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North Hill House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: North Hill Nursing Home is a 'care home' that provides personal and nursing care plus accommodation for a maximum of 31 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection there were 24 people living at the service.

What life is like for people using this service:

Since our last inspection the provider has been more visible in the service and reviewed how the service was run. Changes were made to improve the quality of care for people and staff at the service. Staff now had delegated roles and responsibilities so were more accountable for the quality of care they provided. The management team had worked as a strong team to mentor and empower the staff to make improvements to the support people received.

Checks had been completed to help the provider understand if improvements were being made. The checks did not always highlight areas for improvement, or where they did we saw action plans were not recorded effectively. These systems needed to work better to ensure safety and quality for people.

People, their relatives and the staff all told us they felt more confident in the leadership and management of the service. Good staffing levels afforded people responsive and dignified support.

Staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and choices. People told us they felt safe, and liked living at North hill house and enjoyed the range of activities and felt well cared for. People said they were always treated with respect. Care staff were eager to be involved in the social aspects of people's lives, which demonstrated their commitment to people's overall wellbeing.

Positive changes were seen at this inspection and the motivation for continuous improvement was demonstrated by the staff team within the service. More robust systems would support the provider to make further change to sustain improvements made.

More information is in Detailed Findings below

Rating at last inspection: Requires Improvement (report published 19 April 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Requires Improvement and found the service was in breach of the regulations in relation to person centred care, safe care and treatment, staffing, absence of notifications of incidents and good governance. As a result, we issued five requirement notices. We subsequently met with the provider to check action was being taken to improve the service.

At this inspection we found that the provider had complied with some of the breaches of regulation, in the areas of person centred care and notifications of incidents were now reported. We also found that some improvements had been made to other breaches of regulation in the areas of staffing and good governance. We acknowledge that the care for people had improved and people were at less risk. However, there had been insufficient time for these changes to be fully embedded to ensure long term sustainability, hence the rating remains Requires Improvement.

Enforcement/improvement action we have told the provider to take.

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will carry out a further focused inspection, in line with our inspection programme, to check improvements have been made to ensure the service is meeting the regulations. We will continue to monitor intelligence we receive about the service. If any concerning information is received we may inspect sooner

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

North Hill House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by two inspectors, a Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

North 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 accommodates up to 31 people. At the time of our visit there were 24 people using the service.

The service is owned by a sole provider and as the 'registered person', the provider is responsible for the day to day running of the service. 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.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service and six relatives. We also had discussions with two nursing staff, eight staff members and the home manager and registered provider. We

spoke with three health and social care professionals who were visiting the service.

We looked at the care and medication records of nine people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met

Improvements had been made and the provider met the previous breaches of the regulations in relation to the management of medicines, the management of risks and staff recruitment .

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings at all levels were used to remind staff of safeguarding processes.
- People told us they felt safe. One commented; "The staff are attentive and sensitive to my needs...its wonderful here."
- In discussions with us staff demonstrated they were aware of what constituted safeguarding and what actions they needed to take if they suspected a person was at risk of abuse. The majority of staff had received safeguarding training. The provider assured us that where there were gaps in safeguarding training this would be addressed immediately.

Assessing risk, safety monitoring and management

- Since the last inspection improvements had been made to the management of risks. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Equipment was used safely for people. For example, one person told us "I'm very happy with what's done for me the girls are kind they care. They had trouble with the hoist one day and wouldn't use it, the manager found out and another hoist was bought up and used enabling me to go downstairs. That was so kind and I was very grateful."
- The service had undergone major building alterations to the service, and these were nearing completion. Risk assessments to ensure that people, staff and visitors were safe at all times were in place.

Staffing and recruitment.

- Staffing levels were sufficient to ensure people's needs could be met.
- People told us staff responded to their calls for assistance "quickly" and "promptly". The provider was planning on introducing a new call bell system in the home once all the building works had been completed.
- The provider had actively recruited four nursing staff since the last inspection, and care staff. There were

no longer any staff vacancies at the service. Agency workers were used "rarely" at the service due to the full complement of staffing.

- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Since the last inspection improvements had been made to the management of medicines. People were given their medicines safely by trained staff. Staff recorded when medicines were administered to people on Medicines Administration Records (MARs).
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Staff completed daily checks and the deputy manager had implemented a monthly medicines audit. This was being developed and needed some further improvement to ensure that all checks were being completed accurately. For example, we saw four creams had not been dated upon opening and no records kept of the medicine room temperature to ensure that medicines were kept at the correct storage temperature.
- There were reporting systems for any incidents or errors and we saw that these were investigated, and actions put in place to try to prevent them happening again.

