Hill House Nursing Home Limited

Hill House Care Home

Inspection report

Hill House
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23 September 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Hill House Care Home on 22 and 23 September 2016. The inspection was unannounced.

Hill House Care Home is registered to provide nursing and personal care for up to 58 adults. At the time of our inspection there were 53 elderly adults living in the home many of whom were living with dementia.

We previously inspected Hill House Care Home in September 2015 and found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to there being an insufficient number of staff to meet people's needs, the lack of consistency with staff supervision and appraisal, the lack of person centred care and the lack of effective systems to assess the quality of care people received. We asked the provider to tell us how and when they would make the required improvements. These actions have now been completed.

The manager had applied to the Care Quality Commission (CQC) to be a registered manager for the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of our inspection, the manager's application was being processed.

People felt safe. Risk assessments were conducted and management plans were in place to minimise the risk of people facing avoidable harm. Staff had been trained in safeguarding adults. They knew how to recognise the signs of abuse and how to report any concerns.

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The provider recruited staff using an appropriate recruitment process which was consistently used. The provider carried out thorough checks on staff and they received an induction before they began to work with people. The staff were experienced registered nurses and care workers who had the skills, knowledge and experience to care for people effectively.

There was a sufficient number of staff on duty to help care for people safely. Staff understood their roles and responsibilities and were supported by the management through relevant training, supervision and performance reviews.

There were procedures in place to ensure that people received their medicines safely. People's healthcare needs were met by suitably qualified staff. Regular checks were carried out to maintain people's health and well-being. People also had access to healthcare professionals and staff liaised well with external healthcare providers. People were supported to plan their end of life care which was provided with consideration and compassion.

Staff asked for people's consent before delivering care. People were involved in their care planning and felt in control of the care they received. Staff understood the main provisions of the Mental Capacity Act 2005

and how it applied to people in their care.

People were satisfied with the care they received and told us they were treated with respect and kindness. Staff ensured people received a nutritious, balanced diet. People were given enough to eat and drink although there was not as much variety and choice as people would have liked.

There were activities for people to participate in and the provider had started to implement plans to improve the variety and frequency of activities on offer inside and outside the home.

People were supported to express their views. The management and staff used their learning from accidents and incidents to improve the safety and quality of care people received. There were a variety of systems in place to assess and monitor the quality of care people received and these were consistently applied by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse by effective safeguarding and risk assessment procedures. The home had an appropriate number of staff to meet people's needs and help care for people safely.

People were protected from the risk and spread of infection.

Is the service effective?

Good

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training and regular supervision and appraisal.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were given a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?

Good

The service was caring.

Staff were caring. People were treated with compassion and respect. People felt able to express their views.

People were supported to plan their end of life care.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. People received

personalised care which met their needs.

People had the opportunity to participate in organised activities. Plans to further improve the activities available were being implemented.

People knew how to make suggestions and complaints about the care they received and felt their comments would be acted on.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

People living in the home, their relatives and staff felt able to approach the management about their concerns.

There were comprehensive systems in place to monitor and assess the quality of care people received which the management and staff consistently applied.

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.

We inspected Hill House Care Home on 22 and 23 September 2016. The inspection was unannounced and was carried out by an inspector, a nursing specialist 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. The expert by experience's area of expertise was care of the elderly.

Before the inspection we looked at all the information we held about the provider. This included their statement of purpose, routine notifications and the previous inspection report.

During the inspection we looked at ten people's care files and four staff files. We spoke with eleven people living in the home, three of their relatives and nine members of staff including the cook. We spoke with members of the management team about the systems in place to assess and monitor the quality of care people receive. We also spoke with a member of the commissioning team from a local authority that commissions the service. We looked at the service's policies and procedures, and records relating to the maintenance of the home and equipment.

Some of the people living at the home were living with dementia and were not fully able to tell us their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support people received in the dining room during lunchtime.

Good

Is the service safe?

Our findings

At our previous inspection in September 2015, we found there were insufficient staff to help keep people safe and meet their needs.

During this inspection we found there was sufficient staff to help keep people safe and meet their needs. Although there was a shortage of permanent staff, the provider used agency staff to fill gaps in the staff rota. The provider was in the process of recruiting more permanent staff. People told us and we observed that there was a sufficient number of staff to help care for them safely. People commented, "There is usually enough staff around" and "I think there are enough staff." Where staff were unable to attend work due to sickness or annual leave, agency staff were used to ensure there were enough staff to meet people's needs. People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. The number of staff a person required was reviewed when there was a change in a person's needs.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe. People commented, "I feel safe here" and "I've never felt unsafe."

