night. We fed these concerns back to the registered manager to address.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. We saw each person had a personal emergency evacuation plan (PEEPs) in place. This was kept with the fire procedures in the reception area as well as a copy in people's care records. We found though that information within the plan was limited, for example only stating if a person would need one or two staff to support them, which equipment required and any communication needs. There was no guidance within the plan on how to get a person downstairs as they would be unable to use the lift in the event of a fire. However, all staff had received training in fire procedures and knew how to evacuate people down the stairs. The service had also recently purchased ski pads for fire evacuation down the stairs.

A fire risk assessment was recently completed and maintenance told us they completed a fire alarm test weekly. A fire drill was done with both day and night staff at different times to ensure staff had practice to evacuate people in case of an emergency. Other maintenance safety checks were completed including, water temperatures and equipment. An external company tested the water annually for legionella.

Occasionally people became upset, anxious or emotional. People's care plans had guidance on how to support people, for example for a person who became anxious around lots of people. Their care plan stated the signs that the person was becoming anxious and what action staff should take should this occur. Staff

were also able to tell us about another person who had anxiety around accepting personal care. A staff member explained the person would shout and push them away. They said they knew how to manage the situation and there was clear guidance within the person's care plan, for example to divert the person's trail of thoughts to a topic they like to talk about, such as their family.

The registered manager had put a new format in place for recording accidents and incidents. The form was more detailed about the action taken. However we saw that these were not completed appropriately in order to be an effective investigation record. The registered manager explained that incidents were addressed correctly; however staff needed further support on the type of information that they needed to record.

At our last inspection in October 2017 the service was found to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were insufficient levels of skilled and experienced staff deployed across the service to meet people's needs. A monthly improvement report has been submitted since the last inspection to show the progress of meeting these concerns. At this inspection we found that action had been taken to meet this breach.

People were supported by a sufficient number of staff who were currently supporting people in one building only. Staff felt that care was un-rushed and that they had time to spend talking with people. They said as more people came to live at Hill House staffing levels would have to be reviewed. One staff member told us it had made a difference that all people were now in the same building, which also meant more continuity in care. Another staff said "There are definitely enough staff, we can take our time." The registered manager told us they recently introduced a dependency tool to calculate what number of staff was needed to meet the current level of need of people living at Hill House.

People and their relatives said staff came promptly when they rang their call bell and there were enough staff to meet their needs commenting, "There are enough staff, wherever you are, they come to your assistance, if you press the bell they respond to your needs. I've never waited very long", "There are enough staff for my needs, I'm able to do a bit for myself, and I've never had any problems" and "The team is stable and committed, you don't see many agency staff and they seem to work well together." There was no staff based on the top floor, where two people were currently residing. Staff told us these people were assessed as being independent and able to use their call bells. They said when people became unwell, they would discuss with them if a move downstairs would be more suitable, where staff were visible. We observed during our inspection people on the top floor using their call bells and staff responding in a timely way.

At our last inspection in October 2017 the service was found to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because safe recruitment checks had not always been carried out prior to employing staff. A monthly improvement report has been submitted since this inspection to show the progress of meeting these concerns. At this inspection we found that action was in the process of being taken to meet this breach.

A new administration staff member had recently commenced employment and was working to address the gaps on staff recruitment documents. Identification photos had been taken of staff and were waiting to be printed off and added to files. The registered manager explained it had been a case of starting from scratch to identify what was missing from staff files and action was being taken to try and amend this now. A new starter form had been implemented into staff files, listing what should be in place and checked prior to employment. The administration staff commented "We will moving forward be very tight on everything, we are starting afresh from what was in place."



At our last inspection in October 2017 the service was given a recommendation in medicines. This was about the recording of some aspects of medicines management. At this inspection although we saw a few further improvements were needed, action had been taken to improve the management of medicines. People and relatives told us they were happy with the arrangements for staff managing medicines commenting "I've never had any problems with tablets, and they're usually on time" and "They are really good with tablets. My family member had a lot of complex medicines and medical problems and they managed it very well."

