

## **ADR Care Homes Limited**

# Hill House

### **Inspection report**

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### Ratings

Overall rating for this service	Good •
Is the service safe?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service well-led?	Requires Improvement

## Summary of findings

### Overall summary

Following our last inspected on 1 February 2017, this service was rated as good. Since that inspection we have received concerns relating to, poor maintenance, insufficient staff, poor medicines management, staff assisting people to get up very early in the morning, staff not treating people with respect, insufficient food and cooking equipment, and records not stored securely.

This report only covers our findings in relation to these concerns. 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.

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. Hill House is not registered to provide nursing care. Hill House provides a service to up to 37 people in one adapted building.

This unannounced inspection took place on 30 October 2017. There were 18 people receiving a service at that time.

The manager had worked at the service since March 2017. CQC was processing their application to register at the time of our inspection. 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 about how the service is run.

There were not sufficient numbers of staff at the service at all times to meet people's needs safely. Staff were only employed after satisfactory pre-employment checks had been obtained.

People were supported to manage their prescribed medicines safely. Staff were aware of the actions to take to report their concerns.

There were systems in place to ensure the building and equipment were maintained.

People's private space was not always respected and people were not always involved in decisions about the care and support they received. People received care and support from staff who were kind and caring.

Audits of the service were not always effective. There were sufficient resources to ensure the running of the service. The manager was approachable and worked to improve the service.

Further information is in the detailed findings below.

### 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 always safe.

There were not sufficient numbers of staff at the service at all times to meet people's needs safely. Staff were only employed after satisfactory pre-employment checks had been obtained.

People were supported to manage their prescribed medicines safely. Staff were aware of the actions to take to report their concerns.

There were systems in place to ensure the building and equipment were maintained.

The service was not always caring.

Is the service caring?

People's private space was not always respected and people were not always involved in decisions about the care and support they received.

People received care and support from staff who were kind and caring.

#### Is the service well-led?

The service was not always well-led.

Audits of the service were not always effective.

There were sufficient resources to ensure the running of the service.

The manager was approachable and worked to improve the service.

### **Requires Improvement**

Requires Improvement

### **Requires Improvement**

#### 3 Hill House Inspection report 18 December 2017



# 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, in relation to maintenance, staffing, medicines management, staff assisting people to get up, whether staff treated people with respect, if there was sufficient food and cooking equipment, and if records were stored securely.

This inspection site visit took place on 30 October 2017 and was unannounced. The inspection was carried out by an inspector, an inspection manager, 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.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We had also received the outcome of an investigation carried out by the Local Government Ombudsman who required the provider to take to ensure people's next of kin's were contacted about significant events. We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

The previous registered manager had completed a Provider Information Return (PIR) on 9 December 2016. 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. Although we reviewed this information, we were mindful that the content it may not have been up to date. We looked at the quality assurance report collated by www.carehomes.co.uk about the service in July 2017. We used all of this information to assist with planning the inspection.

During our inspection we spoke with 11 people, some of whom were able to tell us about their experience of living at Hill House. We also spoke with one relative and one visiting healthcare professional. We spoke with a company director and eight staff. These included the manager, a senior care worker, three care workers, a chef, a domestic and activities coordinator, and maintenance person. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at two people's records relating to medicines administration, staff training records and other

records relating to the management of the service. These included audits, rotas, meeting minutes and policies and procedures.

Following our inspection the manager sent us additional information in relation to the maintenance of the building.

### **Requires Improvement**

### Is the service safe?

### Our findings

After our last inspection on 1 February 2017 we received concerns in relation to poor maintenance, insufficient staff and poor medicines management.

During our inspection on 30 October 2017 the manager told us they used a recognised tool to assess people's needs and used this information to ascertain the amount of staff required. Whilst rotas showed there were sufficient numbers of staff employed at the service we were concerned that there were insufficient numbers of staff at the service at all times.

The rotas showed that between 8pm and 8am there were two staff on duty and this was increased to five care staff between 8am and 8pm. A day staff member told us that most people "like to go to bed fairly early" and a night staff member said that most people were usually in bed when they started work at 8pm. When we arrived at the service at 7am we found that 11 people were up. Staff told us that all except one of these people required assistance with their personal care. In addition, five of the people who were up, required two staff to assist them. This meant that while the two staff on duty were assisting each of these people, the people who were up were unsupervised and some of these people required staff support. For example, one person was confused and distressed. They were banging on the windows and asking to leave the building. We heard another person in the lounge shout at the person when they approached them, on this occasion a staff member was present and intervened to keep both people safe. We later saw this person enter the room of another person, who became anxious, and we had to summon staff assistance.

People and staff told us there were sufficient numbers of staff to meet people's needs. A relative told talked positively about the staff the service had employed more recently. They told us. "[The manager has] taken on a few more staff. They've got some older staff now, I think they can relate to the [people] better."

