

Hill House (Malmesbury) Ltd

Hill House Care Home

Inspection report

Hill House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Hill House is a care home that was providing nursing and personal care personal to people. 28 people were living in the home at the time of the inspection.

People's experience of using this service:

- The monitoring of medicine management needs further improvement. Guidance was not always available for staff to give people their medicines safely.
- Some people at times could display anxiety through verbal or physical behaviours. We found that the documentation around this to support staff was not always appropriate. There was no specific behaviour care plan or risk assessment in place.
- People told us they felt safe living at the home. Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people.
- The meal experience for people was positive. Mealtimes were sociable and interactive and provided by attentive staff. People were informed of the choices and if they wanted an alternative this was provided.
- We saw that where a person lacked capacity an assessment had been completed. At times the assessments were generic and more information was needed around how information was given to a person to aid their decision making.
- People received care and support from staff who had got to know them well. Staff knew, understood and responded to each person's needs in a caring and compassionate way.
- The provider had a system in place to monitor the quality of the service people received. However, some of the audits in place had not identified all of the issues that we found during this inspection.
- Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. At this inspection we found the provider had failed to submit two notifiable events.

More information is in Detailed Findings below.

Rating at last inspection:

Requires Improvement (report published 21 June 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We have told the provider they must take action to improve the service. We have made two recommendations around medicines following this inspection. We will continue to monitor the service and complete a further inspection to assess whether the improvements have been made.

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Hill House is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The service did not receive prior notice that this inspection would take place.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. We observed and spent time with people to understand their experiences of the care and support they received. We spoke with 10 people living in the home and four relatives.

We looked at records, which included nine people's care and medicines records. We checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager, deputy manager and 11 care staff.

After our site visit we contacted four external health and social care professionals and relatives to obtain their views about the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The home did not have a robust system in place to get people's medicines reviewed annually.
- Topical medicines were prescribed to people and stored in their own rooms. Care staff signed a separate chart to record when they applied these. However, we saw gaps in these charts where they had not been completed appropriately. For one person it appeared from documentation that their cream had only been applied once in twelve days.
- Some people were prescribed high risk medicines such as anticoagulants. These medicines can have side effects such as risk of bleeding and bruising. We found that guidance was not always available for staff to monitor side effects of high risk medicines in people's care plans.
- People's care plans did not always have information about all their current medicines prescribed to them. Some people were prescribed time sensitive medicines. However, people's care plans did not always have information when and at what intervals these medicines should be given.

Recommendation: The provider should urgently review people's care plans to ensure guidance is available for staff to give people their medicines safely.

- The home did not have a robust system in place to receive and act on medicine alerts.

Recommendation: The provider should review its policy to ensure there is a robust system in place to receive and act on medicine alerts.

- There was a system in place for ordering and giving people their medicines as prescribed and medicines were stored securely. Staff were trained and assessed for their competency to handle and give medicines safely. Medicines were recorded on Medicine Administration Records (MAR's) appropriately. We found no gaps on the MAR's checked, which provided assurance people were given medicines as prescribed.
- There was a provision to purchase over the counter pain killers, laxatives and cough medicines. These were authorised by the GP. Staff maintained records of current stock and records were kept when these were given to people. A system was in place to report incidents and investigate errors relating to medicines.