Preventing and controlling infection

- The premises were clean and largely free from malodours. The provider was aware of one room where a malodour was present and had an action plan with a timescale to address this by, for example to replace the carpet and furnishings in this room.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- The management team took action following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, following an incident when one person had fallen the person's falls risk assessment had been updated and a referral to the GP and dementia liaison nurse had been made.

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Is the service effective?

Our findings

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

Require Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff skills, knowledge and experience

- Following the last inspection, the provider had addressed some areas of concern. For example, new staff were now receiving an induction to ensure they developed the right standard of care. Staff were also undertaking The Care Certificate to induct staff who had not worked in care before.
- Staff told us and records showed that staff were undertaking a level of supervision and competency checks.
- New staff were attending relevant training. However, staff that had been employed at the service for some time, their training was out of date or had not occurred.
- The nursing team did not have lead/champions in any clinical area for example dementia or End of Life Care. No dementia training had been provided or accessed despite them offering a specific home to people living with dementia. Therefore, staff were not being trained to meet the current needs of people in their care

Not ensuring staff are suitably trained is a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- On the day of the inspection, seven people in the lounge were eating their lunch and did not experience a social or pleasant dining experience. Some people had been served their dinner whilst others waited up to 45 minutes before their main meal was served. The portions served were large, which some people found unappetising. Some people attempted to eat their lunch with some difficulty and staff were not present to offer or provide assistance or support. People were not assisted with appropriate cutlery to assist them to eat their meal. We fed back our observations of people's lunchtime experience to the home manager. They investigated this incident and found that due to paramedics attending the service that this caused a disruption to the meal time experience.
- People who had their meals in their rooms were complimentary about the quality of food. Kitchen staff were aware of people's individual food preferences, allergies and dietary requirements

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff providing consistent, effective, timely care within and across organisations

- The service had clear systems and process for referring people to external services, such as medical professionals to ensure people received timely and appropriate care.

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

- The provider had invested in the environment since the last inspection and they had a schedule of work due for completion over each financial year to continue to maintain and upgrade all areas. People told us they were pleased with the changes to the environment and had been consulted about the changes.

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

- People's individual health needs were assessed. Care records showed staff followed evidence based practice in relation to moving and handling, nutrition, pressure area care and for people with diabetes. For example, where there were concerns about a person's weight, they were weighed more frequently and professional advice followed about offering the person smoothies or other food supplements.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- People said they were supported to maintain good health and referred to health professionals when required. One person told us, "They [meaning staff] phone the doctor to see me when I'm not well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The Home Manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when they needed renewing.
- People's care plans clearly described what decisions people could make for themselves.
- Staff understood which people lacked capacity and had requested further training to increase their understanding. This had been booked.
- People told us staff always asked for their consent before commencing any care tasks.

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had background information about people's personal history. This meant they were able to gain an understanding of people and engage in meaningful conversations with them.
- Staff knew what was important to people and what would offer people comfort and reassurance. For example, some people had enjoyed the company of pets and a person was able to have their cat in the home, as well as the North Hill home cat.
- Staff were kind and affectionate to people. We observed staff taking time to sit with people and spend time chatting. People and relatives told us staff were kind and considerate, comments included; "It's a lovely home" and "They are so kind. If I want to talk to one of the girls we can go somewhere quietly. They knock at my door never just come in." A relative said "The [home managers name] is so good, [person's name] has let him treat his pressure area, which [person name] would not allow the community hospital to do. [Home manager] has a good way with people." Another commented "I know some people have left the home but they come back for lunch and things, all are welcome."
- An external healthcare professional commented; "The quality of the care here is excellent."
- People's personal relationships with friends and families were valued and respected. For example, one care plan noted one person's relative was very anxious and stressed the need to offer them reassurance and support. Another relative told us; "I am always welcome; my care is also a consideration for the staff."

