

The Croll Group

Hill House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 provides accommodation and personal care for up to 20 older people. It does not provide nursing care.

Our previous inspection of 6 January 2016 found that the service required improvement. There were breaches in regulation that related to the service not having sufficient systems in place to protect people from risks associated with medicines, the environment, wheelchair use and cross infection. Systems were not effective in identifying these concerns within the service so that they could be addressed. Improvements were also needed to ensure that people were involved in the planning and review of their care and that care plans evidenced people's choice and preferred routines. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the provision of safe care and treatment, good governance and the safety and suitability of premises.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hill House on our website at www.cqc.org.uk. This comprehensive inspection was undertaken to check that further improvements to meet legal requirements had been made.

There were 12 people living in the service when we inspected on 25 May 2017. This was an unannounced inspection. During this inspection we found that although improvements had been made, there were some areas where further improvement were still required.

Appropriate arrangements were in place to ensure people's medicines were obtained and stored safely, however improvements were required in how medicines were administered and clear guidance was needed on medicines that had variable doses.

Further action was required to ensure that all risks within the service were reduced.

People received care that was personalised to them and met their individual needs and wishes. Staff were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Procedures and processes guided staff on how to ensure the safety of the people who used the service. Recruitment checks were carried out on prospective staff with sufficient numbers employed who had the knowledge and skills to meet people's needs.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff sought consent from people before supporting them with their care.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People's nutritional needs were assessed and they were

supported to eat and drink sufficiently.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

The management team were approachable and there was an open culture in the service. Quality assurance processes used to identify shortfalls and address them and as a result the service continued to improve.

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 consistently safe.

Action was required to ensure that all risks within the service were appropriately reduced.

People were provided with their medicines when they needed them although medicines administration required improvement.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff members were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good ●

Is the service caring?

The service was caring.

Staff had a good knowledge of people's individual needs and preferences.

The positive and friendly interactions of the staff promoted people's wellbeing.

People were involved in making decisions about their care.

Good ●

Is the service responsive?

The service was responsive.

People were able to take part in meaningful activities and were provided with one to one time.

People were provided with personalised care to meet their assessed needs and preferences.

There was a complaints policy in place.

Good ●

Is the service well-led?

The service was well-led.

The management team were visible in the service and there was an open and transparent culture. Staff were encouraged and well supported and were clear on their roles and responsibilities.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Good ●

Hill House

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 unannounced inspection took place on the 25 May 2017 and was undertaken by 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. Our expert had experience of caring for older people.

Before our inspection the provider completed a 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 improvements they plan to make. We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with five people who used the service. We also observed the interaction between people who used the service and the staff. We spoke with the registered manager, the deputy manager and five members of care staff including kitchen and housekeeping staff. We spoke with two relatives, one visitor and one professional involved with the service. We looked at records in relation to five people's care and records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At the inspection of 6 January 2016, we found that risks to people and from the environment had not always been identified and there was a lack of cleaning schedules and infection control measures in place. At this inspection, we found while some improvements had been made, further improvement was required.

Audits of the environment were now completed and unstable wardrobes which had been identified at the previous inspection had been secured to the wall. However, one wardrobe was not secured and continued to present a risk. The registered manager told us that the person did not access the wardrobe independently but that this would be discussed with the person and their family. The radiator in the laundry room was very hot to touch. The door to the laundry room was open and could be accessed by people using the service. The registered manager told us action would be taken immediately to reduce the risk and the radiator turned off.

The service was mostly clean and fresh and we saw that cleaning schedules were in place. However, the laundry room required decorating and the floor was dirty and required replacing. In a food storage area, we saw that the ceiling was peeling and flaking off. These issues had already been identified and formed part of the service's annual development plan.

We found that the flooring in the upstairs bathroom had come loose and could be a trip hazard for those using the service. We raised this with the registered manager who took action and the flooring was taped down to reduce the risk and raised with the maintenance team for repair.