Nurses administered medicines and recorded this on Medication Administration Records (MARs). The 12 MARs we reviewed showed that medicines were being given as prescribed. However, we did see that one person had not been given their inhaler since the current MAR started seventeen days ago and there was no reason why recorded. We were told this would be investigated. Some people looked after their own medicines at the home and risk assessments had been completed to ensure it was safe for people to do so.

At the last inspection, there had been inconsistencies in the recording of topical medicines. Carers used separate charts to record the administration of non-medicated creams. We saw that they had been filled in correctly and applied as directed. Opening dates were recorded on liquid medicines to ensure they were discarded in an appropriate timeframe. People had access to treatment with "homely remedies" if needed. Homely remedies are non-prescription medicines that allow staff to respond to people's minor symptoms appropriately. Appropriate records were kept when these medicines were administered to people. There was a suitable system in place for ordering of medicines however, we did see one person who had ran out of their prescribed medicines and had been given some from the homely remedies supply.

When people refused their medicines, we saw that peoples GP's were informed. Staff had additional guidance available for medicines prescribed to be taken 'when required' and they explained when medicines could be given. Medicines that were prescribed to be given as a variable dose such as 'one or two tablets' were recorded to show the actual quantity that had been administered. However when medicines had been stopped or changed, there was not always a second signature to confirm the change. This had also been identified in a recent medicines audit completed by the supplying pharmacy.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us "If I see anything I would report it to the manager, CQC or use the whistle blowing line." We saw that information on safeguarding was displayed around the home. The registered manager explained "We do a lot of training; we have a champion trainer to identify and support staff. There are notices around the home to support staff. People have capacity to understand and I talk to them about this."

People felt safe and were able to describe why commenting, "I feel safe because staff are nice and there's help when needed. I like them all, and I've never had any problems" and "I feel safe because there are people available to help me and I'm not able to do so much for myself now so it's reassuring." One relative said "I have total peace of mind. It's a weight off my shoulders to know that my family member is safe, well cared for and happy here." Another relative told us "My relative feels safe and I think they are 100% safe. I've got peace of mind, because [family member] is clean, well looked after, and they keep me fully informed of what's happening and any changes."

We found the service to be clean and free from odours. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned.

# Is the service effective?

## Our findings

At our last inspection in October 2017 the service was found to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of understanding in ensuring that where people lacked capacity the appropriate support was provided following the legal processes. At this inspection we found that the service had not made the necessary improvements and remained in breach of this Regulation. This is the second consecutive time the service has been in breach of this Regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 told us one person had a DoLS authorisation in place. We also saw that two DoLS applications had been applied for in March 2018, however the two people had been living at Hill House since their admission without the appropriate consent being obtained.

Mental capacity assessments had been completed for decisions such as consent to receiving care and support from staff at Hill House and consent to take prescribed medicines, administered by the nurse on duty. We found the assessments lacking in detail about which information was shared with the person to support them to make the decision. There was also a lack of information around who had been consulted and the best interest decision that had been made as a result.

Some capacity assessments were not fully completed or were completed unnecessarily when a person had the mental capacity to make a specific decision. We saw all people had a mental capacity assessment in place for medicines, if they were able to consent or not. We raised this with the management team as one of the principles of the MCA is to assume capacity unless proven otherwise. Staff told us they had been advised by the provider's consultant that they should be completing capacity assessments for all people to consent to the administration of their medicines. It was hard to ascertain if a person had capacity or not as some care plans stated they did and then further in the care plan there was a capacity assessment for the person lacking capacity.

