

Leonard Cheshire Disability

Hill House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on the 11 and 14 May 2015.

The service was previously inspected in July 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Hill House is a care home providing both accommodation and nursing and personal care for up to 23 adults who have a physical disability. The service is provided by

Leonard Cheshire Disability. The home is a modern purpose built facility and includes a bungalow separate to the main building. All bedrooms are single and have en-suite bathrooms fitted with overhead hoists. A passenger lift is installed to access the two floors.

On the day of our inspection the service was providing accommodation and nursing care to 20 people.

Summary of findings

At the time of the inspection there was a registered manager at Hill House. 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.

Hill House had a registered manager in place that had been in post since October 2006. The registered manager was present during the two days of our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

During the two days of our inspection, people living at Hill House were observed to be comfortable and relaxed in their home environment and in the presence of staff. People using the service and relatives spoken with were generally complimentary about the care provided at Hill House.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

For example, comments received included: "I have lived in other homes and this was the cleanest one I have lived in"; "The chef is very good and the food is lovely. In fact it's too nice as I am trying to lose weight and can't"; "The staff take me to the GP. I am going this afternoon"; "The GP visits Hill House quite often but the driver will take me to the optician or dentist if I need him to"; "You couldn't get better staff anywhere else"; "The staff will always approach me and keep me informed if needed"; "I haven't made a complaint but if I did I would go to Annie (manager), Linda (assistant manager) or the carers as they are all approachable. I am lucky that I can communicate" and "Annie (registered manager) is very approachable and is friendly with all of the staff."

People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to a range of health care professionals (subject to individual need).

We found that people using the service and / or their representatives were involved in person centred planning and received care and support which was individualised and responsive to their needs.

Systems had been developed by the provider to assess the needs and dependency of people using the service; to obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints.

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?

The service was safe.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

People we spoke with at Hill House confirmed they felt safe from harm living in the home.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service at Hill House and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Good



Is the service effective?

The service was effective.

The manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had access to policies and procedures and training in respect of these provisions.

Staff working at Hill House had access to supervision and a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

People living at Hill House had access to a choice of wholesome and nutritious meals and received access to a range of health care professionals.

Good



Is the service caring?

The service was caring.

Care files we looked at provided evidence of person centred planning processes and staff had received training in this area to help them understand how to provide person centred care and to respect people as individuals.

We observed interactions between staff and people using the service were kind, caring and personalised. We also observed people's choices were respected and that staff communicated and engaged with people in a polite and courteous manner.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personalised and responsive to their needs.

Care records showed people using the service had their needs assessed, planned for and regularly reviewed by staff at Hill House.

The service employed an activities coordinator to provide a range of individual and group activities for people living within the home.

Good



Summary of findings

Is the service well-led?

The service was well led.

Hill House had a registered manager. The registered manager was present during our inspection, engaged positively in the inspection process and was valued by the people using the service and staff.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions and the manager was proactive in seeking this.

Good



Hill House - Care Home with Nursing Physical Disabilities

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 checked whether the provider was 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.

The inspection took place on 11 and 14 May 2015 and was unannounced.

The inspection was undertaken by two adult social care 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, in this case of people with a physical disability.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Hill House. We took any information provided to us into account.

During the site visit we spoke with nine people who used the service; one relative; a visiting general practitioner; a nurse; five care staff and a cook.

Furthermore, we met with the registered manager of Hill House. We spent time with people in the communal lounges and in their bedrooms with their consent.

We used a number of different methods to help us understand the experiences of people who live at Hill House. This included the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a range of records including: three care plans; three staff files; staff training records; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Hill House to be safe.

People spoken with confirmed they felt safe and secure at Hill House and were well-supported by staff who had the necessary skills to help them with their individual needs. Comments received included: "I have asked for pain killers before and the carers get the nurse to come"; "If I am in pain I ask the carers and they ask the nurse to give me them [pain relief]"; "They [staff] stand over you and watch you until you take the tablets"; "I have lived in other homes and this was the cleanest one I have lived in"; "My room is really clean and I am very happy."

One person reported: "It can get noisy on a Saturday evening with youths walking past along the road."

We looked at three care files for people who were living at Hill House. We noted that each person had a support plan file and a health file.

