United Health Limited

Hill House Care Home

Inspection report

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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

This inspection took place on 14 February 2017 and was unannounced. Hill house provides care for people living with a learning disability. It provides accommodation for up to 35 people who require personal and nursing care. At the time of our inspection there were 23 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations. However, on the day of our inspection the registered manager was unavailable and there were plans to make changes to the management arrangements.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered and managed safely.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received supervision. People were encouraged to enjoy a range of social activities. They were supported to maintain relationships that were important to them.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Regular audits were carried out and action plans put in place to address any issues which were identified. Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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.

Medicines were administered safely.

Risk assessments were completed.

There were sufficient staff to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005.

Training was provided to ensure staff had the appropriate skills to meet people's needs.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected. Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

People had been consulted about their care.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care records were personalised.

People were involved in planning their care.

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

The provider had put in place arrangements to improve the quality of the care.

The acting manager created an open culture and supported staff.

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.

This inspection took place on 14 January 2017 and was unannounced. The inspection was completed by an 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.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the acting manager, the regional manager, the cook and three members of care staff. We spoke with five people who used the service and two relatives by telephone. We also looked at five people's care plans and records of staff training, audits and medicines.

Good

Is the service safe?

Our findings

People who lived in the home told us they felt safe and had confidence in the staff. A person said, "[Staff member] is kind to me, they talk to me." The person also told us that they sometimes felt anxious and had panic attacks.To help prevent this there was a list on their notice board about all the steps that were taken to help them feel safe on specific occasions. Another person told us they felt safe at Hill House because of 'other people, and staff.' A relative said, "Yes, [family member] is well looked after. We would know if they were bothered about something. [Family member] is very happy. We are confident that our [family member] is safe.'

Medicines were administered and managed safely. We looked at medicine administration records (MARs) and saw they were fully completed according to the provider's policy. Where people received their medicines without their knowledge (covertly) for example in their food we saw that arrangements were in place to ensure this was carried out safely. One person received their medicines in this manner and we saw this method had been discussed with a doctor and a pharmacist had been contacted, to ensure there were no adverse effects to the person. However the provider's policy did not include obtaining advice from a pharmacist for all situations when medicine was administered covertly, to ensure that the method of administration did not interfere with the effectiveness of the medicine. The policy only referred to obtaining advice for medicines which were crushed. We spoke with the acting manager who said they would ensure the policy was amended to reflect this.

Protocols for medicines which are given 'as required' (PRN) such as painkillers were in place to indicate when to administer these medicines. However, these lacked detail and it was not always clear if people were unable to ask for their medicines how staff knew when they needed them. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Individual risk assessments were completed on areas such as nutrition and skin care and care plans put in place to ensure that care was delivered in a safe way. Where people required equipment to keep them safe such as bed rails risk assessments had also been completed.

When we spoke with staff they told us that there were usually sufficient staff. We observed staff responding to people promptly and were available to provide support to people if they required it. The home had an arrangement with another home owned by the provider whereby they shared some staff. This meant if there were any times when the home was short of staff they were able to access staff from the other home who understood the needs of the people who lived at Hill House.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. They also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns externally, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. For example, falls were monitored and actions had been put in place on an individual basis to reduce the risk of falls to people. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills to meet their needs. A relative said, "Very good with [my family members] need's."

We observed staff had appropriate skills for caring for people, for example staff had received epilepsy awareness training and were aware of how to support people who suffered with epilepsy. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The provider was aware of the National Care Certificate which sets out common induction standards for social care staff and was in the process of ensuring all newly recruited staff worked towards this qualification as part of their induction programme.

There was a system in place for monitoring training attendance and completion for permanent staff. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff were happy with the support they received from other staff and the registered manager of the service. They told us that they had received support and supervision and that supervision provided an opportunity to review their skills and experience.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw that best interests decisions had been carried out and were specific about what decisions were being taken in people's best interests. For example one person had bed rails in place to keep them safe and was unable to consent to these and a best interests decision was in place.