The home had policies and procedures in place to guide staff on how to protect people from abuse which staff were familiar with. Staff had been trained in safeguarding adults and demonstrated good knowledge of how to recognise abuse and report any concerns. Staff told us they would not hesitate to report another staff member if they thought they posed a risk to a person living in the home.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered such issues as how to minimise the risk of falls and the action to take in the event that the person were to fall. Records confirmed staff delivered care in accordance with people's care plans. People had personal evacuation plans. Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency.

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. People told us they received their medicines at the right time and in the correct dosage. We saw confirmation of this in the care records we reviewed.

People had clear records of the medicines they were required to take, as well as how and when these should be administered. Staff handling medicines were registered nurses and there was at least one registered nurse working on every shift. This meant people were protected against the risks associated with the unsafe use and management of medicines.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene which staff consistently followed. One person commented, "It's always clean here." People's rooms and the communal areas of the home were clean and tidy. There were no unpleasant odours within the home. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. People's rooms and the communal areas were well decorated and furnished. We saw confirmation there were arrangements in place to test and service essential equipment such as lifts and hoists. Staff had been trained in how to use the equipment people needed. We saw that the right number of staff were involved in using equipment such as hoists and that they were used correctly. The home had procedures in place which aimed to keep people safe and provide continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

Good

Is the service effective?

Our findings

At our inspection in September 2015, we found that staff were not adequately supported by the provider through regular supervision and appraisal.

During this inspection we found that people received care and support from staff who were appropriately supported by the provider. When first employed, staff received an induction during which they were introduced to the home's policies, they received basic training in areas relevant to their role and they were made aware of emergency procedures. There was a system in place to identify staff training needs. Staff received regular training in areas such as, moving and handling people and infection control. Staff received regular supervision during which they had the opportunity to discuss their training needs and any issues affecting their role. Staff who had been employed by the provider for more than one year had an annual performance review.

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. The application procedures for this in care homes 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.

We saw detailed records about people's consent to care and whether they had the capacity to make decisions. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interest. Where applications had been made to the Local Authority for DoLs the manager of the service kept detailed records of the applications which had been sent, those returned to the service and the authorisations due for review.

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. A full-time catering team were employed by the provider. People's meals were freshly prepared daily. The chef had worked in catering for many years. He knew what constituted a balanced diet and the menus we looked at were designed to offer healthy, nutritious meals. The chef spoke enthusiastically and positively about his role and displayed a good understanding of people's dietary needs.

People who required assistance with eating, or who required a special diet were given the support and diet they required. People had a sufficient amount to eat and drink and were satisfied with the quality of food. People commented, "The food is quite good", "I'm happy with the food" and "It's very good". However, four

people told us there could be greater choice and variety of food. People told us, "The food is ok but there isn't much variety", "As far as I know we don't have a choice but if I didn't like something I could get something else" and "It would be nice to have a choice of fruits outside of mealtimes."

Staff carried out regular checks to ensure people maintained good health. For example, people were weighed regularly to check they maintained a healthy weight. Nursing interventions had a positive impact on people's health. For example, people who had been admitted to the home with pressure sores saw a rapid improvement in their skin condition through regular re-positioning and the appropriate use of dressings and pressure relieving mattresses. One person told us, "I could hardly walk when I came here, now I'm walking much better." People were registered with a local GP, were appropriately referred to specialists and had access to a range of external healthcare professionals.

Good

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. People told us, "The staff are lovely", "The staff are very nice, patient" and "The staff are very good although some of the night staff are not so willing." One relative told us, "I have nothing but praise for the staff." Another relative told us, "The staff are attentive and I'm very happy with the way they treat [the person]."

We observed staff interacting with people and found the staff approach was friendly and respectful. Staff were patient, polite and encouraging. They supported people at a pace that suited people and addressed them in the way they preferred. Many of the staff had worked at the service for several years. They had a positive attitude to their work and spoke about people in a caring way. They told us, "I like working here" and "I enjoy working with older people."

People's rooms offered them privacy and comfort. Staff respected people's need for privacy as some people preferred to remain in their own rooms and not participate in planned activities. People told us staff respected their privacy and dignity and gave us examples of how they did this such as, keeping doors and curtains closed while delivering personal care.

Staff knew people's personal history, health support needs and personal preferences well and this was evident in their interaction. One staff member told us, "When you've been working with someone for a while, you really get to know them." A relative told us, "I think they understand [the person] now. [The person] is comfortable with them." Staff supported people to maintain relationships with the people that mattered to them most. Relatives were made to feel welcome and felt able to visit as often as they wanted to.

People and where appropriate, their relatives were involved in their needs assessments and the majority of people felt involved in how their care was planned and delivered. One person told us, "I'm absolutely involved." A relative told us, "I was involved in the assessment process because [the person] isn't really able to." People were supported to express their views on the care and treatment they received. Records indicated that residents' and relatives' meetings were held in the last 12 months. This enabled people and their relatives to give their views on the quality of care provided.

