Sun Care Homes Limited

Hill House Nursing Home

Inspection report

121 High Street
Clay Cross
Chesterfield
Derbyshire
S45 9DZ

Tel: 01246860450

Date of inspection visit:
16 May 2018

Date of publication:
27 July 2018

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

Hill House Nursing Home is 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Care is provided in one adapted building for up to 29 adults, including older people and some who may be living with dementia.

At our last inspection we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good. There were 24 people accommodated, including 13 people receiving nursing care.

People continued to receive safe and effective care from staff who were trained, supported and deployed to ensure this.

Staff understood and followed the provider's risk management systems relating to people's care, medicines, environment and any equipment used for their care. This helped to protect people from the risk of harm or abuse in the least restrictive manner.

The provider took regular account of people's safety needs and acted promptly to review and prevent any reoccurrence when things went wrong. This helped to ensure people's safety, including from lessons learned when needed.

People needs were assessed before they received care and their related care choices were taken into account to inform their care provision at the service. People's consent or appropriate authorisation was lawfully obtained for their care to ensure their rights and best interests.

People were supported to maintain and improve their health and nutrition, in consultation with external health professionals when needed. Partnership working with relevant external agencies and care professionals helped to ensure effective, informed care practice and related information sharing.

People continued to receive care from kind, caring and compassionate staff, who ensured people's dignity, independence and rights in their care. Staff consulted with people and their representatives and followed what was important to people for their individual care, preferred daily living routines and lifestyle preferences.

People continued to receive timely, individualised care, which was agreed and reviewed with them or their representatives when required. Staff understood and followed their role and responsibilities for people's care and knew how to communicate with people in a way they agreed and understood.

People were provided with information about their care and regularly supported to engage in home and often community life as they chose. Work was in progress to quality assure and optimise this for people.

People and relatives were informed and knew how to raise any concerns, or make a complaint if they needed to. The provider used any related investigation findings and feedback they regularly sought from people, relatives and external professionals to help inform and improve people's care when needed.

The service continued to be well led. The provider operated effective systems to ensure the quality, safety and effectiveness of people's care, and ongoing service improvement and relevant information sharing.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hill House Nursing 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.

This was a comprehensive, unannounced inspection, which took place on 16 May 2018. The inspection 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. Their experience related to the care of younger and older adults living with a range of health conditions.

Before our inspection the provider sent us their completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with local authority health and social care commissioners and looked at all of the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with four people who lived at the service, four relatives and a visiting health professional; and we observed staff interaction with people. We spoke with five care staff, including a team leader and one senior; and an activities co-ordinator, a nurse, a cook and a laundry assistant. We also spoke with the registered manager. We looked at four people's care records and other records relating to how the service was managed. This included medicines records, meeting minutes, checks of the quality and safety of people's care and related service improvement plans. We did this to gain people's views about their care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

People were safely supported and felt safe when they received care from staff at the service. One person said, "Staff always pop in and out to check on me." A relative told us, "There's always someone around nearby; it's very secure; there's been odd times when they could have done with more; but they are always attentive, including to those who are bedbound." Another relative said, "We are happy; they [staff] check up on them [people receiving care] regularly."

Staff knew how to keep people safe and the action they needed to take if they witnessed or suspected the harm or abuse of any person receiving care from the service. The provider's related written procedures, staff training and safeguarding lead arrangements helped to ensure this

Staff were safely recruited and deployed. Most people and relatives felt staffing levels were sufficient to provider people's care. Staff said there had been occasional staffing difficulties, relating to short notice staff sickness; but felt on balance this was managed well and planned staffing arrangements were sufficient to ensure people's safety, which related records showed. Management took account of people's care and related dependency needs to inform staff planning and deployment arrangements at the service. Recruitment was in progress to appoint to nursing vacancies. Contingency arrangements were in place to provide cover for any staff absence when required. This included the use of regular agency nurses who were familiar with the service and people's care needs, when required.

The provider carried out required employment and nurse registration checks before staff began to provide people's care; to make sure they were safe to do so. This included checks of staffs' employment history, related care experience and checks with the governments' national vetting and barring scheme. This helps to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children.

