

Sun Care Living Limited

Hill House Nursing Home

Inspection report

Hill House Care Home, 121 High Street
Clay Cross
Chesterfield
S45 9DZ

Tel: 01246860450

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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

About the service

Hill House Nursing Home is a residential care home providing accommodation for up to 29 adults who require personal or nursing care. This may include people living with dementia. Individual bedroom accommodation is provided over two floors in one adapted building, with a range of accessible communal living facilities and outdoor spaces including a garden with seating and car parking. At the time of this inspection there were 19 people using the service, including nine people receiving nursing care.

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

People were protected from the risk of harm or abuse within the service. The provider operated effective staffing, safeguarding, risk assessment and management strategies, to inform and ensure people's safety needs and related care requirements.

People's medicines were safely managed and given. Staff understood people's risk assessed care needs and how to support them safely. People's related care plans were accurately recorded for staff to follow, to help ensure this.

The environment and equipment used for people's care, was suitable, visibly clean and regularly checked to ensure timely repair or renewal when needed.

We were assured the provider was meeting with requirements and nationally recognised government guidance, concerned with the prevention and control of infection, including COVID-19.

People were supported to maintain or improve their health and nutrition. Staff were trained and supported to deliver individualised care, in accordance with people's assessed needs, choices, best interests and the law.

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.

People received care from staff who knew them well and how to communicate effectively with them. Arrangements for people's care, including at the end of their life, helped to ensure people's dignity, comfort, choice and independence.

The provider was meeting the accessible information standard, to help people understand what to expect from their care. There were effective arrangements for handling and responding to any complaints or concerns received.

The service was well managed and led. There was a registered manager for the service. Both they and staff understood their role and responsibilities for people's care. People, relatives and staff were confident in the management and running of the service.

The provider operated effective governance systems to ensure the quality and safety of people's care and continuous service improvement.

People, relatives and staff were regularly engaged and consulted, to help inform people's care, service planning and improvement. The provider's arrangements for partnership working with relevant external professionals and ongoing consultation with people, relatives and staff, helped to effectively inform and enhance people's care experience.

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 in September 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published July 2018.

Why we inspected

This was a planned first ratings inspection of the service for this registered provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we received 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 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 Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out 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 Nursing Home 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.

Notice of inspection

This inspection was unannounced. The inspection activity started on 31 January 2022 and ended on 2 February 2022. Two inspectors visited the service on 31 January 2022. On 1 and 2 February 2022, telephone calls were made to a number of relatives and staff. We also reviewed a number of records off site during this time, which the registered manager sent to us electronically; relating to the operation and management of the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work 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 any improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the course of the inspection, we spoke with seven people living at the service and made general observations of staff interactions with people. We spoke with 16 relatives, two external health professionals and a total of nine staff. This included a nurse, a senior care staff member, three care staff, a cook, the maintenance person, the registered manager and an external senior manager for the provider.

We reviewed a range of records relating to people's care and the management of the service. Examples included, six people's care records, multiple medicines records, staffing records, care policies, management audits, care quality and staff survey results.

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 protected from the risk of harm or abuse at the service.
- Staff were trained and understood how to recognise and report the suspected or witnessed abuse of any person receiving care at the service. The provider's related safeguarding procedures for staff follow also helped to ensure people's safety in any event.
- People and relatives were confident there were safe care arrangements at the service and to raise any safety or safeguarding concerns, if they needed to. Relevant information was visibly displayed to help ensure this.
- One person said, "I am perfectly safe here; I wouldn't stay if I wasn't." A relative told us, "I can tell [person] is safe and feels safe, just by the way they respond and light up when staff are around, and the way staff are with them too."

Assessing risk, safety monitoring and management

- People's safety needs were being met.
- Records showed that risks to people's individual safety associated with their health condition, environment and any equipment used for their care, were assessed before people received care and regularly reviewed.
- Staff understood any risks identified to people's safety and the care actions they needed to follow to mitigate them. This information was accurately recorded in people's care plans. Such as, for their safe mobility, skin care and nutrition.
- Routine safety checks of the environment and for the servicing and maintenance of any equipment used for people's care, were regularly carried out to ensure timely repair and renewal when needed.
- Business and emergency contingency plans were in place, which staff knew to follow in any event for people's safety. Such as in the event of a fire alarm, loss of power supply or a person's sudden collapse.
- People and relatives we spoke with felt staff supported people safely. One relative told us, "I know [person] is safe and I can put my trust in them; The communication is spot on."