Each file viewed contained an index of contents, was easy to follow, well organised and contained a comprehensive range of person centred information relevant to the needs of each person using the service. Examples of information within files included: individual profiles; consent forms; my story / history; personal support and routines; care and support plans; risk assessments; hospital passports; health plans; hospital and clinical appointment records; monitoring charts; monthly evaluation notes; review records and involvement sheets.

We found that records had been kept under regular review so that staff were aware of current risks for people using the service and the action they should take to minimise and control potential and actual risks.

At the time of our inspection Hill House was providing accommodation and nursing care to 23 people with different needs. Three of the people were in hospital. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Staffing levels set by the provider was one registered nurse during the morning and evening shifts. Additionally there was another nurse on duty from 10:30 am until 6.00 pm. Likewise, there were seven support workers on duty in the

morning and four in the afternoon. During the night there was a waking night nurse and two support workers on duty together with an additional member of staff on sleep in duties based at the bungalow.

Other staff were employed in roles such as two part time activity coordinators; two part time maintenance persons / drivers; two part time administrators; three domestics; a chef and two kitchen assistants. The registered manager was supernumerary and worked flexibly subject to the needs of the service.

We noted that a system had been developed by the provider to assess the needs and dependency of people using the service and the required staffing hours to meet individual needs. No concerns were raised regarding staffing levels at the time of our inspection by people using the service or staff.

We looked at a sample of three staff files for staff who had been employed to work at Hill House. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all three we found that there were job descriptions; application forms; references, medical questionnaires and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. One of the three files viewed did not contain an Independent Safeguarding Authority (ISA) first check or the outcome of a disclosure and barring service check. We raised this with the registered manager who located the missing records for day two of our inspection.

All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work at Hill House. This helped protect people against the risks of unsuitable staff.

A corporate policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding Vulnerable Adults'. A procedure for 'Whistle Blowing' was also in place for staff to refer to. One whistle blower concern had been received by the Care Quality Commission (CQC) in the past twelve months. The concern was investigated by the local authority and found to be unsubstantiated.

Is the service safe?

Discussion with the registered manager and staff together with examination of training

records confirmed the majority of care staff employed at Hill House had completed training on safeguarding of vulnerable adults.

The management team and staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We viewed the safeguarding records for Hill House. This was noted to contain complaint records also. Discussion with the registered manager and examination of records revealed that there had been one safeguarding incident in the past 12 months. Records confirmed that appropriate action had been taken in response to the incident.

We suggested that the file be used for safeguarding records only and that a spread-sheet be developed and placed in the front of the file to include the date the alert was received, details of alerter, alleged victim and alleged perpetrator; date referred to the local safeguarding team; date that CQC were notified; action taken, findings and outcomes. The registered manager agreed with this and confirmed that she would re-assess the current system. This will help to ensure best practice and ensure a clear audit trail. We saw that the information in files had been separated by day two of our inspection and that a dedicated file was in place for safeguarding records.

We checked the arrangements for medicines at Hill House with the care supervisor. A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication administration records together with room numbers. We

discussed the benefit of recording people's names next to the photographs to assist staff in the correct identification of people who required medication and we received assurances that this would be acted upon.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that the provider had developed a medication policy entitled 'Medication Policy and Procedure for Residential, Nursing and Respite which had been reviewed in 2012. The policy was available in the medical store for staff to reference. We noted that assessment systems were also in place to periodically monitor and review the competency of nursing staff responsible for administering medication.

Medication was stored in a lockable cabinet in each person's room. We saw that a record of administration was completed following the administration of medication in each instance on the medicines administration record (MAR). We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

Systems were also in place to record fridge temperature checks; medication disposal and incidents concerning medication. Additionally, weekly medication audits were undertaken together with a comprehensive medication audit which was completed every six months. This helped to monitor systems, practice and records to safeguard the health and safety of people using the service.

At the time of our inspection none of the people using the service self-administered their medication however assessments and systems were in place to support people to manage their medication independently should they wish to.

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at Hill House to be effective. People spoken with were of the opinion that their care needs were met by the provider.

