United Health Limited

Hill House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 5 November 2015 and was unannounced. Hill House specialises in the care of people who have a learning disability. It provides accommodation for up to 35 people who require personal and nursing care. On the day of our inspection there were 21 people living at the home on a permanent basis and two people who were there for a short break.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were insufficient staff available at times during the day to meet people's needs. We found a breach of the

Summary of findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

On the day of our inspection we found that staff interacted well with people. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We saw that people were involved in making decisions about their care. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as an occupational therapist and GP

Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of the needs of people who lived at the home on a permanent basis. People had access to external leisure activities and excursions to local facilities. However people who remained at the home were not offered activities on the day of inspection.

People had their privacy and dignity considered. Staff were aware of people's need for privacy and dignity.

People did not have access to regular drinks throughout the day. People were supported to eat enough to keep them healthy. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. However staff did not feel always feel confident to put their training into practise.

Staff did not always feel able to raise concerns and issues with management. Some staff did not feel part of the overall team. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. People were encouraged to raise issues both formally and informally.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

There were not always sufficient staff at busy times of the day.

Although medicines were stored and managed safely, there was a risk at busy periods that the administering nurse may be distracted from administering them safely.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not feel confident to implement their training for nursing interventions. Staff had received training to support them in their role.

Not all people were able to access drinks throughout the day. People were supported to eat a balanced diet.

People were supported to access other health professionals and services.

The provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Requires improvement

The service was not consistently caring.

Care was a task orientated rather than focussed on the person.

Staff were kind and caring to people. People were involved in making decisions about their care.

People's privacy and dignity was protected and staff were aware of people's need for privacy.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

There were inconsistencies in care records. People had their needs regularly assessed and reviewed.

Not everyone had access to activities and leisure pursuits within the home during the day. People participated in the local community.

People were supported to raise issues and concerns. Relatives told us they knew how to complain and would feel able to.

Summary of findings

Is the service well-led?

The service was not consistently well led.

Staff views were not always considered. Some staff did not feel part of a team.

Processes were in place to communicate with people and their relatives.

Processes were in place for checking the quality of the service.

Requires improvement

Hill House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 November 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service, for example, a service for people who have a learning disability.

Before our inspection we reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager, the compliance manager, one senior carer, a registered nurse and three members of care staff and six people who used the service. We also spoke with six relatives by telephone. We looked at four care plans in detail and records of training, complaints, audits and medicines.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. Relatives we spoke with told us that they felt their family member was safe. One relative said, "I think there could be more staff. They go through phases. Sometimes lots of staff and then at other times seem short" and another told me."

There were not always sufficient staff to meet people's needs. Staff told us and we saw that there were insufficient staff to support people at meal times. They told us that often lunch was not completed until late in the afternoon. On the day of the inspection we observed one person in the dining area had to wait for 30 minutes for their meal and two others only started their meals at 1.45 pm. The provider later told us that the reason for the lateness of lunch for one person was due to the person being very sleepy following discharge from hospital.The other person required their medicine with their meal and as a consequence could not have it until they had later been provided with a meal. Another member of staff told us about an incident where they had returned from leave and had cared for a person in the wrong way because they had not had time to read the care plans. They said that a person had been reviewed by the speech and language therapist and it had been decided they should not have bread. However the member of staff had not had opportunity to update themselves and had continued providing inappropriate care for four days. Staff also told us that it was sometimes difficult to fit the online training in due to their work commitment, for example one member of staff was working six 12 hour shifts in a row.

At the time of our inspection the provider did not have any qualified nurses employed and were using agency nurses to provide nursing cover. The provider used one agency to ensure consistency of care for people who required nursing interventions. We observed that there were some people who required nursing interventions at different times throughout the day and therefore access to a nurse needed to be available at these times. For example one person was recorded as requiring the nurse to check their meal before it was given to them and another person required nursing intervention every 72 hours. Some people also had needs which required urgent and unpredictable nursing attention, for example during an epileptic seizure.

The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with vulnerable people. The home had one vacancy which had been recruited to and they were awaiting the completion of checks. We saw that rotas reflected the staffing levels that the registered manager and staff told us were usually rostered. However staff told us that they felt people's needs had increased although there were currently less people living at the home. For example one person was unable to mobilise independently following the development of a medical condition. The registered manager told us that they also required support to maintain their skin integrity.In addition there were two people whose needs staff were unfamiliar with because they had recently been admitted for short periods of time. This meant that staff needed more time to provide support to them in order to ensure that the care was meeting their needs. We spoke with the registered manager about this who explained that the provider did not use a dependency tool to assess what numbers of staff were required to meet people's needs, they told us that people had recently been assessed by other agencies for example health with regard to their needs.