Staffing and recruitment

- The provider demonstrated safe arrangements for staff recruitment and deployment. Throughout the inspection we saw that staff were visible and gave people timely care and support when needed.
- Required employment checks were carried out before any new staff commenced employment at the service. There was a deficit of permanently employed nurses. However, regular agency staff were booked in advance, to help ensure the consistency and safety of people's nursing care.

- Professional registration checks were made of nurses employed, when needed. Related assurance was also obtained from the nursing staff agency supplier.
- People, relatives and staff said staffing arrangements were safe and sufficient. One person said, "Staff are always around, they come pretty quickly so you don't have to wait too long." A relative told us, "There are enough staff and they attend to people in a timely manner."

Using medicines safely

- People's medicines were safely managed and given. Staff responsible for people's medicines, were trained, informed and equipped to give people's medicines safely
- We observed a registered nurse giving people's medicines safely. This included checking and recording medicines in line with nationally recognised practice standards for the safe administration of medicines. We saw the nurse took time to check people understood, consented to and had taken their medicines before recording them as given. This included checking with people whether they were pain free and making sure people had plenty of water to drink.
- People could be supported to manage and take their own medicines independently, following a relevant risk assessment process, to make sure they were safe and chose to do so.
- Records showed the provider ensured regular management audits, to ensure medicines optimisation and safety.

Preventing and controlling infection

- Arrangements for the prevention and control of infection, including COVID-19 were effectively managed for people's safety.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's care and to ensure any remedial measures for people's safety when needed.
- Management monitoring and analysis of individual health or safety incidents at the service was routinely undertaken to check for any trends or patterns. This information was used to help inform or improve people's care. Related post incident management records showed that any remedial measures needed were identified and implemented in a timely manner, to help prevent any further reoccurrence.
- There had been no safety incidents resulting in any person's harm or injury attributed to service failures within the last 12 months.

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's needs and choices were individually assessed before they received care and regularly reviewed, to help ensure effective and lawful care, which people had agreed to.
- Staff were provided with comprehensive care policies to follow, in line with nationally recognised guidance for people's care. Care policy was used to inform and ensure effective needs assessment, care planning and delivery. For example, for people's nutrition, oral health or skin care
- Staff we spoke with understood people's care needs. During the course of the inspection we observed staff supporting people effectively. For example, to ensure people's regular body repositioning, to prevent skin damage from prolonged body pressure.
- People and relatives said staff were aware of people's needs, acted promptly following any changes and provided the care they expected. One person said, "Staff all know how to look after me and what help I need." A relative said, "Staff are bang on, all of them; they know what they are doing."

Staff support: induction, training, skills and experience

- People received care from staff who were trained and supported to carry out their role and responsibility.
- Staff said they received necessary training and the supervision and support they needed, which related records showed. This included relevant care and service induction, regular training and development updates; and to obtain relevant vocational qualifications or professional extended role training for nurses.
- A nurse said, "I enjoy working here; you definitely get the all training and support you need to keep up to date with practice requirements." A care staff member told us, "Training and support is 100 percent; we are given time and encouragement."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support;

- People were supported to maintain and improve their health and nutrition.
- Care records and feedback from people, relatives, staff and external professionals we spoke with, showed people were supported to access relevant external health professionals when they needed to. This included both routine and specialist health screening. For example, in relation to people's nutrition, mobility, general medical or mental health needs.
- Staff we spoke with understood people's individual health conditions, how they affected them and their related care needs. This information was recorded in people's care plans and included any instructions from relevant external professionals, which staff needed to follow for people's care.
- We observed staff supporting people in accordance with their individual care plans, as agreed with them and any external professionals involved in their care. For example, supporting people to eat and drink

sufficient amounts of the correct type of diet and consistency.