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

- Some people at times could display anxiety through verbal or physical behaviours. We found that the documentation around this to support staff was not always appropriate. There was no specific behaviour care plan or risk assessment in place to give staff clear guidance on how to manage an individual's behaviour consistently. For example, one care plan said the person had behaviours of agitation and sometimes violence but no actions on what might trigger this or how it should be managed was recorded.
- In practice staff told us they felt confident to manage situations where people displayed anxious behaviours and would give them time and space. We saw that staff had not received training in positive behaviour management. The provider's policy stated that staff should receive training appropriate to their needs in how to develop the skills and knowledge necessary. The registered manager told us they were going to implement a behaviour care plan for people that required this and source training for staff.
- Staff completed a record detailing people's behaviours, however this was not always appropriately documented. We saw entries recorded of the physical action but not how this had been managed or the person supported to calm down. One entry recorded that 30 minute checks were implemented but this person had already meant to be receiving these checks before the incident occurred. The actions recorded were not consistent approaches because guidance was not in place for staff to follow. This meant the approaches could not be reviewed to see if they were effective. The registered manager told us that staff would receive further training on how to record information around people's behaviour needs.
- We saw that some people were on regular checks due to not being able to use their call bell. One person's care plan recorded that they needed to be checked hourly, but in another part of the care plan it stated half hourly checks. We asked staff where they recorded this and they informed us this person was not on hourly checks. We showed them the care plan and they had not known this and told us they would implement an hourly check sheet. This meant this person had not been receiving the required monitoring in line with their care plan.
- We saw that risks around mobility, falls and skin care management had been identified and a clear assessment put in place. These looked at the environment and what areas of support needed to be put in place. If a person was at risk of falls a falls protocol was completed so staff were aware of actions to take. We saw that from this an individual action plan was created of how to support the person to minimise falls. The registered manager told us "People are encouraged to be active, we don't stop people and staff understand that. They want to enjoy life."
- An Incident and accident folder was kept and if a person had a head injury observations were completed to ensure there were no further concerns. We saw that more information was now being recorded on these incident forms about the incident and what action had been taken.
- The home had a maintenance staff member who ensured that all checks around fire, water temperatures and equipment were completed on a regular basis. Staff would write any maintenance issues in a communication book and this would then be addressed. Each person had a personal evacuation plan in place, detailing the support they would need to safely leave the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One relative commented "Staff know my relative well and predict things before they go wrong. I have no concerns over safety." Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Staff spoke about recent

safeguarding training they had completed which had been interactive and gave different scenarios to encourage thinking and conversations around this.

Staffing and recruitment

- People were supported by sufficient levels of staff to meet their needs. The service continued to recruit and any shortages were covered by permanent staff or an agency member of staff. Agency staff received an induction to the service if they had not previously worked at the home.
- Staff told us they felt the staffing levels enabled them to provide care that was unrushed and they had time to chat with people. One staff told us "Staffing is fine and we have the same agency staff when needed. There is time to spend with people." We saw that staff were visible and available to support people and call bells were answered promptly. People told us staff response times were good with one person commenting "I use my call bell and staff come very quickly I don't have to wait any time."
- The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Preventing and controlling infection

- We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. One person told us "My room is kept clean and tidy, they clean it every day."
- We observed on two occasions staff did leave people's bedrooms with aprons and gloves on. We raised this with the registered manager to address and prevent the risk of cross infection.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Improvements had been made to the training provision staff received. We reviewed the training matrix which showed when staff training was due to expire. All staff had an individual training record and this was now being managed more effectively. Any gaps had been identified and training was in the progress of being booked.
- Staff were encouraged and had the opportunity to progress and take on different roles within the home. The registered manager told us "I am lucky I have care staff and nurses that want to progress and can promote those who want to learn more. I want all my staff to be a champion in something and be proud, not just clocking in or out of their shift." Staff told us "There are opportunities available if you ask" and "From transferring buildings, I have learnt more now it's a nursing home. There is more opportunity, I have done a lot more training which is nice." The registered manager also attended external professional days and was currently completing further qualifications to enhance their own development.
- New starters had a probationary period of training and shadowing another member of staff. One staff told us "The induction was thorough, lots of paperwork, I shadowed for long enough to feel comfortable." Another staff said, "It is so important for new staff to have the right induction."
- People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were now being carried out regularly and enabled them to discuss any training needs or concerns they had.

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

- The meal experience for people was positive. Mealtimes were sociable and interactive and provided by attentive staff. People were informed of the choices and if they wanted an alternative this was provided. A drinks menu was available and people were observed enjoying a variety of drink choices including alcohol if preferred.
- The food looked appetising, was served hot and presented nicely. People told us "The menu is well done, they always have a good choice, and you can have something else", "The food is very good and we get a choice of main meal and can always get fruit and anything else to eat at night, but I never get hungry at night" and "I always leave a clean plate and we get a good choice of menu and if I get hungry at night, I can always have a biscuit."