Risks to people's safety associated with their health condition, environment or any care equipment used, were assessed before they received care and usually regularly reviewed. Staff told us about two people who could sometimes become anxious or behave in a way that could be challenging for others, because of their health condition. Staff described a safe, consistent and least restrictive, individualised approach to both people's care, which we saw they followed for one person, when this occurred. However, both people's related care plans were not sufficiently detailed to show this, which meant there was an increased risk of them receiving inconsistent and potentially unsafe care. We discussed our findings with the registered manager, who agreed to take the action required to rectify and reduce any risk to people from this.

One person's relative told us about a care concern they had raised with the registered manager, in relation to one person's identified safety needs at the service. Action was taken by the registered manager to address and monitor this, in consultation with external health and social care professionals. Action was also taken by the provider following a safety incident, which they reported to us when it happened at the service. Whilst no harm resulted to any person receiving care, the provider's actions, helped to prevent any reoccurrence. This showed the provider took account of people's safety needs and took prompt action, including from

lessons learned, to ensure people's safety when required.

The environment and any equipment used for people's care was clean, safely maintained and used. Contingency plans were in place for staff to follow in the event of a foreseen emergency, which they understood. One person said, "They [staff] look after my oxygen machine properly." Staff responsible described the related arrangements for the safe storage and use of any oxygen and related equipment. A relative told us, "Everywhere is secure; there is a pressure sensor mat outside [person's] bedroom door." The person's recorded needs assessment and related care plan showed they were at risk falls and needed the sensor mat to alert staff to their movement, to help prevent this.

People and relatives we spoke with were satisfied with environmental cleanliness and hygiene at the service. Results from the provider's recent care quality survey carried out with them also showed this. Staff were trained and provided with relevant guidance and equipment for the prevention and control of infection and environmental cleanliness; which we saw they followed and used correctly.

People's medicines were safely managed, stored and given to people when they needed them. Related records were accurately maintained. Regular management checks helped to ensure this. Staff responsible for the handling and administration of people's medicines, were regularly trained and assessed to make sure they were competent and safe to do this.

Good

Is the service effective?

Our findings

People received effective care that met with their assessed needs and choices. This was provided by staff who supported people to maintain their health and nutrition. People, relatives and local authority care commissioners were satisfied with the care people received at the service. One person said, "I am happy here; I get all the care I need; staff are very good." Another said, "Excellent staff; I am most satisfied." A relative told us, "There's always choice; no forcing of their [staff] own requirements." Results from the provider's recent care survey with people and relatives shows all respondents either strongly agreed or agreed that their views about care provision, were seen as important.

Staff supported people to maintain and improve their health and nutrition when required. Staff understood people's health conditions and how they affected them. People were supported to access external health professionals when they needed to. Results of the provider's recent care survey with people and relatives also showed this. This included for specialist and routine health screening. Staff understood and followed any related advice or instructions for people's care when required. Arrangements were in place to ensure accurate information sharing about people's care needs and their related choices, if people needed to transfer to another care provider for any reason. For example, in the event of any hospital admission. This helped to ensure people received consistent, effective care; as agreed with them and any external health professionals concerned with this.

Staff described comprehensive arrangements for their work induction, training and support, which related management records showed. This included relevant competency checks and guidance, to help care staff understand people's health conditions. One care staff said, "There's always training, it's ongoing and support to do NVQs (national vocational qualifications). A nurse told us, "Yes, I get the training and support I need for my continued professional development, including extended role training for key clinical procedures." The provider's related training and care policies were regularly reviewed, to check they followed recognised national guidance for peoples' care. This helped to ensure people received effective care from staff who were suitably trained and supported.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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. People's consent or appropriate authorisation for their care was sought in line with legislation and guidance. Regular management checks helped to ensure people received care that was lawful and ensured their rights and best interests.

People were supported by staff to eat and drink sufficient amounts of food they enjoyed. People and relatives were happy and made positive comments about the meals provided at the service; which included, "Food is to a high standard and cooked beautifully." Staff knew and followed people's dietary needs,

preferences and any related health requirements concerned with people's nutrition. This included ensuring people received the correct type and consistency of food. People were provided with adapted crockery and drinking cups when needed, to support their independence when eating and drinking. Food menus, included picture menus, which helped people to recognise and choose their meals.

