

Hill Care Limited

Burton Closes Hall Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Burton Closes Hall Care Home provides accommodation for people who require nursing and personal care. It is also registered to provide treatment for disease, disorder or injury and diagnostic and screening services. It provides accommodation for up to 58 people. There were 45 people using the service at the time of our inspection.

Our last inspection of 10 and 11 July 2014 found the provider was not meeting four regulations. These were in

relation to consent to care and treatment, care and welfare of people who use services, cleanliness and infection control and assessing and monitoring the quality of service provision. At this inspection we found that not all of the actions we required had been met and we identified further breaches in cleanliness and infection control, care and welfare of people who use services, assessing and monitoring the quality of service provision and complaints.

Summary of findings

This inspection took place on 11 and 16 March 2015. The first day was unannounced.

There was no registered manager at the service at the time of our inspection. 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. A manager had been appointed in November 2014 and they told us they intended to apply for registration.

Risk of infection was not well managed and people were at risk of acquiring infections. Parts of the home were not clean and staff did not always follow infection control procedures. There was damaged and dirty equipment.

The service was not following the guidance in people's risk assessments and care plans and people were at risk of unsafe care, particularly in relation to skin damage. People's records indicated they had not been turned as required to prevent pressure ulcers and some care records had not been updated to reflect changes in people's care needs. Referrals to external health professionals were not always made in a timely manner.

Systems to monitor the quality of the service were not always effective. Identified issues were not resolved in a timely manner and there had been little feedback obtained from relatives and staff.

Complaints were not always well managed. Since our previous inspection in July 2014, two people had raised concerns about the care of their relatives. The Local Authority had looked into one person's concern and found it to be substantiated. The provider had looked into the other person's concern and provided a written response.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support.

There were enough appropriately trained staff available at the service to meet individual needs.

People told us they enjoyed their food and we saw they were assisted to eat in a sensitive manner.

Consent to care and support had been sought and staff acted in accordance with people's wishes.

People were able to take part in hobbies and interests of their choice.

We found a four of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of this report.

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 not **safe**.

People were at risk of unsafe care because staff did not always follow guidance in risk assessments and care plans. Infection control procedures were not followed. Medication was not always administered as prescribed.

People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable people were employed.

Inadequate



Is the service effective?

The service was not **always effective**.

People's health needs were not always fully addressed. People received the support they required in relation to eating and drinking. Staff had completed sufficient relevant training.

Consent to care and support had been sought and staff acted in accordance with people's wishes. Principles of the Mental Capacity Act 2005 were known and understood.

Requires Improvement



Is the service caring?

The service was **caring**.

People were treated with kindness and compassion. Staff were mostly aware of people's choices, likes and dislikes and this enabled people to be involved in their care and support.

Good



Is the service responsive?

The service was not always **responsive**.

Concerns and complaints were not always well managed. People were encouraged to express their views and had been supported to participate in activities that they enjoyed.

Requires Improvement



Is the service well-led?

The service was not always **well-led**.

Systems in place to monitor the quality of the service were not effective. The manager was not registered with the Care Quality Commission, as legally required. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Requires Improvement



Burton Closes Hall 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 11 and 16 March 2015. The first day was unannounced. It was undertaken by two inspectors and a specialist advisor in infection control and complex needs.

We spoke with ten people using the service, four relatives, twelve staff including nurses, care staff, domestic and catering staff plus the management team. We spoke with one external health professional and officers of the Local Authority and Clinical Commissioning Group (CCG).

We looked at eight people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks on the quality and safety of people's care. We also looked at three staff recruitment records, five staff training records and medicines administration records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Our previous two inspections in July 2014 and October 2013 found that the service was not managing the control of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we asked the provider to take action to remedy this. At this inspection we found that the requirements of this regulation had not been met.

We saw staff did not follow best practice guidance regarding uniform and hand hygiene. For example, we saw staff wearing rings with stones and preparing food without tying their hair back. We also saw they did not follow infection control procedures; for example, we saw staff moving bags with soiled linen in without the use of gloves or aprons, we saw staff providing personal care without the use of gloves and aprons and failing to wash their hands after providing personal care. Therefore people were not protected from the risk of cross infection.

We saw some parts of the home were dirty. For example, kitchenettes in use in two areas of the home were not clean and were in a poor condition with damaged shelving, damaged 'cutting board' areas, broken tiles, damaged sealants and dirty grouting. One bedroom had a dust build up in the extractor fan and there was an offensive odour. Another bedroom had damaged sealant around the sink. One toilet had no toilet seat and no hand wash available and another had no clinical waste bin available. Some en-suite facilities did not have impermeable flooring, which meant they could not be cleaned thoroughly.