- Kitchen staff took the menus around to people the day before and served up the lunch meal so people had the opportunity to speak with them and feedback about the food. A food survey had been given to people in January 2019 and we saw feedback had been taken on board and implemented.

- People that were at risk of losing weight had their weight monitored and were flagged to the chef so their meals could be fortified. The head chef had recently attended dysphagia training and was excited about implementing new ideas to the service (dysphagia training supports individuals with drinking, eating and swallowing disorders).

Ensuring consent to care and treatment in line with law and guidance: Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At our last inspection in May 2018 the service was found to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of understanding in ensuring that where people lacked capacity the appropriate support was provided following the legal processes. At this inspection although some further improvements were still needed the provider had taken enough action to no longer be in breach.

- 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 Act 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Information was available in people's care plans to record if they had capacity and were able to consent to their care and treatment at Hill House. We saw care plans recorded that all efforts would be made to maintain a person's independence and if not, decisions would be taken in line with the MCA. We saw that where a person lacked capacity an assessment had been completed. At times the assessments were generic and more information was needed around how information was given to a person to aid their decision making.

- We saw the review process of one person whose liberty was being restricted was not always clear to show when there had been a change or update. The registered manager told us this would be addressed.

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

- People's changing needs were monitored to make sure their health needs were responded to promptly. One person said, "I have had hospital appointments and they make sure I'm on time and they stay with me as well." Health and social care professionals informed us the service were effective in ensuring people accessed medical assistance when required commenting, "I feel the nurses have confidence and insight to their residents. When people's needs change I sometimes get involved for advice or direction, which is often followed through" and "I am particularly impressed by the carers and excellent nursing staff."

- We saw that hospital forms were in place to pass information to external professionals if a person needed to be cared for in another setting. We saw that these forms were not completed and had been left blank. The

registered manager told us this was because people's needs may change and they would be completed at the time needed. However, this may not be possible if a person was admitted in an emergency. The registered manager said this would be addressed and any changes would be updated in line with the care plan.

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

- The service had started to furnish the home with things people chose to give it a more homely appeal. We saw that signage around the home had now been addressed so people could navigate and locate areas of the home with ease. We observed that people's bedrooms were personalised with items that were important to them.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care and support from staff who had got to know them well. Staff knew, understood and responded to each person's needs in a caring and compassionate way. People told us "It's a wonderful place, the staff are the salt of the earth" and "I love it and I love all the girls here. I have told my family I don't want to leave here and the only way I will leave is in a box!"
- We observed interactions between people and staff throughout our inspection and saw people were comfortable in staff's presence. Relatives we spoke with praised the care their loved one's received commenting "What is best is the fact that it is small and there is a high ratio of staff, people know everyone" and "We are very happy with our relative being here and we think they are well looked after, and their needs are well met."
- The registered manager was able to monitor the care people received by spending time with people and sometimes worked alongside staff. We observed the registered manager pushing someone in their wheelchair when we arrived and staff came to get him when it was time to sing happy birthday to a person, so he could join in. The registered manager told us "I still have my uniform in the cupboard and I work on the floor and spend time with people at lunch, they like this. Being part of a small company allows me to go and support a gentleman in the bath who prefers a male staff." This person told us "I know the manager well, he assists me with care and we have a good fun relationship. He treats me as a normal person and jokes with me."
- Staff demonstrated a genuine care and interest for the people they supported. One staff told us "It's the best care home I have ever worked in, the care is genuinely care, we will go above and beyond. If I had to put my mum and dad anywhere it would be hill house." Another staff said "I love it here. I love the residents, I treat them all as my own family. I would do anything for them." The registered manager told us "We are inclusive, we don't discriminate between our staff group. We find out people's needs and how it impacts on their care, we aim to encourage people and give them privacy." Another staff from the maintenance team told us they also had the opportunity to go out with people on day's out and enjoyed spending time with them in a different capacity.