Staff told us that the required checks were carried out before they started working with people. These included the provider obtaining references and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

Night staff had not been trained to administer medicines. This meant that people may not be supported with their medicines during the night should they require it. Systems were in place that showed the day staff managed medicines consistently and safely. All day staff who administered medicines had received appropriate training and their competency had been assessed. Medicines were stored securely, accurate records were maintained. Staff understood the protocols for medicines prescribed to be administered when required or covertly.

People and their relative told us that people were safe at the service. One person told us, "Everyone's safe here. [Staff] look after us very well." Another person confirmed they felt safe and said, "Everything is very nice here. It's very calm."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had

understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff were aware of the provider's whistle blowing policy. They told us they felt confident that the manager would act on any concerns they raised. Records showed the manager had appropriately reported a safeguarding concern to the local authority and had taken appropriate action to ensure the safety and welfare of the people involved. This showed that systems were in place to safeguard people from harm.

During our inspection people and staff told us that some bedrooms did not have a supply of hot water. One person said, "The water [in my room] is never hot. [Staff] said they'd sort it out but they haven't. I have to wash in cold water." A staff member told us, "Some [people] don't have hot water [in their rooms]." They said this had been the case since August 2017 and they had, "No idea when it would be fixed." In order for people to wash they told us they took a bowl of hot water to people's bedrooms.

Water temperature audits carried out in September and October 2017 showed that four people's bedrooms had no hot water. In addition, the hot water in seven people's rooms was in excess of 44 degrees Celsius and presented a scalding risk. Following our inspection the manager advised us that work had been completed so that all rooms in use had a hot water supply. They told us the temperatures had been adjusted so that the water did not exceed 44 degrees Celsius and was therefore safe for people to use.

A relative told us that since the new manager took up post, there had been significant improvements. They said, "It's much cleaner now. Previously the toilets could be disgusting. They've got new flooring and altogether it's now so much better." They went on to tell us of other improvements in the environment, both internally and externally. For example, furnishings and garden renovation.

We saw the garden was well maintained and was being tended during our inspection. The manager and a relative told us about plans for ongoing improvements including fitting railings to ensure people to access a patio area safely.

We saw there was a system in place for staff to report maintenance issues. This showed the dates when issues were reported and the date they were resolved.

People and staff told us, and we saw the window frames in the areas people used were in satisfactory condition. Staff told us the stair lifts worked satisfactorily.

We saw certificates showing that the service's electrical wiring, fuse box and portable equipment had been checked and was safe to use.

We noted that a building neighbouring the service had large cracks in the wall. The manager was uncertain who owned this building but agreed to look into whose responsibility the maintenance of this was.

We saw that the provider had bought a new cooker which was awaiting installation. However, there were sufficient facilities in the kitchen to prepare hot meals. The chef told us that people had, "Never been without hot food" and that he had always, "Been able to cook [at the service]."

The manager and director told us that the staff member responsible for maintenance had left the previous week. During our inspection visit a staff member from another of the provider's services attended the service. They told us they would be working at the service for two days each week to address maintenance issues.

The new maintenance person showed us the maintenance log book. Whilst some areas, for example fire

safety, had been maintained and were up to date, other area, such as water temperatures, showed that audits had been conducted, but the shortfalls had not been resolved.

Records showed that suitable engineers were called out when this was required. For example, staff identified during a fire drill that some fire doors did not close automatically. Records showed an engineer attended and repairs were made.

Staff had received training to enable them to care for people safely. For example, staff told us, and records showed, that they had received fire safety training and were familiar with the provider's procedure should a fire be discovered. However, we were concerned that upon our arrival staff could not tell us how many people were in the building. In addition, the records of the checks they had made during the night did not include a person who had moved to the home a few weeks before our inspection visit.

Staff told us that some call bells "light up the wrong number when they are pressed." another staff member described the numbers being "muddled" and said it was "confusing." We saw that an engineer had recently visited the service and recorded that the call bell system had been left "fault free". However, an audit of call bells showed that one room's call bell was not working the week after the engineer had been. The new maintenance person told us they would look into this. Following our inspection the registered manager advised us that all call bells were working satisfactorily.

### **Requires Improvement**

### Is the service caring?

### Our findings

After our last inspection on 1 February 2017 we received concerns in relation to staff assisting people to get up very early in the morning and staff not treating people with respect.

During this inspection on 30 October 2017, people told us they were sometimes disturbed by other people going uninvited into their rooms. One person told us, "[Person] keeps coming in here screaming. [They were] in here all last night." We summoned a member of staff when another person became anxious when person went uninvited into their room. We saw times when people's rooms were not treated with respect. For example, when we arrived at 7am, we were told that one person was asleep in another person's room. The staff told us, "Luckily [person's name] was already up." We saw that staff had put a hoist and two wheelchairs in another person's room. A staff member told us, "We just put [the hoist and wheelchairs] in here for now so they are not in the hallway." They confirmed that none of these items belonged to, or were used by, the person whose room they had been placed in.