The service was using the 'Safer food better business' log book as recommended by the food standards agency to help ensure that the service complied with food hygiene regulations and there was access to anti-bacterial soap and hand towels throughout the service.

Wheelchairs were now regularly checked and serviced and foot rests were in place. We observed safe moving and handling practices being used when staff were supporting people using wheelchairs.

At our inspection of 6 January 2016, we found that improvements were needed around medicines administration. At this inspection, we saw that improvements had been made. When medicines were received and carried forward this was now being recorded and medicines held in stock were mostly correct. Where we found a discrepancy, the assistant manager explained the reason for this and was addressing this with the staff member responsible.

Where people were prescribed medicines on a 'when required' basis (PRN), protocols were in place to provide guidance to staff on when these medicines should be taken. However these did not always provide guidance on the exact dosage a person may require. For example, one person had been prescribed Paracetamol. The instructions for this medicine said, 'Take one or two four times a day.' There were no instructions to provide guidance to staff on when one tablet may be required and when two tablets may be required. This was discussed with the assistant manager who told us that the person was able to tell the

staff when they required each dose but they would ensure this information was added. Where people received variable doses of medicines, the amount administered was now being recorded. There were records in place recording the application of transdermal patches to ensure peoples' safety and effectiveness of the medicine.

We saw one staff member give two people their medicines by placing the tablets into their own hand for the person to pick up. This was unsafe practice as there was a potential risk of the medicine becoming contaminated and medicines being absorbed through the skin of the staff member. The staff member was aware that they should have worn gloves to administer medicines this way and said that they would ensure that they did in the future.

Since the last inspection, the service had updated the management of medicines policy. Audits were being completed on medicines monthly. The registered manager told us that this was to ensure that any issues were identified in a timely manner and rectified as needed.

Medicines were stored safely in a locked trolley for the protection of people who used the service. Staff recorded that people had taken their medicines on medicine administration records (MAR). Staff had received training in medicines administration and provided people with their medicines respectfully, with consent and at the person's own pace. We heard a staff member checking to see if people wanted any pain relieving medicines and where one person was struggling to take their medicines, the staff member checked if the person would prefer to take them from a spoon before supporting them to do so.

People told us that they were safe living in the service. One person said, "I feel safe here, staff would come if I called them." Another person commented, "It is home and I don't need to worry if I fall ill at night as there is someone here to look after me. There is an army of nurses and medicines available and I don't have to worry about the prescriptions."

During our inspection we saw staff ensuring people's safety. For example, walking alongside a person when they were mobilising around the service to minimise the risks of them falling and locking cleaning products away when they were not in use.

There were systems and policies in place to reduce the risk of potential abuse. Staff had received training in safeguarding and had the knowledge and confidence to identify safeguarding concerns and knew how to report any suspicions of abuse to the appropriate professionals. One staff member said, "I would report any abuse straight to the management team." Staff knew how to escalate any concerns if they felt that action was not taken to deal with any potential abuse by the management of the service.

There was guidance in the service to tell people, visitors and staff how they should evacuate if there was a fire and people's records held information of how people were to be supported to do this. This showed us that people and the staff team were provided with the information required to keep people safe.

People we spoke with told us that they felt that there were enough staff working in the service to provide assistance when they needed it. One person said, "That is my calling button and they [staff] come eventually, they [staff] are very busy, they are nice [staff] that look after you." One staff member said, "Staffing is okay now but if we had a full house [of people] we would need more staff."

We saw that staff were attentive to people's needs and requests for assistance were responded to promptly. The registered manager assessed the staffing levels based on people's needs and records confirmed that the assessed staffing levels were provided.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. This showed us that checks had been carried out to make sure people were of good character and suitable to work with vulnerable adults.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with the use of bed rails, mobility and falls.

Is the service effective?

Our findings

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).

