

Hill House (Malmesbury) Ltd

# 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hill House is a care home providing personal care to 18 older people at the time of the inspection. The service can support up to 40 people.

### People's experience of using this service and what we found

We have made a recommendation about the provider's quality assurance systems and ensuring they identify incidents they must notify CQC about.

The provider had taken action to keep people safe and manage the risks they faced. Staff had a good understanding of the action they needed to take to keep people safe.

People were supported to take any medicines safely and staff sought advice from health and social care services when needed. People were happy with the care they received and felt safe at Hill House.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place.

The registered manager worked well with people and their relatives to provide a person-centred service. They had developed good relationships with health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 25/04/2019)

### Why we inspected

We received concerns in relation to medicines management and infection prevention and control measures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hill House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Hill House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors 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

Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, deputy manager and team leader.

We reviewed a range of records. This included five people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We spoke by telephone with three people who live at Hill House, eight relatives and nine care staff. We received feedback from a GP who regularly visits the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we recommended developing systems to receive and act on medicines alerts and developing guidance about the support people need to take medicines. The provider had made improvements.

- People were supported to take the medicines they were prescribed. People said staff helped them with their medicines at the right time and said they were able to get pain relief when needed.
- Medicines administration records gave details of the medicines people had been supported to take and a record of medicines held in the home. Details of the support people needed was set out in care plans.
- The registered manager monitored national medicine alerts for details about safety information and recalls of medicines. This ensured the provider could respond promptly in case of any safety concerns relating to people's medicines.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These set out the circumstances in which the person should be supported to take the medicine.
- The registered manager had taken action when medicines errors had occurred to reduce the risk of them happening again. Staff had received additional training and procedures had been amended to make them safer.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care records contained assessments of the risks people faced and plans to manage those risks. The plans set out the support people needed to stay safe, including any equipment they needed. Examples included support for people to reduce the risk of falls, prevent pressure ulcers and manage risks related to COVID-19.
- Staff demonstrated a good understanding of risk management plans and the actions they needed to take to keep people safe.
- The management team reviewed incident reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

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

- People and their relatives told us they felt safe in the home. Comments included, "I feel safe. They take such care."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.

### Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when they needed it and said staff responded reasonable promptly to call bells.
- Staff told us they were able to meet people's needs safely.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

### Preventing and controlling infection

- People said COVID-19 precautions were in place and followed by staff. Comments included, "Staff have all the PPE and use it. They are being very careful" and "They have done everything they can and have kept up to date with the changing guidance."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not notified CQC of two significant events when they were legally required to. The incidents were injuries to two people. For each incident the provider had sought medical support and reviewed how risks to the person were managed. Action had been taken to minimise the risk of similar incidents re-occurring.
- Other incidents had been notified to CQC as required. The registered manager was aware of notifications that needed to be submitted, however they had assessed these incidents did not meet the notification criteria. The registered manager took immediate action during the inspection to submit the notifications.
- Records of care provided to people were not always accurately maintained. There were gaps in the records for two of the five people we sampled. The service had recently moved over to an electronic records system. The registered manager and care staff reported some areas of the home experienced problems connecting to the internet signal. Action was being taken by the provider to improve the signal. However, there was not a back up system in place for use until the problem was resolved.
- The provider had quality assurance systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. Action had been taken to make improvements where they were assessed to be necessary. However, the audits had failed to identify the failure to submit notifications when needed.

We recommend the provider seeks guidance on their quality assurance systems to ensure they assess whether they are meeting all legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received. Comments from staff included, "[The registered manager] works in the best interests of residents and is very resident focused" and "Management have a good understanding of what is happening in the home and act quickly on any concerns."
- A GP reported they were, "Very impressed with their approach to the care they give" and "I have not any cause for concern and in particular feel they have managed the recent COVID-19 pandemic excellently."

- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised and let people know what action they had taken. Comments included, "They ask me how things are. I'm confident they would sort out the issues if there was a problem."
- Relatives said they had regular contact with the registered manager, which enabled them to work together to meet people's needs. One relative commented, "Communication has been a strong point, they always contact me over any issue."
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.