If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were two people who were subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. We observed that people were asked for their consent before care was provided. Records included completed consent to treatment forms to ensure that care was provided with people's consent.

We observed lunchtime and saw staff assisting people with their meal to ensure that they received sufficient nutrition. We saw staff spoke with people individually to explain what the choices were. Staff sat alongside people and chatted as they supported them. The lunchtime meal was relaxed with staff serving the meals and engaging in conversation with people. We saw there was a lot of social interaction and friendly banter between staff and people in the dining room. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives.

A person told us, "I sometimes can have a snack or make drinks in the kitchen." We saw drinks were offered to people on a regular basis. Another person told us they made their own choice of where to eat and what to eat, and what snacks to eat and drink. Additionally drinks were served mid-morning and afternoon. We observed that if people asked for additional drinks staff provided these and also asked people if they were alright for drinks when they were sat in communal areas.

People had been assessed with regard to their nutritional needs and where additional support was required appropriate care had been put in place. For example, one person was at a high risk of choking and a specialist regime had been put in place to minimise the risk and ensure they received appropriate nutrition. Where required, people received nutritional supplements to ensure that they received sufficient nutrition. One person had requested support to lose weight and they were being supported to attend a local slimming group. The kitchen supervisor explained how they worked with care staff to ensure that people were given food that they liked. They explained, "People are asked at residents meetings about meal preferences". Where people had allergies or particular dislikes these were highlighted in their care plans.

We found that people who lived at the home had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes and epilepsy information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. This helped staff to respond to people's physical health needs.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. All the people we spoke with said that they felt well cared for and liked living at the home.

A relative told us, "Yes, they're respectful of [family member] feelings, they'll let [family member] stay in bed in the mornings." We saw comments from the resident's survey were positive about care. For example comments included, 'A big thumbs up I like it here' and 'It's good here'.

All the interactions we saw from staff with people were positive social interactions with staff taking time to engage in beneficial conversations with people and sharing fun and obvious pleasure. Even when the interactions had to be centred on a task, for example when serving meals, staff took the opportunity to engage with people. We saw that before staff assisted people they asked if that assistance was wanted and asked permission before carrying out tasks for people.

We observed that staff were aware of respecting people's needs and wishes. For example, a person was having a late breakfast which was their choice. We observed they had finished their cereal and staff offered them toast. However the person declined the toast and requested more cereal which was brought for them. When people were in the lounge watching television staff checked they were happy with what was on the television.

When we spoke with staff we found they were aware of people's care needs and how to respond appropriately. For example they told us about a person who when they became distressed they tried to distract them by talking to them and offering them their favourite snack. We observed a person liked to hold a doll and staff spoke with the person about their doll in a kind and supportive way. We saw care records included information about people's choices, for example a record explained that a person did not like water on their face. Another stated, "Likes to be tucked up with duvet and teddy on the bed."

People who lived at the home told us that staff treated them well and respected their privacy. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. There were areas available around the home for people to sit quietly and in privacy if they wished to other than their bedrooms. Two people were being supported to have their own keys to their bedrooms so they could manage their privacy. The acting manager told us they had held a dignity day during which staff experienced being cared for. For example people who lived at the home gave breakfast to people. Staff told us this helped them to understand how people felt when they were being supported and how important it was to maintain people's dignity.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who can support people to express their opinions and wishes.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. People we spoke with were aware of the activities and what was planned. For example a person told us they were having a quiz in the afternoon. There was one member of staff who was responsible for leading activities within the home and a second member of staff was in the process of being appointed to focus on activities. The acting manager told us this would help to develop more activities in the home for those who did not want to go out. On the day of our inspection six people were going out for the day on a mystery tour and another person was being supported to go swimming. Staff told us they felt there was a good level of activities for people. We saw photographs of people taking part in various past activities. These included holidays and celebrations such as a bonfire party, a Burns night and celebrating Chinese New Year.

