

CIMA Care (Burton) Limited

Hill House

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Hill House is a residential care home providing personal care to 1 person at the time of the inspection. The service can support up to 3 people.

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

Right Support: Hill House provided a homely environment. Communal spaces were large and people used them in the way they preferred with support if necessary to ensure their own and others safety and wellbeing. People's bedrooms were personalised and people used their private space when and how they wanted to. Staff understood how people made choices and supported this to happen every day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People were supported to identify their goals and work towards achieving these. People accessed appropriate care to meet their health needs and specialist support to develop and maintain their wellbeing. People received support and care appropriate to their own needs and beliefs.

Right Culture: People, and their relatives, where required, were involved in planning their care and support. Support staff understood people's needs and knew their preferences for how they liked to be supported. The provider involved people, their representatives and staff in developing individualised care. Staff understood the principles of person-centred care and placed people as the focus of what they did every day.

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

Rating at last inspection

This service was registered with us on 7 December 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about care, staffing and management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Please see the safe and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hill House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Hill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hill House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group who commissioned care with the service. We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service. We spoke with 3 members of staff including the registered manager and care staff. We reviewed a range of records. This included care records and medication records. We looked at 3 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 continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were helped to keep safe from avoidable harm by staff who knew them well and understood how to protect people from abuse.
- Staff completed training on how to recognise and report abuse and understood how to implement this.
- There had been no safeguarding referrals for the service. The registered manager understood their responsibilities in managing safeguarding incidents.
- People told us they would speak to staff if they were not happy.

Assessing risk, safety monitoring and management

- Staff understood the areas of risk in people's lives and how to manage people's safety.
- People, or their representatives if required, were involved in managing the areas of risk in their lives and in taking decisions about how to keep safe.
- People were supported to take positive risks, for example, to widen their opportunities for exercise and other everyday activities.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs, including opportunities for new experiences.
- People were supported by safely recruited suitable staff. The provider had updated the application process to ensure references for applicants were verified in line with the requirements for safe recruitment.
- Staff completed a period of induction to give them the opportunity to become confident and competent in supporting people safely.

Using medicines safely

- People received the support they needed from competent staff to manage their prescribed medicines safely.
- Staff understood how to support people to understand when they needed their as required medicines, for example, pain relief. Staff recorded if the administration of this medicine was effective.
- During the inspection the registered manager reviewed the records of the as required pain relief medicine. They updated the guidance to provide clarity for when one or two pain relief tablets should be administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The home had a policy in place which supported visitors into the home with no restrictions, in line with current government guidance.

Learning lessons when things go wrong

- The provider had systems in place to manage and monitor people's safety. Staff understood how to record and report incidents for investigation by the management team and lessons learned were identified.
- Where identified, lessons learned were shared with staff to improve outcomes for people. For example, ensuring detailed and accurate information was sourced during the pre-admission assessment process and the implementation of a thorough transition plan to promote safe and successful placements for people

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People, or their representative where required, were involved in the development of plans to meet their care and wellbeing needs.
- People had personalised care and support plans which contained detailed guidance for staff to follow to ensure people's needs were met in the way they preferred.
- Staff recognised changes in people's risks and referrals were made to the relevant professional for specialist assessment and input. For example, a referral was made for an occupational therapy assessment for advice about moving safely around the environment.

Staff support: induction, training, skills and experience

- People were supported by staff suitably trained to meet their needs. Staff attended specific training to raise their awareness and understanding in supporting the varied needs, strengths and impairments of people with a learning disability and autistic people.
- All newly employed staff completed an induction which involved shadowing an experienced staff member. The registered manager carried out spot checks and observations of staff competence and practice.
- The registered manager planned staff supervision meetings as well as catching up with them when in the home. Staff told us they participated in staff meetings, including supervision, and felt the manager was very supportive.

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

- People were involved in choosing what they wanted to eat and drink to achieve a balanced diet and to meet their cultural needs.
- People were supported to be involved in the planning of menus, going shopping at local shops and the preparation and cooking of meals.
- People chose their preferred meals with staff support. Information was available to people in a way they understood, for example pictures, to help them make daily choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their health and wellbeing.
- Staff understood what support people needed to help them to manage their health conditions. Information and guidance were available for staff to help them understand health needs and their management, for example, epilepsy.

- People had detailed health records in place, these identified the health professionals involved in their care. Referrals were made to professionals in response to changes in people's needs or to manage their health conditions. For example, to neurologist, podiatrist, dentist, dietitian and occupational therapist.