We saw a mental capacity assessment had been completed for a person to make a decision about having support to administer topical creams from a male or female carer. The assessment stated the person did not have an impairment of the mind and that they were able to understand, retain, weigh up and communicate their decision. The assessment concluded the person had mental capacity to make this decision. We saw

where a person lacked mental capacity to consent to a medical intervention, that no best interest discussion was recorded. It was not clear who was consulted, for example the GP and how the best interest decision was reached. The mental capacity assessment had limited information for such a significant decision to consent to intrusive medical intervention.

Some people had given others lasting power of attorney (LPA) in relation to either their finances or their care and welfare. This gave them the power to take decisions on behalf of the person if they lacked mental capacity. We found though that there wasn't a clear record of who had a LPA, which meant that some decisions were made by relatives who did not have the legal power to do so. For example a relative who had a LPA for finances and property was consenting on behalf of a person to have a flu vaccination. Another person had a living will in place that had not been written by them, but by family members who did not have the appropriate legal authority to do this.

People raised concerns with us over their restricted access to the garden and grounds. People had to alert a staff member to gain permission if they wanted to go outside as the doors were locked. One staff member was overheard telling a person "We might go and water the plants later if we get permission." Two people told us that they were waiting to get outside to sit in the sun on the second day of our inspection. Although it was a sunny day, it was mid-afternoon before one of the staff unlocked the door. The doors were kept locked and linked in to the alarm system making it hard to access unless you were staff and could disable the alarm first. One person commented "I'd like to be able to get out into the garden more easily as I do enjoy sitting in the sun when it's a nice day. I'm not sure why we've got to wait for permission." Another person said "The only thing I'd like is to be able to get into the garden more easily." This meant people who were assessed as able to be outside without staff, were being restricted from accessing the gardens without first seeking permission.

This was a breach of Regulation 11 (1) (2) Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment in the new building did not adequately support people's orientation. There was a lack of signage to aid navigation to key areas such as the dining room or bathrooms. For people who had a diagnosis of dementia or visual impairment, consideration to their needs had not been considered in the design. The corridors were long and all doors leading off the corridors were the same colour making it hard to ascertain which room led where. It was hard to establish which level of the building you were on as they all appeared the same and without any identifiable features. One person told us "I'm very happy with everything and can't think of any improvements, except perhaps that it's very hard to find your way around here. I hope you know where you came from."

Each floor had a satellite kitchen where drinks could be made and a fridge was kept, however these were keypad locked and only accessible to staff. There were some people who were capable of making their own drink; they were not able to access the area to do so. This did not promote their independence.

We saw that people had personalised their bedrooms with furniture and items of importance to them. People commented "My room is lovely, I love my room, I've got my own things here and I'm always seeing squirrels out of the window. It feels very safe because there are always people here" and "My room is very pleasant and they keep it all very clean. I've got a nice view of the countryside too."

At our last inspection in October 2017 the service was found to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received up to date training in key areas or regular support and supervision. At this inspection although there were still

improvements required, enough action had been taken to address the breach.

A senior carer had recently taken over responsibility for staff training as there had been lack of training since the training manager left the service. They told us they were aware there were still large gaps in training, but they were starting from 'scratch' and had gone through all the staff files to make a record of what training staff had completed and what was required. A staff member told us training had not been good and the only training they had received since working at Hill House was fire training. The trainer told us they were booking staff onto safeguarding, mental capacity and manual handling training as priority and had an action plan to ensure all staff received training relevant to their role. The trainer was passionate about learning and wanted to move forward in making improvements and making learning more fun.

All new staff without experience in care were expected to complete the Care Certificate (a set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors). Staff also had opportunities for further professional development, such as completing a NVQ (National vocational qualification in Health and Social care). New staff received an induction of at least 12hrs shadow shifts and four day induction training, including health and safety, food hygiene and infection control. There was an induction checklist to ensure staff had received all the training needed, before commencing work on their own.

The trainer told us the service received a profile for agency staff, however this only covered their DBS and training completed, which meant it wasn't always clear if they were suitable for working at Hill House. They were hoping to develop a new profile, which also included agency staff's character and previous experience.