- One person said, "The nurses are very good; they explain what's happening and what they need to do if I'm not feeling well; they know when to get the doctor."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with relevant external professionals and care providers to promote effective, informed care in line with people's needs and choices.
- Standardised information sharing procedures were in place for people's care and treatment, if they needed to transfer to another care provider. Such as, in the event of a person's hospital admission, or their return to local community health service provision within their own home. This helped to ensure people received consistent and informed care and treatment, as agreed with them or their representative.
- A visiting professional we spoke with confirmed they found staff always followed care protocols and provided good care. They said, "I have no concerns here about residents' wellbeing."

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

- Environmental adaptations were sufficient to meet people's needs.
- Appropriate signage and information was visibly displayed, to help people's understanding and orientation. Such as, use of pictures or large print information.
- Communal spaces were adapted to enable safety, privacy, ventilation, light and access to outdoor space with seating. For example, hand rails were fitted to bathrooms, toilets and corridors, with sufficient space for people to move around safely.
- People were supported to personalise their own rooms as they chose. People and relatives were satisfied with the environment.

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).

- Staff understood and followed the principles of the MCA to obtain people's consent and ensure their best interests or appropriate authorisation for their care when needed.
- Related records showed how people's care was agreed. This included any decisions that could be made by another, legally appointed to act on the person's behalf. Such as decisions about people's finances or health and welfare.
- People and relatives described how staff consulted with them about people's care arrangements. This was undertaken by staff in a way, which helped to inform and agree people's care arrangements lawfully and in their best interests.

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 treated with respect by staff and care by staff who regularly consulted with them and their families to ensure their involvement.
- Staff knew people well and understood what was important to them for their care, daily living arrangements, personal and family relationships. People's related views and preferences were recorded in their individual care plans, for staff to refer to when needed.
- We observed staff interacting with people in a caring, kind, respectful manner. People and their families felt they mattered and that staff listened and acted on their views when needed.
- The provider's stated aims and objectives for people's care and related staff training, helped to ensure people's equality and rights within the service.
- We received positive feedback from people and their families. One person said, "They [staff] are so kind; they talk with me and check I'm ok; and they always listen and put things right, if not." A relative told us, "Oh goodness, the staff really know [person] and their ways."

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

- People's involvement and choice for their care and daily living arrangements was generally well ensured.
- We saw staff routinely supported people's involvement and choice. For example, choice of clothing, food and of where, when and how to spend their time. People's known care choices and daily living preferences were recorded in their care plans, to help inform staff.
- People could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf or in their best interests.
- People and most relatives said they had not seen any written care plan, but all were satisfied that care was routinely discussed and agreed in consultation with them. One person's relative added, "Everything is done properly; they answer any questions, do what they say they will do and keep us informed."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity, choice and independence was respected and promoted.
- We saw staff consistently ensured people's dignity, privacy and independence when they provided care. Examples included, making sure people's clothing was protected or properly adjusted for their dignity; making sure doors were closed before providing personal care and checking people were happy and comfortable, with drinks and any personal items to hand, before leaving them.
- We saw people were appropriately dressed and groomed in the style they chose.
- People and relatives were positive about the caring nature of staff. Comments included, "You can tell

when staff have got it from the heart, and they've all definitely got it." "The care is brilliant; [person] is always well turned out and groomed – it's important to them.

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's care and daily living arrangements were individualised in accordance with their needs and choices.
- Staff understood people's care needs, choices and preferences for their care and comfort. This information was agreed and recorded in people's care plans, which were regularly reviewed with them or their representative.
- We saw staff supported people in a timely manner, in a way they understood. For example, by providing gentle reassurance, including use of facial expression, gestures or items of reference to help people understand when needed.
- People and relatives we spoke with, felt staff knew people well. One person said, "Staff know how I like things to be; they respect that."
- Staff told us about one person, who could easily become distressed because of their health condition, if they didn't understand what was happening. Staff were able to describe how they supported the person when this happened, to help reduce their distress. The person's relative told us, "They [staff] know how to tread with [person]; they [person] always responds well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard for people's care.
- Relevant service information was provided to enable people and their families to understand what they could expect for their care. Including how to make choices, such as mealtime choices and how to raise any concerns if they needed to. Information could be provided in alternative formats, when needed. Examples we saw at the inspection included large print or easy read with picture formats.