Comments received from people included: “The new chef’s food is excellent. I always have a bag of ‘wotsits’ crisps every night and I really enjoy them”; “I am happy with the choice of vegetarian food. I would never ask for a different meal. I would always eat what I was given as I was brought up with food rationing”; “The chef is very good and the food is lovely. In fact it’s too nice as I am trying to lose weight and can’t”; “The staff take me to the GP. I am going this afternoon”; “The GP visits Hill House quite often but the driver will take me to the optician or dentist if I need him to”; “I go to a special dentist in Crewe and the driver takes me whenever I need to go”; “I go to Aston Health Centre quite often” and “I am not keen on the doctors but go to dentist if needed and the carers take me.”

Likewise, feedback received a relative included: “The new chef had a meeting with all of the service users to gauge what they did and didn’t like to eat. I am happy with the food provided and it is all made from scratch by the chef” and “The GP attends Hill House twice a week and she [my relative] goes regularly to the dentist and the carers take her.”

Hill House is a purpose built residential and nursing home that accommodates twenty people. Additionally, there is a bungalow at the rear of the main building which accommodates a further three people.

The accommodation in the main building is over two levels (ground and first floor) and rooms are for single occupancy. Each person’s room was fitted with overhead hoists and special adaptations to meet people’s individual needs. Facilities available for people using the service include lounge and dining rooms and activity / multi-purpose areas. People using the service were noted to have access to a range of individual aids and adaptations to assist with their mobility and independence.

We reviewed training records for staff working within Hill House. It was difficult to assess the overall completion rates for individual training courses as the information was presented to us in a list format for individual staff rather

than an overall record. However, we noted that systems were in place to identify and respond to the outstanding training needs of staff and those who required refresher training.

Examination of records and discussion with staff employed confirmed staff had access to a range of induction and on-going training to assist in their continued professional development. Examples of training completed by staff employed at Hill House included subjects such as: Introduction to Leonard Cheshire Disability (induction), fire safety; health and safety awareness; emergency first aid; food hygiene awareness; infection control; manual handling (practical and theory); Mental Capacity Act; deprivation of liberty safeguarding; whistleblowing; tracheostomy; bedrails safety; behaviour support; choking; working in an empowering way; equality and diversity; advanced and safer medication; dementia awareness; safeguarding; person centred planning; communication; nutrition and hydration and other training relevant to individual roles and responsibilities.

Staff spoken with confirmed they were supported in their role and had access to induction, on-going training and formal supervision and appraisal. Staff spoken with were complimentary of their manager and reported that Hill House was “Like a family”.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager informed us that she had completed training in the Mental Capacity Act and Deprivation of Liberty safeguards and we saw that there were corporate policies in place relating to the Mental Capacity Act Code of Practice and Deprivation of Liberties (DoLS) code of practice. Information received from the registered manager confirmed that at the time of our visit to Hill House there were no people using the service who were subject to a Deprivation of Liberties Safeguards (DoLS) and no-one was subject to continuous supervision and control.

Is the service effective?

We looked at three care records to see if the provider had involved people using the service or their representatives in the planning of care and support plans. We noted that people using the service or their relatives had signed a form to confirm their involvement in the care planning process. Furthermore, in one case we noted that a relative had signed a consent form for medication administration and the sharing of information. Records detailed that the relative had Lasting Power of Attorney for personal welfare.

We spoke with a cook / kitchen assistant and noted that information on the preferences and special dietary requirements of the people using the service had Hill House had been obtained for catering staff to reference. We observed that food was served to people in accordance with these special requirements during meal times.

A five week rolling menu plan was in operation at Hill House which was reviewed periodically. The daily menu was displayed on a chalk board in dining areas for people to view. The menus offered an alternative choice of meal at each sitting. The cook informed us that every Wednesday the service also offered individual people a “my perfect day” option when people using the service took turns to choose any meal of their choice to be prepared by the cook.

During the inspection a lunchtime meal was observed in one of the dining areas where four people were eating dinner. Tables were fitted with condiments, table mats, napkins and specialised cutlery to enable people to eat safely and / or independently. The meal consisted of a choice of either chilli con carne or a vegetarian option of stuffed peppers. All of the people spoken with confirmed that if they did not like something that was on the menu they could ask the cook for a different choice each day and refreshments and desert options were also available.

The most recent local authority food hygiene inspection was in July 2014 and Hill House had been awarded a rating of 5 stars which is the highest award that can be given.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; dieticians; specialist nurses; dentists; physiotherapists and chiropractors etc subject to individual needs.