People had confidence in the staff supporting them and felt staff had the right skills to meet their needs. Comments included "I have to be moved with the hoist now and the staff are very good with it, they know what they're doing" and "I'd say the staff know me and what I need very well and I feel very confident in them." Relatives were impressed by the skills of the staff in recognising and responding to changes and supporting people who had dementia. One relative told us "They realised that my family member who has dementia, might be feeling adrift and discussed moving them nearer to the staff desk on that level. It was all done carefully and my family member was able to decide, but they had thought about what [family member] needed, and the idea came from them." Another relative commented "They understand dementia and recently had a session for everyone from an expert. Some people living here didn't really understand about it and could be quite impatient or not very kind to those with dementia. It was really positive and a fantastic way of dealing with it."

There was a lack of historical supervisions for staff but we saw that these had started to be done since the new management team had been in place. One member of staff told us "We have been working on supervisions and there wasn't any previously. We are 100% committed to making this work, it's a lovely place."

At our last inspection in October 2017 the service was found to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not supported in a dignified manner during mealtimes and choice was not always given. At this inspection we found that action had been taken to improve the meal experience and the service was no longer in breach.

We observed the lunch time meals and saw it was a sociable occasion with people able to choose to sit by their friends and enjoy chatting. Tables were well laid with linen cloths, flowers, glasses and condiments. The food was served by attentive staff that stayed in the dining room throughout the meal offering help and extra portions of food and drinks. The menu had been revised and there were plenty of choices available for

people. A tea and coffee trolley was taken around and people were offered choices of drinks, biscuits and cakes. Fresh fruit was also now available on the trolley, a request that was raised previously and now acted upon. We saw menus were displayed around the home however the print font was small and hard to read if a person had a visual impairment. Staff would ask people what they wanted to eat the day before or on the morning of that day. However some people lacked capacity to retain this information and were not supported to make a choice at the time of the meal being served.

People spoke positively about the food commenting "There's more than enough, I have to be careful not to eat too much as I'm not doing the exercise. There are usually two choices and if you don't like the choices, they'll do something else" and "The food is very good indeed, I eat everything put in front of me and it's a good amount of choice too." One relative said "The selection of food is very good, my family member is eating really well and staff support [family member] to make decisions about the menu as they know their likes and dislikes."

We found for people at risk of choking or who had swallowing difficulties, there was a lack of knowledge around their specific textures of food or modified diets. Staff told us three people received a puree meal and three people had a soft diet. When we asked what the professional recommendation of the textures were for these people the kitchen staff were unaware and said the soft was just mashed for everyone. However some people had specific guidance in place which needed to be adhered to. We raised this with the registered manager to address.

People had access to health and social care professionals and any visits were recorded in their care plans. One person told us "I recently needed the doctor and the staff sorted it out. I've got some new treatment and it's getting better." Another person said, "The optician came here as I've recently needed some new glasses and they were very efficient. It was quite impressive." One relative told us, "The staff spotted very quickly when something was wrong and got my family member to hospital. It was super that there was no delay, and they told us at once."

## Is the service caring?

### Our findings

Since our last inspection in October 2017, we found the provider had made improvements to the care and support people received. The atmosphere experienced was positive and created an environment in which people were supported appropriately by caring staff.

People were treated with kindness and compassion in their day-to-day care. We saw that staff responded to people in a respectful manner and took time to offer supportive care. People spoke positively about their relationships with staff commenting "The staff are good and kind, I like them and can talk to them", "All the staff are friendly. I can get on with them, they're so good to me and can't do enough for you" and "The staff are all approachable and kind, I get on very well with them, they treat me as a person, and they do care about me and what I'd like." Relatives also spoke about the caring nature of the staff saying "The staff are patient and kind, just lovely; they managed my family member who could be very grumpy, and not at all easy, so well. They were always calm and caring" and "They could not have made it any easier than they (staff) did for us to cope with what's been a very stressful time as a family."