These issues were a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff that we spoke with were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. We saw from the training record that all members of staff had received this training. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service. Where appropriate the provider consulted with external healthcare professionals such as the GP and occupational therapist when completing the risk assessments. Staff were familiar with the risks and were provided with information as to how to manage these risks

Requires improvement

Is the service safe?

and ensure people were protected. For example, supporting a person who was at risk of choking. Accidents and incidents were recorded and investigated to prevent reoccurrence.

Risk assessments were completed on maintaining a safe environment. However we observed that part of the call bell system was no longer in place and working. Staff also expressed concerns about this and told us that they were concerned that if they required assistance in an emergency they would be unable to summon help. They told us that previously they would have used the call bell system to summon help.We spoke with the registered manager about this who told us that most people had been unable to use the system and that people could shout for assistance and they would be heard. As an alternative three people had specialist systems in place to alert staff. During the inspection we observed that there was a level of noise from TVs and music which would prevent staff from hearing people's calls.

People usually received their medicines on time. We saw that medicines were handled safely. However we observed during the medicine round that the nurse carrying out the round carried a phone and was frequently interrupted by phone calls and staff with queries. Staff could be distracted from their role which would mean that people were at risk of receiving incorrect medicines. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Checks were made on a regular basis to ensure that medicines had been administered appropriately and documentation completed.

Requires improvement

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their current roles and responsibilities effectively. One relative commented, “On the whole we are happy.”

Staff told us they received a wide range of training. They said that they had received training in areas such as moving and handling, food hygiene and infection control. They also told us that they had recently received training on a number of nursing interventions but staff had not yet had the opportunity to practise under supervision, so were not able to deliver nursing interventions without the supervision of a qualified nurse. Training was provided via both a computer based system and face to face training. Staff told us that it was sometimes difficult to fit the online training in due to their work commitment, for example one member of staff was working six 12 hour shifts in a row. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required.

People who used the service told us that they enjoyed the food at the home. One person said, “Food’s good.” Staff provided support and assistance to people in a sensitive manner in order to ensure that people received sufficient nutrition. Where people required specialist equipment to support them at mealtimes we saw that this was provided. Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met, for example people with diabetes. However, we also observed not everyone had access to drinks and snacks in between meals. We observed that people in the lounge area during the morning were not routinely offered drinks. For example at 11.45am two people were given drinks by a member of staff because they requested this however other people who were unable to access drinks or ask for a drink were not offered drinks.We did not observe a drinks trolley being provided during our inspection during the morning or afternoon. The registered manager told us that people would usually be offered drinks throughout the day however we did not observe this happening during our inspection.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist. Where people had specific health needs such as diabetes we saw that information was included in the care records to assist staff with the care they provided.

We observed that people were asked for their consent before care was provided. Staff were able to tell us what they would do if people refused care. Where people were unable to consent best interest assessments had been carried out and plans put in place to support people with these decisions.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was one person who was was subject to DoLS. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty.

Requires improvement

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. One person told us they were happy at the home. Another person said, “Staff are very good.” A relative told us, “Staff are very friendly and caring” and another said, “They put the residents before anything.”

We saw that staff interacted in a positive manner with people and that they were sensitive to people’s needs. One member of staff told us that a person who was unable to communicate verbally was teaching them to use sign language so that they could communicate more effectively.

Staff told us that they felt that care was focussed on tasks and that they would like to spend more time with people on an individual basis. We observed during our inspection that staff did not spend time chatting with people unless they were supporting them with personal care. We sat in one of the lounges for an hour and during that time staff were not available for people to request support. We observed that staff only entered the room when they were supporting people to come into the lounge because they were busy supporting people with personal care tasks.

People were treated as individuals and allowed to express their views as to how their care was provided. For example care records stated how to support people to make informed choices. One record said that a person needed information presenting at an appropriate level for their awareness and understanding so that they could make informed choices and decisions. Another said, ‘can be encouraged to smell the scent of toiletries and pick their favourite’.

We observed a member of staff offering people a choice of drinks by showing them what choices were available to them. We also observed staff asking people where they would like to sit in the lounge area and what music they would like to listen to.

We saw that caring relationships had developed between people who used the service and staff. A member of staff said that they saw the home as one big family. Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. One relative told us, that they felt involved in the care of their relative and were kept informed about their care.

We observed staff knocked on people’s bedroom doors before entering and asked if it was alright to come in. Bedrooms had been personalised with people’s belongings, to assist people to feel at home. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance.