People said they were comfortable and happy with their environment, including their own rooms, which were personalised to their own taste. One person said, "I call my bedroom my lounge; I have just had it rearranged to make even more space." Another person told us they had difficulty finding their own room and we saw there was no name or personal item on their bedroom door to help them to do so. However, we saw some other people's bedroom doors, showed their names and other personalised items to help them recognise their own room, such as a personal photograph. We discussed our findings with the registered manager, who agreed to take the action needed, to support the person's orientation. Otherwise, a range of environmental aids and adaptations were provided to enable people to move around the home safely and independently. This included written and picture signs to support people's orientation to bathrooms, toilets and communal lounge areas. People were able to move around the home safely and independently. For example, grab rails in toilets, corridor handrails and sufficient space enabled people to move safely and have room to use equipment such as walking aids.

Good

Is the service caring?

Our findings

People received care from staff who were kind, caring and promoted their dignity, choice and rights. One person said, "Oh I'm happy here; they [staff] are all very kind." Another person told us, "I'm happy here; staff are very good." A relative told us, "They [staff] are very caring people; they understand how she [person receiving care] is and they ask her how she is; she's loved."

People received care from staff had good relationships with them and their relatives. Staff knew people well and understood what was important for people's care and daily living arrangements. Relatives said they were made welcome to visit the home at any time to suit the person they were visiting.

Staff received training in relation to equality, diversity and human rights. Staff we spoke with, understood the importance of ensuring people's equality, choice and rights in their care. One care staff member told us about their related training, which they had received as part of their care induction. They said, "I really gained a lot from it; it's so important to make sure we understand and treat people equally, but also as individuals in their own right; it should be mandatory."

Throughout our inspection we saw staff treated people with respect and ensured their dignity and rights when they provided care. For example, staff closed doors when people were receiving personal care and regularly checked whether people were comfortable. This included offering clothing protectors at meals times or by making sure people's clothing was adjusted when needed to ensure their dignity. Staff supported people's choices and preferred daily living routines. For example, in relation to meal choices, rising times, or any particular care staff preferences, such as male or female.

Staff told us about one person living with a sight impairment. At lunchtime, we saw a care staff member helping the person to eat their meal. The staff member took time to explain what food the person was eating, check whether this suited them and supported the person at their own pace. This showed respect, care and kindness.

Staff supported people to maintain their independence. This included making sure people had any personal items, drinks or any equipment they needed to hand. For example, walking frames or adapted drinking cups, to help people to move or eat and drink independently when they needed to.

People's agreed care, daily living routines and lifestyle preferences were detailed in their written care plans for staff to follow. People's relatives were involved in helping to agree people's care plans when needed. Access to an independent lay advocacy service was signposted, if people needed someone to speak up on their behalf.

People were often provided with information about their care, in a way they could understand. For example, by written, large print and verbal communication. The registered manager told us they were reviewing the service against nationally recognised standards for accessible information. The provision of accessible information is a regulated equality objective. This means all care providers are expected to demonstrate

how they include people in the care planning process. For example, by the use of alternative methods of communication when needed; such as pictures or symbols to help people living with dementia to understand. One person's relative said, "They are much better now at publicising what's going on." This helped to ensure people's rights and involvement in their care.

Good

Is the service responsive?

Our findings

People received timely, individualised care from staff. One person said, "If there's a problem, staff come straight away." Another relative told us, "Staff are very attentive, there's always someone around." One person's relative said the person sometimes had to wait, depending on how busy staff were." The registered manager was aware of their views and showed us how they were monitoring the person's care. A comprehensive review of the person's care needs was also planned, in consultation with relevant external health professionals and care commissioners, to further inform their related care requirements.

Throughout our inspection we saw that staff responded in a timely and sensitive manner when people needed assistance. For example, when people needed assistance to move, go to the toilet or eat and drink. Staff regularly checked people were happy, comfortable, or if they needed anything. During lunchtime, we observed that one person began to cough in a way they were unable to control, whilst eating their meal. Staff nearby responded quickly, calmly and took the action required to ensure the person's safety and comfort.