At our inspection of 6 January 2016, we found that improvements were needed to ensure that the service was complying with the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). At this inspection, we saw that improvements had been made. Staff had been provided with training in MCA and DoLS and the deputy manager understood when applications should be made and the requirements relating to MCA and DoLS. We saw that where people had appointed persons with lasting power of attorney (LPA), copies of authorised LPA's were on file.

Care records identified people's capacity to make decisions. The records included documents which had been signed by people to show that they had consented to their care and had been involved in their care planning. The staff team understood the MCA. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. New staff completed the Care Certificate, an induction, and shadowed experienced members of staff before working on their own in the service. One person said, "Staff are usually well trained, the new girl is learning and comes in with somebody else; a very experienced one [staff member]." Staff told us that the training they received helped them within their role. One staff member said, "I have had training in moving and handling and I ensure that people stand using the right aids and that they stand still before walking to get confidence and balance." We observed staff assisting people to use mobility equipment safely and effectively. This showed us that the moving and handling training the staff had been provided with was effective.

Staff were knowledgeable about their work role, people's individual needs and how they were met. Staff meetings were held and staff had supervision and felt well supported by the management of the service. One staff member told us, "I had supervision three months ago and it was useful but I can go to the manager and deputy when things come up and the manager says their door is always open." Another staff member said, "We had a staff meeting recently and discussed rotas, leave, uniforms, concerns, changes to home, new staff. They [management] are very good and open for discussion. Things are sorted normally straight away."

People were complimentary about the food and said that they had a choice of what to eat. One person said, "The food is alright, two things to choose from, the portions are big enough for me and the food is hot." Another person commented, "Food is excellent, for 12 to 20 residents you get a good range of options, lamb chops and shepherd's pie. I do not like either so I had grilled sausages which is my choice." One relative said, "Meals are nice and they seem to have a good selection, they are not like school meals." One person did comment that the food could sometimes be hotter.

The dining room was warm and welcoming. At lunchtime we saw that the meals were nicely presented and staff encouraged people to eat independently where possible, One staff member was heard saying to one person, "That is your fork and that is your knife." The person then begun to eat. There was lots of conversation and staff were chatting to people and checking they were happy and enjoying their food.

Lunch time was a good social experience and people were encouraged to stay in the conservatory after lunch for the afternoon activity. The activities coordinator brought in a tray of tea to encourage people to stay and join in which was effective in encouraging participation.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff was knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. There was a list of the wall of people's allergies, likes and dislikes. People were provided with a choice of hot and cold drinks throughout the day. This meant that there were drinks available for people to reduce the risks of dehydration.

People's records showed that their dietary needs were assessed and met. Where issues had been identified, such as weight gain, guidance and support was requested from health professionals, including a dietician and their advice was acted upon. For example, reducing portion sizes of meals. Where one person had received additional input from the dietician, they had gained weight and were no longer at high risk of malnutrition. This showed that the care they received had been effective in meeting their needs.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "Chiropodist comes, optician comes and if I need a doctor they [staff] would get one". Where changes in people's wellbeing were identified, action was taken to seek guidance and treatment from health professionals.

Is the service caring?

Our findings

At our inspection of 6 January 2016, we found that the service was caring. At this inspection, we found that the service continued to be caring.

People said that the staff were caring and respectful. One person told us, "Staff are very kind and I have got no complaints whatsoever." Another person said, "Staff are quite respectful and I would tell them off if they weren't." A third person commented, "Staff are very good, they are very sociable and helpful when I need them."

There was a relaxed and friendly atmosphere in the service and people, staff and visitors clearly shared positive relationships. Staff had time to sit with people and chat with them. We observed one staff member laughing with a person while singing, 'Show me the way to go home.' One staff member told us, "It is amazing here, it's so cheerful." One visitor said, "Staff have always been friendly to me." Another visitor said, "[Person's] husband comes every afternoon with a friend and they have asked him if he wants a meal, it was his birthday last week and they threw a little party for him with a cake for him – that was nice." Staff communicated with people in a caring and respectful manner and communicated effectively by making eye contact with people. Staff knew people well and understood people's specific needs and how they were met.