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 routinely supported to engage in home life and with others who were important to them. Related arrangements were regularly reviewed and co-ordinated in line with relevant COVID-19 contagion control measures and related government guidance. Such as for social distancing and visiting.
- We saw staff supporting people to participate in activities and engage with others, including their visitors, safely and in accordance with their choices. Related records we looked at showed regular opportunities

were routinely planned to enable people to engage in activities they enjoyed. Examples included individual and group activities such as crafts, board games, sing-along, film afternoons, baking, garden picnics and pamper sessions.

- People said they had particularly enjoyed visiting entertainers and the ongoing range of themed events and seasonal celebrations with related activities, food and drinks. Such as recent Christmas and Chinese New Year celebrations.
- People and relatives we spoke with said they had found any visiting restrictions due to COVID-19, difficult at times. However, all felt they were kept well informed and supported to maintain communications with each other.

Improving care quality in response to complaints or concerns

- There was an effective procedure for the management and handling of any complaints or concerns received about the service. Feedback was routinely sought from people and their families to help inform the quality of care provided at the service.
- Records showed one concern received during the last 12 months, including how this was acted on and responded to. People and relatives we spoke with said they hadn't had any cause to make a complaint. A few said that any 'niggles' were always listened to and acted on swiftly. All were confident and knew how to make a complaint or raise a concern, if they needed to.
- Results from the provider's recent care quality survey with people's families, showed high levels of satisfaction with the quality and safety of people's care at the service.

End of life care and support

- End of life care policy at the service and related staff instruction, was informed by relevant nationally recognised principles for end of life care.
- Staff understood end of life care principles concerned with people's dignity, comfort and choice at their end of life care.
- At the time of the inspection, no person was receiving end stage end of life care. However, some people were living with an identified life limiting health condition. Related care plans for those individual showed how they and any representative were consulted to agree their end of life care. This included any advance decisions for their care and treatment, their preferred place of death, who would be involved and care of their body after death.
- Anticipatory medicines were in place where needed, for people's use outside of normal working hours. This helped to ensure the person's comfort in the event of them experiencing pain or distress and to avoid any unnecessary hospital admission.

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.

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

- The provider demonstrated effective governance and related management arrangements, to ensure the quality, safety of people's care and continuous service improvement,
- There was a registered manager for the service. Both they and staff understood their role and responsibilities for people's care. All of the staff we spoke with were positive regarding management and leadership arrangements at the service. Management measures for staff performance, supervision, communication and support helped to ensure this.
- Records showed regular management audits were carried out to check the quality and safety of people's care, environment and any equipment used for their care. This included regular incident monitoring and analysis, to identify any common trends or patterns that may help to inform or improve people's care and related safety needs.
- When any changes or improvements were needed for people's care; feedback from staff and management records showed this was communicated in a timely manner, and checked to ensure this was followed.
- Examples of service improvements either recently made, planned or in progress. Included food menus, arrangements for people's community access, additional staff recruitment, areas of environmental upgrade, repair and equipment storage review.

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 provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety.
- There were clear procedures for communication and reporting any safety incidents, which staff understood. Relatives we spoke with felt management communications with them regarding people's care were open, honest and timely.
- Records and feedback at this inspection, showed timely management action was taken when needed. to ensure people's safety. For example, in the event of any change in a person's health status.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open, welcoming and inclusive culture at the service where people, relatives and staff were regularly involved and engaged, to help inform and ensure effective arrangements for people's care.

- All of the staff we spoke with and observed interacting with people, were motivated, trained and supported, to provide people's care in an individualised way, in accordance with their diversity and expressed views.
- A range of methods were used, to help inform care, staffing and related service planning and improvement. This included periodic staff, people and family surveys.
- Feedback from the provider's surveys and our inspection found high levels of satisfaction from all parties. This included comments such as, "I am perfectly happy here, I would recommend the service to anyone who needs it." "The staff and managers are fantastic, caring and we are always kept informed to help with decision making; I can't fault it, it's 100 percent." "Hill House is a brilliant place to work; great team working; management are amazing and always open to discussions about any issue, to help and solve any problems."

Working in partnership with others

- The provider worked with relevant agencies, including educational providers and external health and social care partners, when needed for people's care. This helped to ensure people's care was effectively informed and agreed in line with nationally recognised guidance, standards and the law.
- Local care commissioners and a visiting professional told us the service worked in consultation and promoted effective relationships with them.