The staff demonstrated a caring attitude when talking about the people they supported and told us "I get a lot out of caring and it's lovely to spend time with the residents. We get time with them, I know them really well" and "The structure of the day here is really good, the night staff are really good, we can take our time with people." One health and social care professional said "There seemed to be a respectful, caring attitude towards residents."

The registered manager spent time on the floor observing the care that people received and was visible for people to speak with if they needed. The registered manager told us "The care is good. The staff understand people. I call the staff for a brief, I like to know that people are happy, if you don't you gradually lose control." The registered manager had implemented 'This is me' profiles displayed in people's rooms and care plans. This gave staff a visible reminder of how each person was an individual, how they preferred to be communicated with and what was important to them.

We spoke with people about making care decisions and they told us they were fully supported in receiving the care they chose. People commented "I can choose what I want to do, they (staff) say 'would you like a bath or a wash?'", "I'm treated as an individual and staff care about the way I want things done. I can get up and go to bed when I want to, or stay quietly in my room reading, it's up to me" and "Every morning a carer comes in and asks me what I'd like to do, when I want to get up and if I want a shower, a wash or a bath."

People told us that staff behaved in ways which promoted their privacy and dignity commenting "The staff respect me as a person, they accept you and you're taken notice of. If you're a private person you can keep yourself to yourself" and "They (staff) always knock on my door and ask if it's alright to come in. I can be private if I want to be and can spend time on my own." One relative praised the staff for encouraging their relative's independence saying "The staff are amazing, they're kind and have been helping my (family member) with rehab and walking, trying to keep them as independent as possible."

People spoke about their positive experiences since living at Hill House commenting, "I'm very happy with it here, you decide how to live your life, you can be happy and respond to people in that way, or you can be miserable and no-one wants to know about that. It's your choice, and I'm happy", "It's the most marvellous place in the world. I've never had any problems" and "I never want to leave. I feel safe because the staff know me, and I know them, it's familiar to me here, there's a feeling of being accepted and belonging."

## Is the service responsive?

### Our findings

At our last inspection in October 2017 the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records lacked detail and were inconsistent. The plans were not reviewed and updated when people's needs changed. At this inspection we found the service had not made the necessary improvements and remained in breach of this Regulation. This is the second consecutive time the service has been in breach of this Regulation.

Some of the terminology in care plans was not always appropriate. For example one person's personal care plan stated "When [name of person] is being attended to." In several of the daily records we reviewed we saw staff had documented the person was "Washed, creamed and dressed" which was not individualised recording.

There was not always enough information recorded in care plans for staff to follow. For example one person's medicine care plan stated that they often refused their medicine but did not detail what to do when this happened. Another person had an individual needs assessment completed but there was no date on this. The information was lacking with ticks and a score given but with no explanation of what this meant in supporting this person. Care plans were reviewed monthly; however we did see some reviews without dates recorded or the name of staff that had completed the review. This meant it was hard to ascertain if the reviews were about people's current level of need or not.

Monitoring charts were still not completed appropriately. For example, one person who was having their food monitored did not have the amount they had eaten consistently recorded. We saw one entry recorded they had two mouthfuls of porridge and then nothing further that day. Another day showed they had no breakfast or lunch recorded. No one in the home raised concerns with us about not receiving their meals. We saw staff supporting people with meals in their rooms and offering snacks during the day, demonstrating that this was a recording issue rather than this person not being offered meals.

For people that had a fluid monitoring chart in place for risk of dehydration these were also not correctly completed. The recommended daily amount each person should be drinking was not always recorded. This meant staff did not have guidance available to see if a person was drinking below this or not. One person was recorded as only drinking 350mls on one day which is a very low amount in a 24 hour period. Other days it recorded they had drank 450mls and 250mls. We observed that people were regularly offered and supported with drinks and these were refreshed. We raised with the registered manager to address the recording issue in order to give an accurate record..