People's views were listened to and people were given a choice of what they wanted to do and where they wanted to be within the service. One person said, "Staff would help me to go downstairs if I wanted to but I prefer to stay here and prefer to be by myself." Another person said, "My views are asked for." A third person commented, "They [staff] are obliged to listen to me." One visitor said, "Staff don't force [relative] to do anything. They do encourage."

People's bedrooms were personalised and reflected their choice and individuality. People had the opportunity to include personal items of decoration and furnishings to personalise their space

People's privacy was mostly respected by staff who communicated with people discreetly, for example when they had asked for assistance with their continence. We saw staff mostly knocking on doors throughout the day. One person said, "They [staff] knock if it is appropriate." However, another person commented, "Only one or two [staff] knock on the doors, they [staff] don't do it enough, it is nice to have that little warning rather than just a face at the door." We observed two occasions where staff did not knock on bedroom doors before entering. On one occasion, we saw a person being woken up to see if they were happy to be weighed and this could have been done at a different time. This was discussed with the deputy manager who told us this would be addressed.

People's views were gathered through monthly visits by the provider and through residents meetings. The residents meetings were held regularly and were well attended. Subjects discussed included the menu, activities and the fire policy. The feedback from these meetings had been positive and people were happy with the service they were receiving.

Records showed that people had been involved in planning their care and support . and their views were taken into account when their care was planned and reviewed. This included their likes and dislikes and preferences about how they wanted to be supported and cared for. The records included information where discussions about people's care and wellbeing had been held with their relatives, where appropriate. People's choices relating to their end of life decisions were in place, and records relating to if they wanted to be resuscitated showed that they had been endorsed by a health professional.

People's care records identified the areas of their care that they could attend to independently and how this was to be promoted and respected. During our inspection we saw staff encouraging people's independence. For example, when supporting a person to mobilise, staff said, "Push up, keep going, you are doing it for yourself, use two hands, stand nice and tall, frame forward, remember what you did yesterday?" This was done with patience and at the person's own speed. One staff member commented, "We promote independence and keep care to a top standard. We definitely achieve that."

Is the service responsive?

Our findings

At our inspection of 6 January 2016, we found that improvements were needed to ensure that people were provided with personalised care which met their preferences. At this inspection, we found that improvements had been made.

People told us that they chose when they wanted to go to bed and get up in the morning and this was documented in records. One person said, "I get woken up at 7, that is alright as I am usually awake and they take me up at 6.30 to 7 and in bed by 8. I can stay in my room if I want I don't have to come down." Another person said, "I woke up about half an hour ago (0915) and had breakfast here in my room, it is very quiet here." Care plans showed that people had been consulted as to their preferred day and night routines. One care plan said, "I like to remain in my room until 11am." Another said, "I like to get up at 7am and sit in my chair for breakfast." And, "I have a mug of hot chocolate and a biscuit for supper."

There was a part-time activity coordinator who was on duty three times a week and alternate Fridays. They were at the service during our visit and we observed them encouraging people to take part in a music and movement session. Staff were supporting people in this activity with compassion and enthusiasm. One person said, "I do card games, I sat outside reading as it was a lovely day and [staff member] took me for a walk round the garden. It was very nice of [staff member]." Another person said, "We are going to paint some beach stones today. There is plenty to do here, we have activities in the morning and Thursdays we make things and did flowers recently. We had a singer in last week who was very good, and every now and then someone shows us how to bake – there is plenty to do if you want it." One relative said, "I like this home, they do get people up and take part in things. I take part in the exercises with another visitor, they have a game with a parachute which is good fun." One visiting professional commented, "There are always activities going on." The registered manager told us about a clothes party that people had enjoyed where they had an opportunity to purchase new items.

Daily care records included information about people, such as the care they had been provided with and their wellbeing. This ensured that staff knew how the person liked to be supported.