Although staff told us they involved people in decisions about their day to day care, we found this was not always the case. Staff told us that of the 11 people who were up before 7am, two people had had drinks and one had had biscuits to eat. Staff told us that breakfast was from 8.30am to 9.30am and we saw staff assisting some people to the dining room at 8.45am. This meant that some people had been up in excess of two and half hours before they had anything to eat or drink. As we walked around the home with a staff member shortly after we arrived at 7am, one person asked for something to eat. A staff member told them "in a minute." Another person was asking to go back to bed, staff offered them a cup of tea and some biscuits and went to get these, but they only returned with biscuits.

Prior to this inspection on 30 October 2017, the Local Government Ombudsman told us that following an investigation they had required the provider to take action to ensure people's next of kin's were contacted about significant events. A reviews website contained two reviews from relatives dated July 2017. Both relatives made particular reference to being kept informed about their family member's wellbeing. One relative wrote, 'As I live some way away [the staff] were particularly good at keeping in touch.' The other relative wrote, 'I visit around twice a week and I am kept up to date with mum's health and needs.' These comments showed caring staff who looked after people living at the home and kept relatives informed of how people were. The manager assured us that policies had been updated and that they had notified the Ombudsman of this.

Both relatives who wrote the reviews made positive comments about the care their family member's had received. One wrote, 'During my sister's stay at Hill House the care she received was above reproach. On all occasions, the staff were efficient, organised and friendly.' The other relative wrote, 'The staff are always friendly, patient and look after my mother very well... No matter how busy the staff are, I am always made a cup of coffee.'

Throughout our inspection visit we saw staff interacting with people in a caring and friendly manner. Staff were respectful of people's dignity, for example, they were discreet when assisting people with personal

care.

During our inspection people made positive comments about the staff and described them as kind and caring. One person said the staff were, "Lovely." Another person said, "[The] staff are very good, they'll get you what you want." A third person said, "Staff are kind and nice to me...I don't want to be here, but they're nice to me." A relative told us, "The staff are really kind and if I point something out they'll act on it."

We saw kind and caring interactions between staff and the people who live at the service. For example, one care worker asked a person if they should pull the curtain across because the sun was very bright and shining in the person's eyes. Another staff member was reassuring a person who was anxious about speaking with us. They explained who we were and said, "It's nothing to worry about. Shall I stay?" This reassured the person who was then happy to speak us alone.

### **Requires Improvement**



### Is the service well-led?

### Our findings

After our last inspection on 1 February 2017 we received concerns in relation to poor governance, insufficient food and cooking equipment, and records not stored securely.

The registered provider and manager carried out a regular programme of audits to assess the quality of the service. These included auditing incident and accident forms, infections, people's weights, medicines, care plans, infection control and prevention. Where shortfalls were identified, records demonstrated that these were acted on promptly. However, we noted that where other staff had completed audits, for example, of water temperatures, the manager was not always aware of the content or whether any actions had been taken. This meant that not all audits were effective.

We received positive comments about the manager from the people who use the service and a relative. One person smiled broadly when we mentioned the manager's name to them. They said, "I like the manager." They told us they had employed a lot of new staff which they thought was "good". A relative also praised the manager. They said, "Since [the manager's] been here things have been a lot better. She's very hands on and approachable." They said the manager had brought about significant improvements in the service. These included more staff, improved maintenance and cleanliness, and more activities for people to do.

Staff also praised the manager and said she was approachable and followed up on any issues they raised. One staff member said, "[The manager is] really approachable. Any problems you can speak to her." Staff told us they received regular supervision and attended staff meetings. Minutes of meetings showed these were used to communicate issues to staff. Staff also had opportunity to raise agenda items.

The manager had worked at the service since March 2017. CQC was processing their application to register at the time of our inspection.

The manager told us she had an NVQ 3 in care and was working towards an NVQ 5 in management. The manager told us she was "trying to lead by example." She said she wanted to encourage staff to use their initiative. She talked about the importance of getting to know the people who received the service and what was important to them. She said, "I'm happy that [the care] will be more person centred."

Staff members were proud of the things that had recently been introduced to the service. One staff member told us, "We're building [the service] up and up and up. You can really feel it." They went on to tell us about the sensory room that had been created where people could sit and relax or take part in organised activities. A visiting healthcare professional told us that one person they visited hadn't wanted to leave their room. They said staff had engaged the person and they now enjoyed spending time in the new sensory room and in the garden visiting the chickens. They said, "[Person] often doesn't want to chat to you, but [the person] will chat about the chickens."

We saw there was sufficient food and drink delivered to the service. Staff told us if they bought items when they ran out, they were always reimbursed. People praised the food. One person said, "The food is good; I

get what I like." A relative shared this view and said, "The cook makes really good food." People and staff told us there were plenty of fresh towels and flannels and that these never ran out.

We found that the manager and provider were prominently displaying their previous CQC inspection rating in the home as well as on their web site.