We also saw mobile hoists were dirty and staff did not know the frequency of laundering slings. There was damaged and dirty equipment such as cushions provided to support feet and legs, bed rail bumpers, bedside tables, radiator covers and a bed headboard. There was also stained bedding in use. There was no documented system for checking the cleanliness of mattresses and pressure relieving cushions or for routine checks of slings and hoists. Therefore people were not being cared for in a hygienic environment which placed them at risk of cross infection.

We found that although some improvements had been made, infection control practice did not fully protect people from the risk of infections. For example, new bedding had been purchased but we found stained bedding was still in use. We found the audits and

monitoring in place were insufficient to eliminate poor practice. There were two kitchen audits which noted staff required appropriate footwear, however these audits did not indicate whether action had been taken to resolve this matter. The last meeting for staff on infection control and prevention was documented as 14 May 2014. Staff did not know where to locate the infection control policy and procedures.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2010 which corresponds to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. We have taken action to protect the people using the service and will report on this when it is complete.

Our previous inspection in July 2014 found people were not always receiving the health care they needed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we asked the provider to take action to remedy this. At this inspection we found that the requirements of this regulation had not been met.

We saw people's care plans and risk assessments were not always followed and that care was not always provided in a safe way. For example, we saw oral hygiene was not always carried out as designated in one person's care plan. Staff had not cleaned their mouth after a meal and they had a dry mouth with thickened saliva. We also saw records of the turning people required to prevent pressure ulcers were unclear and did not always clarify if the person had been turned as stated in their care plan. For example, we saw one person required turning every two hours. The record indicated that there were gaps in the person being turned for up to nine hours. This meant the person was at increased risk of developing pressure ulcers as the care provided did not mitigate against the risks that had been identified.

We also saw one person's care plan said they required the availability of a suction machine at mealtimes due to the risk of aspiration. We saw there was no machine available in the dining area during the lunchtime meal. Therefore it was not easily accessible should this person have experienced difficulties when eating.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities

Is the service safe?

Regulations) 2010 which corresponds to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. We have taken action to protect the people using the service and will report on this when it is complete.

People told us they were satisfied with the way their medicines were managed. One person said “They are very good with them.” Our observations showed that staff administered medicines safely and ensured people had time to take their medicines. We saw them encourage people where necessary.

However, we found there were some shortfalls in the systems in place to safely manage medicines prescribed for people using the service. These included making sure medicines were kept at the correct temperatures. The records showed that there were occasions when the medicine storage room temperature exceeded the recommended temperature of 25 degrees for safe medicine storage. It is important to store medicines at the correct temperatures to ensure they do not deteriorate and remain effective.

Records were kept of medicines received into the home and when they were administered to people. The majority of medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. However, we found one person’s medicine stock did not match the record. There were more tablets available than the record indicated. This meant there was the potential for the person not to have received their medicines as prescribed. There was a lack of clarity with one person’s medicine prescribed to manage their seizures. Although there was a protocol in place it did not specify how much time should elapse between administrations. Staff

therefore did not have clear guidance about how this should be administered in an urgent situation. This was brought to the attention of the deputy manager who agreed to clarify the administration procedures with the prescribing doctor.

People using the service confirmed they felt safe when being assisted with personal care and that staff were kind. There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider’s policies and procedures for further guidance. Records confirmed training was up to date. They were able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

People told us there were enough staff to meet their needs. We saw people were assisted in a timely manner when they requested support. We looked at rotas for March 2015 and saw the number of staff on duty consistently confirmed the daily numbers we saw during our inspection. Staff also told us staffing numbers were adequate to meet people’s needs. The manager told us she had authority to recruit agency staff to cover any shortfalls if required.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. People were cared for staff that had been robustly recruited to ensure they were suitable for the role.

Is the service effective?

Our findings

We received information in December 2014 that suggested the service was not effective in maintaining people's health and welfare. One person had not been referred for a dental consultation since 2006 and had suffered tooth decay. This had resulted in a recent recommendation that all teeth now required removal. This had been looked into by the Local Authority and confirmed that the person concerned had not received appropriate health care.

This was a breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2010 which corresponds to Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. We have taken action to protect the people using the service and will report on this when it is complete.

People told us they saw a doctor or nurse when required. Care plans were regularly reviewed and detailed any support provided from outside health care professionals. This included chiropodists, specialist nurses and speech and language therapists.

At our last inspection in July 2014, we found the provider did not have suitable arrangements in place where people did not have the capacity to make decisions. There was insufficient information available for decision making and it was unclear who had supplied it. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2010. We looked to see if improvements had been made during this inspection and found the requirements of the regulation had been met.

Mental capacity assessments were completed for each person receiving care, to meet with the requirement of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Senior staff we spoke with understood the basic principles of the MCA. Staff had undertaken assessments of people's capacity in relation to specific decisions such as use of lap belts, bed rails and medicines. We saw external professionals had been involved in assessing people who did not have capacity to make decisions to ensure any decisions made were in their best interests.