Staff were attentive to people's needs and requests for assistance were addressed. People were not left for long periods of time with no interaction from staff. One staff member said, "I spent some one to one time with [person] today in their room for an hour. We chat about railways and trains which [person] loves." The registered manager had recently introduced, 'Companionship hours' This involved staff members spending some one to one time with people to help them with any tasks such as sorting out personal paperwork. This ensured that people were not isolated.

Visitors could come at any time and we saw people entertaining their visitors who were welcomed by staff. One person said, "Visitors can come at any time." One visitor commented, "I come three mornings a week and on Thursdays I join in the activity. They have lots to do and yesterday a couple of people were sat on a bench in the garden. They have fetes outside and had a Summer House opening last year."

People told us that they knew how to make a complaint, although those people we spoke with said they had not raised any concerns. One person said, "I have no complaints." Another person commented, "There is nothing I could complain about." One relative said, "[Person] is always clean and I have never seen [person] unkempt, [person] has their hair done and I have never seen [person] in anything dirty. I have got nothing to complain about." One person told us, "The fan is constantly running in the toilet. It is upsetting and a nuisance." We raised this with the registered manager who told us that they had already contacted the maintenance team to ensure this was rectified.

Is the service well-led?

Our findings

At our inspection of 6 January 2016, we found that improvements were needed to ensure that the service's quality assurance systems were robust and identified shortfalls so that the service could continuously improve. Since our last inspection, improvements had been made in how the service assessed and monitored the care that was provided to people.

Monthly audits were completed by the registered manager and covered records, a review of accidents and incidents, staffing and health and safety. We saw that where concerns were identified action was taken to address these, for example, replacing the telephone system. The provider visited the service monthly to provide support. They spoke to visiting professionals, staff and people at the service to gather feedback. They checked the standard of the building, daily living and checked care records. This provided additional oversight of the service to ensure that the care provided was of a high quality.

The management team were open to feedback received about the service and had recently responded to advice given from the local authority, and acted on this to improve systems, for example, they had made contact with the GP regarding people who refused medicines and requested reviews. They had shared feedback they had received with other services in the organisation to ensure that they could make any improvements where required.

The annual development plan for 2017 had identified improvements required from feedback gathered from people, their relatives and professionals, visits from the local authority and from previous CQC inspections. As a result, improvements were planned to the storage areas within the home, replacing the existing conservatory and reviewing audits to ensure that they were efficient. This showed us that the service strived to continuously improve.

The management team kept up to date with best practice through attending meetings with other services within the organisation and by being part of PROSPER. PROSPER is a scheme that helps to increase knowledge and awareness of resident safety and encourages new approaches to improve the care provided to people.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The service had a small staff team and any issues or concerns were discussed at the time and dealt with promptly. The management team were visible in the service and worked some shifts as part of their role. They spoke with staff and people regularly and so they could monitor the service on an on-going basis and make improvements as required. There were policies and procedures in place to provide guidance to staff and these had been reviewed regularly.

People knew who the manager was and told us that the service was well led. One person said, "The Manager is very pleasant and joins in. I think it is well run." Another person said, "It seems to be a happy work force. I had resigned myself to live in an atmosphere of stale urine but it is not so here. Everywhere is cleaned regularly and it has a pleasant normal atmosphere."

Staff told us that they felt supported and the service was well led. One staff member said, "I feel supported by the manager and any problems whatsoever, I can go to them or the deputy manager." Another staff member said, "It is well run and there is good morale. Residents know that they are safe and whatever they want they get." A third staff member commented, "It is good here, management are good, staff all get on and the residents are lovely and we have quite a lot of fun." Staff had an awareness of the whistleblowing procedure and who to contact if they had any concerns.

We saw feedback from relatives which included compliments such as, "Thank you for all the care, kindness and attention you gave [person]. No other home could have done more." And, "The team showed [person] much kindness and patience, whatever her mood and gave comfort and hugs when needed."