The home had an effective approach to end of life care planning for those people who wished to do so. This meant that people were consulted and their wishes for their end of life care were recorded and acted on. People and their relatives felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively. We saw several thank you messages from relatives of people who had received end of life care at the home. They commented on the kindness, consideration and care shown by staff.

Good

Is the service responsive?

Our findings

At our inspection in September 2015, we found that people did not get care and treatment which reflected their personal preferences.

During this inspection people and their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences. People had assessments for daily living and long-term outcomes. Care plans reminded staff that all outcomes should be met through positive, individualised support. Staff knew how people wanted their care to be provided, what was important to them and how to meet people's individual needs. People received personalised care that met their needs. For example, where people had medical conditions which required a special diet plan, they received the diet set out in their plan.

At our previous inspection we found that people were not supported to be as independent as they could be and go out into the community as often as they wanted to. During this inspection we found there was an activities co-ordinator who worked at the service part-time and the provider had allocated additional staff resources for improving people's engagement and planning activities. New initiatives included a gentleman's club and a "resident of the week". The purpose of the "resident of the week" was to ensure that every week one person was given one-to-one support to enable them to participate in an activity of their choice inside or outside the home. Although all the plans had not yet been implemented, people were aware of the activities available and the new initiatives. One person told us, "They've just started a gentleman's club. I'm looking forward to it." Since our last visit people had been given the opportunity to go out into the community. One person told us, " Last Sunday they did a church trip. I did enjoy getting out." People were satisfied with the activities available but three people, two relatives and two staff members told us that more could be done for people who were unwilling or unable to leave their rooms to engage them in activities. Relatives also felt there should be greater opportunities for people to leave the home.

People were satisfied with the care and support they received. People's comments included, "I'm content", "I'm very happy here", "I have no complaints. They look after me well" and "Overall I'm happy". Relatives commented, "We are very pleased with the way [the person] is being cared for" and "I have no complaints."

People had the opportunity to give their feedback on the care and support they received. These included surveys as well as resident's and relative's meetings. Records indicated there was good participation in these meetings and that a variety of issues were discussed by people and their relatives such as, whether they were happy with the food, what the service was doing well and what could be improved, development plans for the service, activities and staffing. There was also a large comment box in the reception area which enabled people and their relatives to give their feedback on any aspect of the care provided at any time.

The service gave people and their relatives information on how to make a complaint. People told us they knew how to make a complaint and would do so if the need arose. One person told us, "I did have a

complaint and it was sorted out." A relative told us, "I haven't made a complaint as such but when there has been something I'm not happy with I mention it to staff and they take care of it."

We looked at the process for recording, logging and acting on complaints and found clear procedures were in place. The manager said they tried to deal with issues as soon as possible and we saw records of conversations with relatives and action taken by the provider to address issues and concerns raised. The manager confirmed that any lessons learnt from complaints were discussed with staff to reduce any likelihood of the same happening again.

Good

Is the service well-led?

Our findings

At our previous inspection in September 2015, we found that although there were systems in place to assess and monitor the quality of care people received, when areas for improvement were identified action was not always taken to make the required improvements.

During this inspection we found there were a variety of systems in place to assess and monitor the quality of care people received. The provider conducted monthly compliance audits where people's care plans and records were reviewed, the activities on offer were assessed and the management of medicines was checked.

There were comprehensive arrangements in place at manager level and provider level for checking the quality of the care people received. As part of their daily checks, the manager observed staff interaction with people and checked the standard of cleanliness in the home. There was a system in place to check that staff training, supervision and appraisal were up to date. Feedback on the quality of care provided was sought from people living in the home, their relatives and staff. Where areas for improvement were identified an action plan was drawn up and we saw evidence that the plans were implemented.

The manager acted on feedback and implemented recommendations made by external healthcare professionals to improve people's health. The provider and management worked well with external organisations to introduce training, policies and procedures for staff to follow in order to improve the quality of care people received.

The home was well organised and well-led. One person told us, "They know what they're doing." Another person commented, "I think they are on top of things. Everything runs smoothly" A relative told us, "I'm happy with the way things are run."

There was a clear staff and management structure at the home which people living in the home and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people living in the home.

Staff felt supported by the management and provider. A staff member told us, "We work together as a team and support each other." Staff felt able to express their views on the management of the home and the way care was provided. Records indicated that during staff and supervision meetings staff were forthright in their views and there was open communication between the management and staff. A staff member said of the provider, "They listen to us and usually try to sort out any issues we raise, although sometimes not as quickly as we would like." Staff had regular one to one supervision where they were able to raise any issue affecting their role and people living in the home. We saw that in recent supervisions staff had raised staffing issues, the availability of equipment and personal issues.

There were systems in place to ensure that the standard of maintenance of the home and equipment used

was monitored and prompt action was taken when repairs or servicing was required. We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located. The provider promptly submitted relevant notifications to the CQC.