Is the service caring?

Our findings

We asked people using the service if they found the service provided at Hill House to be caring. Feedback received was positive and confirmed people were well cared for and treated with respect and dignity by the staff at Hill House.

Comments received from people using the service included: “You couldn’t get better staff anywhere else”; “The staff are very kind. They get my paper delivered every day and I go and get it from reception. If I can’t go to get it they always bring it over to the bungalow for me. I get the sun paper” and “The staff are very caring and let me help in the laundry.”

Likewise, a relative reported; “The carers give her independence but in a caring way. They always knock on her door and respect her privacy” and “The staff will always approach me and keep me informed if needed.”

We spent time with people using the service and their relatives during our inspection of Hill House. We found interactions between staff and people were kind, caring and personalised. We also observed people’s choices were respected and that staff communicated and engaged with people in a polite and courteous manner and took time to answer people’s questions.

Care files we looked at provided evidence of person centred planning processes. Care plans and associated documentation viewed had been signed to confirm people using the service or their representatives had agreed the details of any support required. Systems were also in place to regularly gather the views of people who had used the service via satisfaction surveys.

We asked staff how they promoted dignity and privacy when providing care to people at Hill House. Examination of training records and discussion with staff confirmed they had received training on the principles of good care practice as part of their induction and other training such as ‘working in an empowering way’.

Staff spoken with confirmed this training had helped them to understand how to provide person centred care and to respect people as individuals. It was evident from speaking to people using the service that staff applied the principles of treating people with respect, safeguarding people’s right to privacy, promoting independence and delivering person centred care in their day-to-day duties.

We found the registered manager had a good knowledge of her staff team and the people living at Hill House. Likewise, staff were observed to have a good understanding of people’s personalities, diverse needs and support requirements. Through discussion and observation it was clear that there was positive interaction and engagement with the people using the service and staff responsible for the delivery of care.

The information about people receiving care at Hill House was kept securely to ensure confidentiality. A statement of purpose and a service user guide was available for prospective and current service users to view. These documents contained a range of information about Hill House such as the details of the services provided and how to make a complaint.

Is the service responsive?

Our findings

We asked people who used the service if they found the service provided at Hill House to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual need.

Comments received included: “My key carer took me to see Olly Murrs, Simply Red and to the wrestling”; “My key worker took me out last week and I had steak”; “I asked my carer to bring me a fishcake and chips from the chip shop and I really enjoyed it”; “I really enjoy art on a Thursday when a volunteer comes in”; “I choose to get up at 6.45 am and go to bed between 11pm and 12 pm”; “The response is different at different times of the day but they do come as quickly as they can”; “I made a complaint years ago and the problem was addressed and they listened”; “I haven't made a complaint but if I did I would go to Annie (manager), Linda (assistant manager) or the carers as they are all approachable. I am lucky that I can communicate”; “My husband would help if I needed to complain but I have never needed to” and “I phone my mum every day and she comes to see me every Saturday. If I need to make a decision I would ask my mum or my sister but I can also ask my key worker for advice.”

Likewise a relative reported: “Staff took her to Manchester and Liverpool shopping which she loved”; “I have noticed she has never been left wet and that there are never any wet clothes in her clothes basket. They care well for her and make sure she is changed all the time” and “She is always busy looking at her calendar. She is really looking forward to seeing Shrek at the theatre”.

We looked at four care files and found copies of corporate documentation that had been developed by the provider. We noted that each person using the service had two files. One contained support plans and the other contained health care information.

Files viewed contained a range of information such as: key information; one page profiles; life history; personal support plans; preferred routines; care and support plans; risk assessments; planning for the future; decision making; personal emergency evacuation plans; hospital passports; health plans and appointment records; consent records; mental capacity assessments and associated documentation; reviews and monthly evaluation.

Records viewed provided evidence that people using the service or their representatives had been involved in care planning and people's needs had been assessed, planned for and kept under review.

A copy of Leonard Cheshire's complaints policy was in place to provide guidance to people using the service or their representatives on how to make a complaint. Details of how to raise a complaint had also been included in the service user guide.