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

- People were involved in day to day decisions and had control over their daily routines. People told us they felt listened to and consulted, for example comments included "[home managers name] talks to me and we discuss things together and reach a decision that I am happy with" and "I had things explained to me when I came here and I agreed to spend time here till I get stronger, more mobile and then I can go home."
- Some people needed aids to help them communicate effectively. This was recognised and supported.
- Care plans recorded if people needed glasses or hearing aids. An optician had recently visited the service and carried out a clinic to check people had the appropriate glasses.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and the staff spoken with were committed to provide the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they required support to the bathroom. One person commented "They treat me nicely. We can be private in the bathroom no one just comes in. If someone wants to come in they will knock on the door first"
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were welcome to visit anytime and always felt welcome.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Improvements had been made and the provider met the previous breaches of the regulations in relation to the assessment and delivery of people's care.

Personalised care; accessible information; choices, preferences and relationships

- Staff were knowledgeable about people and their needs. We saw that the care plans were being developed from the 'older style' care plans which were difficult to navigate to the new format which had a more person-centred feel. The new plans contained more detail and a clearer layout in accessing information.
- Care plans were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- The content of daily notes had improved since the last inspection in that they were written in a respectful manner and provided an overview of the care people had received and captured any changes in people's health and well-being.
- Some people required additional monitoring to enable staff to identify quickly if their health was declining. For example, some people needed support to reposition to reduce the risk of developing pressure areas. Staff recorded when these tasks were completed and regularly checked for any indication of deterioration.
- Feedback from health and social care professionals were positive in that staff knew the people they supported well. One commented "The nursing staff always have relevant records and observations ready for my visits"
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication.
- Activity co-ordinators were employed to help organise a range of activities. People were encouraged to make suggestions of activities they would like to be provided. Photographs demonstrated that people participated in a range of activities. Such as craft sessions, cake decorating, Christmas decorations and board games. They also recently held an international month where the staff from overseas dressed up and danced in national costume and shared traditional food from their region.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

- Any complaints were logged and the actions taken recorded. The manager proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak to the manager or other staff if they were unhappy. For example, one commented, I talk things over with [manager named] so things don't get to be a problem they get sorted straight away."

End of life care and support

- When people were receiving end of life treatment their care plans currently lacked detail in how the person wished to be cared for and supported. This was discussed with home manager and provider. However, relatives told us that they were satisfied with the care and support their family member had received.

Is the service well-led?

Our findings

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following the last inspection, the provider was more visible in the service and had reviewed and reorganised the structure of the home. Staff were now aware of their delegated responsibilities, which was previously lacking. Management team and staff acknowledged that this was in the 'early stages of implementation' but were pleased with the initial changes and felt they had "made a huge difference to the quality of care for people and staff".
- The provider had implemented a quality assurance system, for example to review care plans, medicines and infection control. However, they acknowledged that this remained in "early days" and that the systems had not embedded. We saw evidence in this in that some audits had not been completed, and other had not identified where there were gaps. We concluded there was a lack of clear oversight of the service which had resulted in failings in the quality and delivery of care.
- Care plans were being developed but in some areas needed further improvements, such as in End of Life Care.
- Since the last inspection the provider had still not fully addressed non-compliance in the area of staffing training, and continued to develop, implement and embed new records and systems to improve the quality of the service. The provider had implemented a framework for quality checks but this was still in the early stages and had not picked up many of the issues we observed. Therefore, there remains two repeated breaches of regulation for the provider to address.

This is an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care.

- Since the last inspection the provider had addressed non-compliance in the areas of person centred care, recruitment, risk assessment and medicine management which led to the service no longer being in breach of these regulations. Therefore, the Safe, Caring and Responsive sections of the service rating had improved from Requires Improvement to Good.
- We saw a willingness to improve but the service needed additional support to identify and action improvements.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility.

- People, relatives and staff expressed confidence in the management team. The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. The home manager worked five days a week, including weekends. They worked alongside staff and led by example.
- The provider and home manager, all spoke with us about individuals they supported and demonstrated a good understanding of people's needs, likes and preferences.
- Staff told us they had confidence in the management of the service and would not hesitate to report any concerns.
- When concerns had been raised senior staff had addressed these with the people concerned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and were pleased with the changes that had been made as they saw this benefiting the people they supported, and themselves.
- People told us they thought the service was well run and knew who the home manager was and said they were visible. People said they liked giving feedback on the service, one to one through talking to staff or completing the questionnaires

Working in partnership with others.

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality of the service provided had not been sufficiently implemented. There was a lack of clear oversight of the service which had resulted in failings in the quality and delivery of care. Regulation 17(1) & (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff should receive such appropriate support, training, professional development, as is necessary to enable them to carry out their duties.