One person was on a weight monitoring chart due to losing weight. In October 2017 their care plan stated the person was to be supported to be weighed weekly, which then went to monthly weighs in November 2017. However this person was not weighed again until three months later in February 2018. There was then another gap of two months until a recording in April 2018 stating "Unable to weigh as in bed." There were no further recordings that attempts had been made which meant the person had not been weighed for a period of three months. This meant staff did not know if this person had continued to lose weight and any external



professional referrals would be delayed through this lack of monitoring. We saw on a weight loss assessment form it asked if the person looked thinner and it was simply recorded "Yes" but without any action taken. We raised our concerns with the registered manager to address.

We saw that this person was being given a pureed diet. We looked in their care plan for evidence of swallowing difficulties or choking risks but there were none recorded. On a nutritional assessment it detailed that this person was on a pureed diet due to taking a long time to chew foods and their meal then became cold. This decision had been made without consideration to how the meal could be kept hot during this time rather than restrict this person to have their food presented in a pureed form when it was not needed.

One person had a repositioning chart in place as they were at risk of pressure ulcers. This person required staff to support their position changes four hourly. However we observed gaps in the recording on several days of six, thirteen and sixteen hours with no repositions documented. On one day there were no entries at all. Staff told us they were supporting this person appropriately and no concerns were raised. We noted that nobody had a pressure ulcer currently and saw staff supporting people with their position during this inspection. We fed back to the registered manager to address the recording issues of the care being given.,

This was a breach of Regulation 17 (2) (c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in making people's care plans more person centred to reflect their interests and choices. The registered manager had implemented a system called "resident of the day", which included updating the person's care plan and completing a deep clean of their room. The registered manager had also introduced a keyworker system. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included ensuring their rooms and wardrobe remained tidy, their environment was comfortable and communicating with family and friends. Relatives said that they felt involved in the care planning and decision making with their family members saying, "I've been able to explain my (family member's) needs. Communication is brilliant and we're fully informed of what's going on. We discuss the plan and can input to it, I feel very involved."

The activities coordinator spent one-to-one time with people to complete an activities questionnaire with them, to check what kind of activities they would like to see and do more of. The activities coordinator also spent one-to-one time with each person once a month to talk to them about what is important to them and how to best support them. They recorded these conversations and fed back to care staff to incorporate the information into people's care plans. For example we saw for one person it was recorded "[Person] likes to be asked what we can do to help rather than taking over as [person] likes to do a lot herself." People also had an activities care plan in place, stating what they enjoyed doing for example completing puzzles, reading magazines and cooking.

The activities coordinator kept a record of people's emotional well-being and we saw that staff approached the activities coordinator if they felt concerned about a person's emotional well-being. For example we saw it was recorded that the deputy manager had approached them to say that a person was in low spirits and asked if they could be taken out to cheer them up. The activities coordinator took the person out shopping, which they enjoyed. Earlier in the year a local primary school had visited the home and met with people. The children then sent letters in April to start a pen pal system and people were in the process of being supported to respond to the children if they wished. The letters were all displayed on a noticeboard to enjoy.

People spoke positively about the opportunities they had commenting "I'm not really keen on activities, but I did enjoy the outing last week, we went to Butterfly World and it was lovely", "There's enough to do, I do

enjoy reading and crosswords, but I've been on some outings, and the choice is yours to go or stay here if you'd rather" and "(Activities co-ordinator) is wonderful, very hardworking, and does such a lot for us." One relative said "I went on the trip with my family member, it was so lovely to get out with them and we both enjoyed it." Another relative told us "I get the programme by email so I know what [family member] has been given and I'm told in advance about any trips or special events coming up so I can plan if I'm going to come in."