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

- The home was a spacious family house with large rooms. There was sufficient space for people to spend time with others or alone as they chose.
- People had personalised their rooms with their belongings, including their own artwork. People were able to freely use their rooms as they wished for individual activities or time alone.
- There was a large accessible garden available for people who wanted to use it.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider worked in line with the principles of the MCA.
- Where required, appropriate legal authorisations to deprive a person of their liberty had been applied for and outcomes, including conditions, recorded and met.
- During the inspection a lack of clarity regarding the use of an audio monitoring device was discussed. The registered manager took immediate action to check the content of the authorisation. They amended documentation to ensure it was clearly recorded this was an approved deprivation of liberty to help keep a person safe.
- Where required, mental capacity assessments and best interest decisions had been completed in line with best practice. For example, the information used to assess a person's capacity for making specific decisions was recorded. Involvement from family, or professionals, was recorded where used.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported by staff who understood their needs.
- People were respected as individuals. Staff understood people's likes and dislikes and how they preferred to be supported.
- The provider employed staff who had a good level of understanding of people's diverse needs. Staff team members were able to learn from each other and raise their own level of awareness to support people to meet their cultural needs in the way they preferred. This included understanding the importance to some people of what to eat and wear.

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

- People, their family or representative where appropriate, were involved in the planning and review of their care.
- Care records included detailed guidance for staff to follow when supporting people. Staff understood how people expressed their choices and facilitated this daily during interactions with people.
- Staff recorded details of interactions with people. This information was reviewed with people and care plans updated. This ensured the most effective support guidelines were available to staff.

Respecting and promoting people's privacy, dignity, and independence

- People received care and support from staff who respected their privacy, dignity, and independence.
- People were supported to identify their goals. Staff understood people's individual goals and provided opportunities to develop people's independence to achieve these.
- People had positive relationships with the staff who supported them. Our observations and experiences during the inspection confirmed this.
- People's privacy was respected. Staff understood when people preferred to spend time alone and ensured this happened.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who understood how they preferred to be cared for.
- People were supported by a consistent team of staff who knew them well. Staff had the time to spend with people to get to know them and develop caring and supportive relationships.
- Care records included detailed information on how people made their needs known. There were enough staff deployed to provide individualised support to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was able to produce documents and information in a range of formats, including different languages. The registered manager was able to communicate with families effectively to help them be involved.
- People's preferred ways of communicating were known and understood by staff. Care records contained information on how to best communicate with people to promote their wellbeing.
- Pictures were used to enhance people's engagement and understanding. Information boards in the home and the provider newsletter contained photographs of activities and events. People were able to understand this information and used it to plan what they wanted to do as well as discuss what they had done.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with people who were important to them. The provider was able to support people to go to visit their friends and family or for them to have visits in their home.
- People were supported to access a variety of local amenities, including shops, cafes, leisure and entertainment centres. Staff supported people to identify what they enjoyed doing and what they would like to try.
- People were involved in choosing the activities they did daily. People participated in jobs in the home such as washing and cooking. People followed their individual interests such as producing artwork and

exploring their own style through personal grooming.

Improving care quality in response to complaints or concerns

- The provider implemented a system to manage complaints and concerns. No complaints had been received in the service in at least the previous 6 months.
- People and staff told us they knew how, and to who, to raise any concerns they had.

End of life care and support

- There was no one requiring of end of life care and support at the location at the time of this inspection. The provider planned to implement an end of life care pathway to support people and their families through this sensitive time when required.
- The provider had involved families in the planning for events at end of life where this was important to the person.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to ensuring a high standard of person-centred care. People were involved in all aspects of their care planning and delivery wherever possible. Staff understood the vision of the home and supported people to identify and achieve their goals.
- People told us they were happy living at the home. One person told us, "I like it here. I like the staff."
- Members of staff shared positive feedback about the registered manager. One staff member told us, "The manager is very good, I would always go to them. I know places do not always have such a good manager."

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 understood their responsibility to keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The provider implemented processes to review the quality of the care and support people received. Two care records were identified as being out of date during the inspection. The registered manager took immediate action to review and update the records. There was no impact on people as staff knew and understood the most up to date information relating to people's care. The registered manager planned action to amend an audit document and schedule more frequent completion of audits to ensure all care records were up to date.
- Staff were involved in and understood the plans to develop the service. Members of staff were involved in the development and implementation of transition plans to get to know and support people to move into the home.
- The registered manager had implemented a successful recruitment plan to ensure enough suitable staff were in place to support the development of the service.

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

- People were given the opportunity to regularly give feedback during their one to one sessions with staff.

People were supported to talk about what they liked and what they would like to change.

- 'You said, we did' information displayed in the home showed feedback from people and the responses from the provider. Photographs evidenced where the provider had supported social opportunities and purchased equipment following requests from people.
- The registered manager developed and maintained regular contact with people's families. The registered manager was able to communicate with family members effectively where English was not their first language. This ensured they were able to share their views.

Continuous learning and improving care

- The registered manager had identified where development of the management team would provide more consistent support to the team. The registered manager was mentoring staff to develop their skills to achieve this.
- The provider introduced a change to the shift pattern worked by staff to improve teamwork and outcomes for people.
- The registered manager responded to feedback from the staff team to improve support to staff who worked unsocial hours. The registered manager increased the time they spent in the home during evenings, nights and weekends to be available to interact with and support all members of the staff team.

Working in partnership with others

- The registered manager worked in partnership with professionals such as the GP and local specialist support services to provide people with timely access to appropriate care to meet their health and wellbeing needs.
- The registered manager worked with people's family members and professionals involved in supporting people to develop effective transition plans for when people moved into the service.