One person we spoke with had just been horse riding and told us their favourite horse 'was comfortable.' They also told us they were encouraged to maintain contact with their parents through using the computer on a weekly basis. Another person told us they wanted to go home because they missed their dog. However they also said that there dog was able to visit them and that staff were supporting them to try to go home. Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained.

Care records were personalised and included detail so that staff could understand what things were important to people and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. Care plans had been reviewed and updated with people who lived at the home. We saw that staff were encouraged to write up the daily notes with people so they were familiar with their care plans. One person told us they knew about their care plan and that daily records were written about them. Relatives we spoke with were also aware of their family members care plans and that these were reviewed at yearly meetings.

Arrangements were in place to ensure that staff were kept updated and able to respond to people's changing needs. We observed a member of staff raising a concern with the acting manager about a person who was unusually sleepy. They discussed their concerns and agreed a plan of action to ensure the person received appropriate care and treatment.

Where people had difficulties communicating verbally we saw staff were aware of this and ensured they understood people's needs. Care records included guidance about how to support staff with communication, for example a record stated, that a person used facial expressions to communicate. Another explained a person used one word answers and that staff should speak to the person on a one to one basis to minimise confusion.

A complaints policy and procedure was in place. People we spoke with were aware of the complaints procedure and had a copy in their bedrooms. At the time of our inspection there were no ongoing complaints. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

Arrangements were in place for checking the quality of care. The provider had put a process in place to carry out checks on the service and actions to improve quality of care. For example audits of care records were in place and we saw that actions had been taken to address any gaps in the records. Checks had also been carried out on issues such as infection control and medicines to ensure that care was provided at an appropriate level and improvements made to the service.

Staff understood their role within the organisation and were given time to carry out their role. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. Staff and relatives also told us that the acting manager was approachable and supportive. Staff said that they felt able to raise issues and felt valued by the acting manager. The acting manager told us that they encouraged people and staff to come and speak with them at any time. They told us that since our last inspection arrangements had been put in place to provide them with a dedicated area where they could have their breaks if they wished. One staff member told us they now felt less stressed and had more time to spend with residents. Another staff member said they would choose to use their spare time with residents now and said they had just been sat with a person having a snack with them. The acting manager told us that they encouraged people and staff to come and speak with them at any time

Staff told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. We looked at records of staff meetings and saw issues such as staffing, equipment availability and training had been discussed. Staff told us there had been a number of changes which had improved the quality of care, for example changes to the lunchtime arrangements.

Resident and relatives' meetings had also been held. People we spoke with were aware of the meetings. We saw from the minutes of a meeting held in January 2017 issues such as management arrangements, activities and employing volunteers had been discussed. Minutes of the meeting were in both words and pictures so they were more accessible to people.

Surveys had been carried out with people and their relatives and positive responses received. We saw where issues had been raised these had been actioned. For example one person wanted to go rock climbing and arrangements had been made to take them to an indoor climbing wall. In addition the acting manager had introduced an arrangement where they rang relatives on a regular basis to ensure they were kept updated of issues within the home. For example in December 2016 they spoke with families about the proposed management changes.

Relatives told us that they had completed surveys. Both relatives we spoke with told us they thought there had been recent improvements for example, refurbishment. One relative told us that activities had improved and there were more efforts to tell people what was happening. For example a newsletter was produced which included updates of activities, staff changes and any changes in the running of the home. This was displayed in the home and also distributed to people and their relatives.

The service had a whistleblowing policy and contact numbers to report issues of concern. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the acting manager.

On the day of our inspection the registered manager was unavailable as the provider was implementing some management changes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations. An acting manager was in post and they were responsible for the running of the service. However the registered manager remained available until they had cancelled their registration. The acting manager was in the process of applying to register with CQC as the registered manager.

The provider had informed us of notifications. Notifications are events such as accidents which have happened in the service that the provider is required to tell us about.