People enjoyed the opportunity to go out either alone or as part of a group outing with one person stating "I went out with (Activities Co-ordinator) and I really enjoyed driving all around the country lanes I know nearby, it was lovely." We saw the activities coordinator developed a personal history profile of each person with their photo. This could be found in the front of each person's care files, as well as in their bedrooms. It provided information about the person's background, relationships that were important to them, communication needs as well as hobbies and interests. This provided staff with a pen picture of each person and to enable them to have conversations with people about subjects important to them. For example we saw for one person it was recorded "[Person] has a sweet tooth and loves a cup of tea. Love animals as long as it is not a frog!"

People were supported to maintain and develop relationships that were important to them. Several people had close friendships in the home and staff supported people to spend time together by assisting them to sit together, or to go on outings together. One person told us "I'm very friendly with [resident] and we sometimes go out or we sit in the garden together, we get along as we think the same way." Relatives said they felt involved by knowing what was going on in the home through the activity programme and being invited to take part as well as being welcomed when visiting the home. One relative said "You can visit any time. I was really pleased about that and you're given the code to let yourself in the door, you sign in and go on up to the room." Another relative stated "We've always been welcomed at any time of day or night; the staff are always kind and offer drinks."

Although people were encouraged to raise concerns, we saw the complaints procedure contained incorrect information about who would look into the complaint. It stated that "CQC will acknowledge the complaint in writing and inform the complainant of how it is to be investigated." However CQC does not manage or investigate individual complaints but instead uses information for monitoring purposes. We raised this with the management to address. After this inspection the registered manager informed us this had now been corrected.

People told us the staff were approachable and they felt able to complain if they needed to although no-one had made a complaint. People commented "If I needed to complain I'd speak up and tell the manager quite happily. I've met (manager's name) who's easy to talk to" and "If I needed to complain, I'd talk to the manager, he's a nice man, very sympathetic, energetic and lively." Relatives also felt confident to raise concerns saying "I haven't needed to complain, but I'd feel happy if I needed to as the management are so approachable and I feel confident that they'd respond" and "Any small thing I've talked to them about is dealt with and I'm confident because they listen and a complaint would be acted upon and they'd do something about it."

We saw that the service had recorded any wishes or preferences that people had for their end of life care and where necessary advice would be sought from palliative care specialists. One person was able to tell us about their end of life plans and care which they had set out in discussion with their family and staff commenting "...I've said that I don't want to be resuscitated and there are treatments I don't want, so it's all recorded and my family understand and know how I feel."

## Is the service well-led?

### Our findings

At our last inspection in October 2017 the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of provider and management oversight which had impacted on the delivery of the service to people. There had been no effective quality monitoring systems in place to ensure people received high quality, safe and caring support. At this inspection we found that further improvements were needed but enough action had been taken to meet this part of the breach.

The service had a new registered manager in place who had been registered by CQC shortly before this inspection took place. The registered manager was realistic about the challenges they faced and spoke of the things that had been implemented. The registered manager commented "We are moving in the right direction but it takes time. We need to focus on what we need to deliver the right care." Since the last inspection the owners were involved more. A consultant had been brought in to work alongside the management in identifying shortfalls and making the necessary improvements.

The registered manager had put in place systems to start monitoring the quality of the service people received. Monthly audits were undertaken on areas including, medicines, equipment, care plans and accidents and incidents. We observed some gaps on audits including a nutritional audit that was not completed. The nutritional audit for one person at high of risk weight loss and malnutrition had been left blank for March and April with no monitoring or documented information in the audit. A daily routine sheet stated fluid balances and food charts should be checked and signed, however this had not been completed in April and March for this person. This meant current records did not give oversight of the needs of this person in order to take timely action if needed. The registered manager said the documentation was newly implemented and staff had recently attended documentation training to assist in embedding the changes.

Not all of the concerns that we identified around care plans, risk assessments and documentation for people who lacked capacity, had been picked up or action taken to make the necessary improvements. The registered manager was aware there were areas that still needed addressing.