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Requires improvement

Is the service responsive?

Our findings

The people we spoke with told us that they had their choices respected. We observed occasions when people were given choices by staff about their care for example, one person liked butterflies and this was reflected in their choice of decoration for their bedroom.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. For example staff were aware of what music people liked to listen to. People had access to a range of activities for example one person had been horse riding and another person had attended college on the morning of our inspection. People were also looking forward to a fireworks evening on the day of our inspection.However, we did not observe people who were left at the home participating in any activities. The registered manager told us that they don't have a fixed activity calendar but discussed what was available with people and planned accordingly.

A relative told us, "We would like [family member] to go swimming and, hopefully, they have funding for it now" and "We would like our [family member] to go out more." Another relative told us "It has improved lately, they have more activities". The home had access to transport and used this to maintain links with the local community. We saw that people accessed local events such as a local fireworks display and a sponsored swim at a local pool.

Relatives we spoke with told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning or visiting their relative.

One person had recently been admitted from hospital and had not been discharged with sufficient equipment to meet their needs because the equipment had not been arranged by the hospital prior to discharge. Although the person was admitted to the home in October 2015 equipment had only just been ordered which meant that they had to remain in their room. At the time of admission the home was unable to respond fully to the person's needs, as a consequence the person had needed to be seen by the GP due to their increase in anxiety.

We looked at care records for four people who used the service. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that care records had been reviewed and updated on a regular basis. When we spoke with staff they were able to tell us about the changes and the choices people had made. However we saw that there were inconsistencies in care records. For example one record stated that a person did not have any issues with their breathing but they had recently been admitted to hospital due to symptoms which included breathlessness. The care plan had not been updated to reflect this. We also looked at care records for the two people who were at the home for short stays. We found that one care plan had not been commenced and the other was incomplete. This put people at risk of inappropriate care because staff would not be aware of how to meet their needs.

We saw that records included a personal planning book, which provided information about people's care preferences and likes and dislikes. The book was written in words and pictures so that it was accessible to people, however this had not been completed in two of the records. The registered manager told us that these were new and staff were in the process of completing these with people.

Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. The manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been one recent complaint which had been dealt with according to the provider's complaints policy.

Requires improvement

Is the service well-led?

Our findings

Staff understood their role within the home and were aware of the lines of accountability however they told us that they felt that they were often unable to fulfil their roles. For example. The registered manager told us that senior care staff had been allocated specific roles such as medicines management and reviewing of care records. We spoke with the senior carer who was on duty on the day of our inspection who told us that they did not often have chance to carry out these roles because they were often providing care.

The agency staff with whom we spoke told us that they did not feel an integral part of the team and were not always fully involved in aspects relating to the day to day running of the home. They said that this sometimes made it difficult because they did not have a full view of issues. Staff did not feel that issues they raised regarding the day to day running of the service were always considered. For example, staff had voiced concerns about people's increased needs.

Staff received supervision and appraisals to support them in their role. They told us that they had not recently had meetings on a regular basis but that a meeting had been arranged for the following day. The registered manager told us that they intended to have monthly staff meetings to ensure that staff were kept informed and were able to raise issues and concerns. They also told us that they received regular support and supervision from the compliance manager to support them in their management role.

Staff told us that they often did not get regular breaks during a shift. This was not in line with the provider's policy.They told us that they were reluctant to take breaks and leave colleagues to cope and as a consequence would often sit with people during their lunch break to assist with care and supervision. On the day of our inspection we spoke with a member of staff at 2.45pm who had not had their lunch break by this time. There was a risk to the wellbeing of staff.

All the relatives we spoke with told us that they get asked for regular feedback and it is acted upon. One relative told us, "We receive a newsletter which keeps us informed."

Surveys had been carried out with people who used the service, relatives and professionals. We saw that responses were positive for example relative's said that they were kept informed of their family member's progress. Meetings were also held for people who used the service to enable them to be involved in the running of the home. The registered manager said that they also held meetings for relatives but that they weren't always well attended. They told us that they tried to link these to events such as Christmas to try and encourage attendance. The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the registered manager and were confident that they would sort it out quickly.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as medicine records, cleaning and accident reports. We saw the records of the checks identified when actions were required. The provider also had a compliance manager who monitored audits across the provider's locations to ensure that where required improvements were made. The provider had recently had an external environmental health audit carried out which was positive. However, we saw that an action plan had been put in place and actions carried out to address the minor issues which had been identified.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were aware of the whistleblowing policy and were confident about raising concerns about any poor practices witnessed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **There were insufficient staff available to provide safe care to people. Regulation 18**