Respecting and promoting people's privacy, dignity and independence: Supporting people to express their views and be involved in making decisions about their care

- Peoples dignity was respected by staff and choices around care given. We observed staff asking people

where they would like to eat their lunch and ensuring care and support was unrushed. One person told us "I have a shower two or three times a week and staff help me. I do prefer a female staff to help me."

- People told us they were encouraged to maintain their independence. One person said, "When I first came in here, I was bed bound but now they get me up into my wheelchair so I can go down stairs and see and meet other people that's how good they are here."

- People's communication needs had been assessed and this was recorded in their support plans. These demonstrated what a person would need in place to ensure they could participate fully, express their feelings and make their wishes known.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
End of life care and support

- At our last inspection in May 2018 the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records lacked detail and were inconsistent. Monitoring records were not completed appropriately to be an accurate record. At this inspection although some improvements were still needed the provider had taken enough action to no longer be in breach.
- The service had worked to improve the previous care plans in place. We saw the new format was clearer for staff to follow and contained more detail. A master copy was in place with examples for staff to understand what kind of information should be included. Examples viewed were person centred and contained snapshots of people's life history, close relationships and things they enjoyed.
- People's goals and future aspirations had been considered and reflected. For example, one person's plan stated, "I believe life should be cherished, I want to continue to live at hill house." The service was not providing any end of life support at the time of our inspection but information was recorded about any wishes people had for treatment or care around this. Most people we spoke with knew and had seen their care plan. One person said, "Part of my care plan is on the back of my door and I signed it when I first came in here and they write in it every day." People's needs were reviewed six monthly, or as needed and changes updated in their support plans.
- Some people had monitoring charts in place to record their food and fluid intake or record regular checks made, if they were unable to use a call bell. We saw that these forms were being completed, however they did not always record if any concerns were raised and the action taken. For example, people's recommended fluid intake was recorded in their care plan, but not on the monitoring chart in order to quickly identify if their intake was adequate. Some people were eating very little each day and declining a lot of their meals but there was no action recorded if alternatives were offered, or if this was raised to the nurses. The service was holding nutritional meetings and the kitchen staff were aware who was at risk of losing weight, but the recording needed to evidence these actions further.
- Handovers were completed between shifts verbally to the next staff on shift and followed up by a written sheet. Daily records were also completed by staff. We saw that these often focused on the care given, rather than including how the person felt and the kind of day they had as well.
- People were supported to follow their interests, take part in social activities and maintain relationships

with people to avoid social isolation. Activity staff were in place who devised a weekly timetable of events including day trips, baking, pet therapy and exercise. At lunchtime on the first day of inspection we saw people enjoying the soup they had made that morning. The registered manager told us "Life doesn't stop for people when they come through the door."

- Peoples experiences of the activities they participated in were recorded. This allowed the activity staff to monitor what individuals enjoyed or disliked and provide suitable opportunities to engage them with. We saw evidence recorded in one person's care plan where discussions had taken place with the person and their family to delve deeper into what the person would enjoy doing. The service had links with two local primary schools and would go to the schools to hear the children singing and the day before our inspection they attended one of the science days.

Improving care quality in response to complaints or concerns

- The service had amended the previous complaints procedure that was in place and we saw this was now clear and appropriately directed people in how to make a complaint. We reviewed the complaints folder and saw when a concern was received it was responded to and investigated and the outcome recorded and shared. One relative told us "This is a lovely family run home. Anything you mention here gets fixed straight away." The registered manager told us because they spent time with people, any queries raised were managed directly, but if it was felt things needed further investigation they were recorded and managed formally.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had a system in place to monitor the quality of the service people received. However, some of the audits in place had not identified all of the issues that we found during this inspection around medicines, MCA, notifications and positive behaviour plans. The registered manager explained work had taken place around strengthening the audit process and now it was about demonstrating to staff how to capture this information and what to check.
- We reviewed completed audits including health and safety, nutrition and care plans. We saw where things had been identified actions and timeframes to address these had been recorded. The registered manager had completed some night visits to the home to ensure care was being provided effectively at this time and was able to observe and speak with staff during these times.
- The new regional manager completed visits to the home and recorded notes setting actions for the registered manager to follow up. Nurses and seniors would complete some audits and this would be checked by the management team.
- Services are required by law to send us statutory notifications about incidents and events that have occurred at the service and which may need further investigation. At this inspection we found that the provider had failed to notify us of one incident of physical abuse between two people living at the home and one notification where a deprivation of liberty had been granted. The registered manager told us this had been an oversight and would be addressed.
- The registered manager and leads of different staff departments held regular meetings throughout the week to ensure they communicated and planned for any events affecting the delivery of the service. The registered manager started work early so they could be available if any night staff wanted to see them and had now moved their office into the new building to be visible to people and visitors. One relative told us they had been able to meet with the providers and discuss the previous CQC report and they were open in discussing the work that had and was being done to improve the service commenting "They have done a great job in the last 12 months; the home is transparent and open."
- The registered manager and deputy manager told us they had the opportunity to access higher training