People and relatives said staff consulted them about the care provided and checked people were happy before they provided care, which we saw during our inspection. We also saw that staff responded to support people's individual daily living and lifestyle preferences, which were also detailed in their care records. This included supporting people to spend their time where and how they chose and supporting people's preferred daily living routines, such as bathing, rising and rest times. This showed people were involved in make decision about their care and daily living arrangements as much as possible.

Staff understood what was important to people for their care and knew how to communicate with people in a way they understood. For example, staff told us about two people who could sometime become anxious, distressed or behave in a way that could be challenging for others. They explained this was because they didn't always understand what was happening around them or how to communicate their needs, because of their health condition. Staff understood the individual triggers and signs when this was likely to be happening for each person. We saw staff supported one person with gentle guidance, emotional support and reassurance when this occurred. This helped the person to understand, become more visibly relaxed and complete their particular daily living task.

People were supported to engage in home and community life and to participate in social, recreational and occupational activities as they chose. For example, games, music, crafts, gentle exercise and singing. Regular entertainment, seasonal and religious events were also provided or celebrated. Improvements recently made or in progress, helped to further opportunities for people's engagement in this way. This included links with a local arts forum, to promote bespoke arts activities for people in care homes; and a parent and toddler group, who regularly visiting the service, which people particularly enjoyed. The provider's recent care survey with people and relatives showed their satisfaction with the arrangements for participation in home and community life.

People and their relatives were informed, knew how and were confident to raise any concerns or make a

complaint about their care if they needed to. One person's relative said, "You can always speak to someone if you have concerns; they do take notice of anything you speak to them about."

The provider regularly sought the views of people and their relatives, to help inform the quality and safety of people's care. Records were kept of complaints, concerns, investigation findings and any related improvements made as a result. Recent examples of care improvements, either made or in progress from this included, staffing, meals equipment and activities arrangements.

The provider's operational policy arrangements followed nationally recognised principles and guidance concerned end of life care. For example, to ensure timely and consistent co-ordinated care; shared decision making; maintaining people's hydration and the provision of equipment and medicines for people's comfort and support. Nursing staff received training and described how they worked in consultation with relevant external lead health professionals, concerned with people's end of life care when needed. This helped to ensure a consistent and informed approach to people's end of life care, when needed.

Good

Is the service well-led?

Our findings

People, relatives and staff felt the home was well managed and said the registered and deputy managers were visible, approachable and accessible. One person said, "The registered manager, he's very good – he comes round and speaks with everyone each day." A relative said, "They've definitely got it; the registered manager and deputy have an excellent working partnership." Another relative said, "There have been some good changes and improvements from the recent care questionnaire; they listen to what you have to say."

The service was well managed and run. A range of management checks were regularly operated to help inform and ensure the quality and safety of people's care. This included checks of people's health and nutritional status, medicines and staffing arrangements and checks of environmental and equipment safety. Accidents, incidents and complaints were monitored and analysed to identify any trends or patterns, to help inform people's care and related safety needs. Action was assured by the registered manager to review and ensure accessible care information for people.

Staff understood and followed the provider's stated aims and values for people's care, which included to promote people's dignity, privacy and rights. Related staff training and management monitoring of care practice helped to ensure this. People and relatives were involved in developing and improving the service through individual consultation, regular care reviews and questionnaire type surveys. A recent care survey carried out in 2018 showed overall satisfaction with the service and people's care provision. One person told us, "I feel lucky to have got in here."

Staff all said they felt well supported and informed to carry out their role and responsibilities. One care staff member said, "We have regular one to one and staff group meetings; I do think we provide a good standard of care here; but we are always striving to improve." Another said, "Management are supportive; they communicate well with us, including when any changes are needed."

The provider had established a range of operational policies and procedures for staff to follow, to help ensure people's care and safety at the service. All of the staff we spoke with confirmed the manager or senior staff held regular meetings with them, such as individual or group meetings and also for care handover information at the start of each work shift. Any agency staff used received a care induction, which included general orientation to the service and the provider's key policy guidance for people's care and safety. This, together with related records showed staff were informed and supported to deliver people's care safely and effectively.

Records relating to people's care were accurately maintained and securely stored. Arrangements for the handling, storage and protection of people's confidential personal information were recently reviewed by the provider to ensure they continued to meet with recently revised legislation concerned with this.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and their website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. This was conspicuously displayed.