Alongside these audits the registered manager spent time with people and staff, they told us, "I do daily walk arounds, it's my staff and residents, I'm lucky I can talk to them. I work on the floor and cover shifts if we are short staffed. I do supervisions with staff, I can work with staff to develop and move forward." The registered manager had asked the provider to meet monthly so they could discuss the improvements and areas to focus on and this was planned to start the day after our inspection.

Due to some of the concerns raised at the last inspection the older building was currently closed to people whilst it was undergoing improvement work and redecoration. People and their families had been involved in discussions regarding moving into the new building and at this inspection people were only being supported by staff in this new building.

A new management structure was in place with clear lines of accountability. The registered manager was

supported by a deputy manager, administration staff, staff trainer and a head of care. This meant that there were several points of access for staff and people to approach. A board was displayed in the entrance to the home which detailed who the management and key staff roles on duty for that day so people were informed if they needed to speak with someone.

Nearly all of the people we spoke with knew the registered manager by their first name and had spoken with him and regularly saw him around. One person said "The manager comes round quite frequently to check on us all, if we're comfortable with the staff and the conditions." Staff all spoke positively about the new registered manager commenting "It's been fabulous having (registered manager) he's very hands on and listens, he's very supportive", "The manager is good with people, he's on the floor a lot and knows people. He is happy to do hands on care and enjoys that" and "I feel very supported, the care team is great, the nurses are great. The manager is fantastic, very friendly; he's always around a lot." The registered manager told us "In a small place, I can be on the floor and this is what I like to be out with people. I like doing wound dressings and seeing the improvement. I'm always here if people want to talk."

Staff were supported to attend regular team meetings to learn about events relating to the organisation. We reviewed the minutes of these meetings and saw an open culture was adopted where information from events was shared with the staff to encourage learning.

There had been a focus on building open communication with people and their relatives. Meetings had been held and when suggestions made there was evidence that these had been acted upon. We saw that feedback was displayed around the home detailing the actions the home would take in response. This demonstrated a transparent approach with people that their concerns were being taken seriously. Relatives told us they received minutes of the meetings by email and were kept updated on the actions taken; "The board in reception also tells you what's happening to change things. That's really good" and "It's a well-run place."

People spoke positively about these developments and the meetings they attended commenting, "I go to the residents' meetings and they're quite well run, you do feel listened to and everyone is very approachable", "The residents meetings are good and constructive, you're made welcome and you feel listened to. I can't remember any particular changes, but a lot of things have improved so there must have been changes" and "The residents meetings keep you up with the news. It's important to know what's going on as this is where you live and it matters to you and your family if you live here. You're listened to and everything works well here."

Since being in post the registered manager told us they felt supported commenting "The providers support me with my ideas and what I want to implement. I feel supported." Five folders had been set up in line with CQC's five domains in which the registered manager planned to start documenting good practice and evidence within the service. The registered manager included staff in the running of the home and had appointed staff to different tasks, such as staff and nurse supervisions, resident or relatives issues and care plans. This meant staff had responsibility for overseeing that area. Staff told us they had seen an improvement since the new registered manager had been in post. They said "Things have changed. Some staff have left, but that wasn't necessarily a bad thing", "[Registered manager] is great. He knows what he wants. Changes have been made. All for the better" and "[Registered manager] is good for this place. You need a manager who would not be afraid to challenge."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>This is the second consecutive time the service has been in breach of this Regulation. There was a lack of understanding in ensuring that where people lacked capacity the appropriate support was provided following the legal processes. Mental capacity assessments lacked detail about who had been consulted and the best interest decision that had been made as a result.</p> <p>Regulation 11 (1) (2).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care records lacked detail and were inconsistent. Monitoring records were not completed appropriately to be an accurate record. This is the second consecutive time the service has been in breach of this Regulation.</p> <p>Regulation 17 (2) (c).</p>