opportunities within the service and both had started their diploma level 5 in management. The registered manager told us they were going to begin asking staff to do their appraisal to get their direct feedback rather than another manager.

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

- Since our last inspection the providers had taken a step back from the day to day running of the home and an external management company was now overseeing the provider's two services. The registered manager told us there had been changes to audits and paperwork in order to be more thorough and said "I do now feel supported with the new management in place, we are moving forward in the best way possible. The providers are still supportive."

- People were all aware of who the registered manager was and praised him for being so available and spending time with them. Comments included "The manager is fantastic and the doors always open to see him and the staff are the same, fantastic", "The manager comes and helps out with lunch and he always comes and talks to me and the staff here are very friendly."

- Staff told us the registered manager was approachable and supportive of them. They spoke of his particular management style and how it worked well within the service saying, "It's a different management style, he is approachable, some days you even see him with a Hoover", "The manager integrated with us early on. He is such a good manager that delegation works well and you never need to escalate things to him", "The manager's door is always open, we have good banter with him, he's great" and "With his management style he is approachable and will take on our ideas."

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

- Staff had the opportunity to attend team meetings and be kept up to date with events affecting the service. Meetings were also held regularly with different departments, for example a nurses meeting or a seniors meeting.

- People and their relatives were kept well informed of things happening in the service. We saw information was displayed on notice boards and a visitor welcome pack was available in the main entrance. Family meetings were scheduled and we reviewed the minutes for these and saw people were able to receive answers to queries they had and make suggestions. Feedback from these meetings was shared with people and displayed around the home about what people has said and how they were going to change things. One relative said "I've been to the residents meeting and they do listen to us, they put a report up and you can see the changes." Another relative told us "We love the home, there is great communication from the home. We are happy with the manager and everything."

Continuous learning and improving care

- Staff we spoke with felt that they had been involved in the improvements the service had made and spoke positively of the changes they had seen. Comments included "There has been a massive improvement on the home and we needed that bit of support to get it in the right place and everyone knows what is needed to be done" and "I personally think there have been improvements, I wouldn't like it to get too institutional and too corporate. Our residents like the staff and the time to chat."

- Staff were encouraged to be involved in the progression of the service and some staff had taken lead roles in the five domains inspected by The Care Quality Commission. Folders were in place and these staff were responsible for capturing evidence in these domains to show what the home did and was working towards.
- The regional manager shared the action plan they had put in place and were working from to ensure improvements continued within the service. The registered manager told us "We had to transition from a residential service to nursing home. I am happy we are in a better place than we were. We carry on learning and improving, as new people come we adapt to their way of life."

Working in partnership with others

- The registered manager had worked hard to establish links between the service and community and continue to raise the profile of Hill House. A Dementia project was due to start soon called 'Man shed' in which a dedicated area of the garden would be used to engage men in meaningful activities. The local village were also going to hold their annual summer fete in the grounds of the home. The registered manager said, "I am trying to bring people in to the home and see what we do and work with them."
- The registered manager had met with a local surgery to set up regular meetings between the home and practitioners to look at resources in the area and ways of working together and improving services. The home had offered places for people who were lonely at Christmas to come and have a hot meal and spend time with them and planned to offer this again at Easter.