The file for complaints was reviewed. This was noted to contain safeguarding records. We found in the file a list of six complaints from December 2013 to November 2014. Some records dating back to 2012 were also in the file and were in need of archiving. All had a case number allocated to them but there was no further information about the complaint or any outcome as information had been stored on an electronic management information system. We suggested that a spread-sheet be developed and placed in the front of the file to include the date received, synopsis of the complaint, investigation details, findings and outcomes. The registered manager agreed with this and confirmed that she would re-assess the current system. We saw that the information in files had been separated by day two of our inspection and that a dedicated file was in place for complaint records. This will help to ensure best practice and ensure a clear audit trail.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Hill House had an activity coordinator who was responsible for the development and provision of activities for people using the service. We were informed that a programme of activities had not been developed in order to respond flexibly to the daily wishes of people using the service.

We noted that people using the service had accessed various external venues such as: Blue Planet Aquarium; Chester Zoo; Knowsley Safari Park; Trafford Centre; seaside destinations; pantomimes; shopping trips and clubs.

During our inspection we observed people participating in a range of activities such as computer access; listening to music; art and craftwork; board games and jigsaws assisted

Is the service responsive?

by staff and a volunteer. People spoken with confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference.

Key information on Hill House was available in the reception area of the home and documents such as the service user guide were available for people to reference in each person's room.

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at Hill House to be well led. Feedback received confirmed people were happy with the way the service was managed but a number of people expressed concern that the registered manager was due to leave.

Comments received included: “Annie (registered manager) is very approachable and is friendly with all of the staff”; “I am really sad that Annie is leaving”; “I am very sorry Annie is leaving as I get on with her well”; “I am sad Annie is leaving and that we don't know who we are we going to get”; “My husband is upset that Annie is leaving as she and Linda (assistant manager) were part of the package that made him decide to put me here”; “I filled out a survey and you can get improvements depending on how you ask for it.”

Likewise, a relative reported: “She has been here for 18 years and I am very happy with the service.”

Hill House had a registered manager in place that had been in post since October 2006. The registered manager was present during the two days of our inspection and engaged positively in the inspection process. Staff were observed to refer to the registered manager by her first name which reinforced that there was a friendly relationship between them and a commitment to an “open door” policy from her.

The registered manager informed us that she was due to leave her post in the near future and that arrangements were in place for the care supervisor to act up into the role pending the appointment of a new manager.

We noted that an emergency plan had been developed to ensure an appropriate response in the event of a major incident. We also saw that there was a system of audits in place. These included: Infection Control; Medication; Person Centred Plans; Health and Safety; Rooms; Bed rails and Slings. This enabled the registered manager to monitor the service and identify issues and areas for improvement.

We checked a number of test records relating to: the fire alarm system; fire extinguishers; emergency lights; nurse call; hoisting equipment and slings; passenger lift; gas

safety and portable appliances and found all to be in good order. We noted that a fire risk assessment was in place and the personal emergency evacuation plans had been produced for people using the service.

Systems were in place to seek feedback from people using the service. We noted that the last surveys were distributed in March 2014. Records showed that the results had been analysed and a summary report and action plan produced during May 2014. At the time of our inspection the service was in the process of analysing the results of the most recent surveys collated.

A staff survey was distributed to staff by the organisation's head office during July 2014. The results had been analysed and an action plan produced.

Furthermore, a ‘Friends and Family’ survey was also distributed to staff by head office during December 2014. The manager reported that the surveys were returned to head office for analysis. At the time of our visit the results and action plan had not been received.

Other surveys had also been undertaken by the provider. For example, a ‘Key Conversation's Programme’ was undertaken during September 2014 to review a number of themes such as: activities; care and support; environment; networks; finances; independence; personal development; safety and staffing. Likewise, a national report which combines the results of service user surveys for each service is produced to enable the provider to identify national trends and issues.

We noted that daily handovers took place and that staff and service user meetings were coordinated throughout the year. Examination of records and discussion with staff confirmed that they had also received formal supervisions at variable intervals.

The registered manager is required to notify the CQC of certain significant events that may occur in Hill House. At the time of our inspection, records held by CQC revealed that we had not received any notifications for expected deaths, unexpected deaths and serious injuries in the last 12 months. The registered manager confirmed that there had been no incidents to report and demonstrated an awareness of the need to report notifiable incidents.