Staff demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff had recognised when people may have been deprived of their liberty and had followed the appropriate procedures to ensure this was lawful.

People were supported to make choices and asked for their consent whenever they were able. For example, a person who had capacity had refused consent to being weighed and receiving a specific medication. This was documented in their records and staff acted in accordance with their wishes. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed, dated and their purpose was clear.

Staff we spoke with told us they had access to information and training to understand the needs of people using the service. One staff member described the access to training as good and said they had received training in dementia. Training records we saw showed most staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service, such as dementia and pressure area care.

We asked people about the food and drink available at the home. One person told us, "I always have drinks here (on the over bed table) and always have a drink on the shelf beside my bed. I like drinks and they are always available." Another person said "The food is very good and the chef excels in puds and cakes. I don't know how they make them so light."

People were supported to maintain good nutrition. We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We saw there was a choice on the menu and that people were offered alternatives if they did not like the menu choices. We looked at available food stocks and saw they were plentiful and nutritious. We saw that people had drinks beside them in the lounge areas and in their bedrooms.

Staff had an understanding of people's nutritional needs and specialist diets. They were able to describe the requirements of a specific diet and we saw specialist food

Is the service effective?

items were available to meet this dietary requirement, as detailed in their nutritional assessment. We saw the majority of staff had undertaken two yearly training in nutrition and this was up to date.

People who were nutritionally at risk had food and fluid intake charts in place. We looked at a sample of these and found detailed daily records of food and fluid. Fluid intake had been recorded throughout the 24 hour period

(including nights) had been totalled daily and where there were concerns about intake the GP had been informed. However, these were completed retrospectively which made it difficult to ensure their accuracy.

We saw the premises were suitable for people with disabilities with lift access between floors and access to outside space. Staff told us people in one area of the home had been involved in making decisions about the décor. Consideration had been given to their individual needs and preferences in the design and decoration of the service.

Is the service caring?

Our findings

Most people were pleased with the care and the way staff treated them. One person told us they were “Very happy with the standards of care provided by staff. They are all excellent and without doubt totally committed.” Another told us “They are always very, very kind.”

Most relatives praised the care provided. One said “Staff are very good’ and another said “The staff are absolutely lovely.”

The majority of staff interactions were caring. Most staff on duty were heard and observed to communicate with people effectively. We saw warm relationships and engagement between people using the service and staff. People were listened to and most had positive responses from staff.

However, we saw one person did not receive assistance to use the toilet in a timely manner and became agitated whilst waiting. We saw staff in the area did not respond to their calls for assistance. We also saw they did not receive any stimulation during our observation. We spoke with staff and they told us the person “doesn’t like being around people”.

Two people using the service told us their privacy and dignity was respected. A person recently admitted to the home said, “They are wonderful carers and have exceeded my expectations. Staff speak to us respectfully and my dignity is protected at all times.” Another person told us, “I am treated well. My dignity is respected. I like to have my bedroom door open so that I can see people passing, but the door is closed as soon as personal care starts.”

We observed privacy and dignity being respected when people were receiving care and support during our visit. Staff were able to give us examples of respecting dignity when supporting people with personal care. The manager told us the service was working towards achieving a dignity award via an external agency and had designated staff who were dignity champions.

We found people were involved in planning their care and in reviews of their care. We saw they were offered choices in their daily routines. Staff were able to describe how they offered choices to people, for example, regarding clothes to wear and what hobbies and events were on offer. We saw where people were able to refuse options, their choice was respected.

Is the service responsive?

Our findings

People confirmed they knew how to make a complaint. One person told us “I would speak to the manager” and a relative said with regard to requests made to staff “I can guarantee it will be done”. People we spoke with during our visit said they were confident of a courteous response from the manager to any concern they may raise.

We received information in December 2014 that suggested complaints were not always properly investigated. During our inspection we looked at complaints records and found the provider had not properly investigated the significant issues of concern raised and had not responded appropriately. There was no evidence that the systems in place to handle complaints had been properly implemented in this instance. The complaint received remained an on-going issue at the time of our inspection and so had not been responded to in a timely manner.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2010 which corresponds to Regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people about their experiences of admission to the home. One person told us, “I was assessed by (nurse from service) in hospital. I was involved and able to say what I needed and expected of the service. I like to spend time in my bedroom and have my meals served here. They provide the service I want them to. I am very satisfied with it.” The provider ensured an assessment process was in place prior to people starting to use the service. This was confirmed by records we saw.

Most people were supported to participate in hobbies and interests that they enjoyed, for example we saw people knitting and participating in craftwork. We were also told that people were involved in a community tradition of ‘well dressing’, which involved making pictures from natural materials such as flower petals. People cared for in bed were provided with individual 1:1 support so they had regular contact and interactions with the staff team. One person told us “I have settled well, the staff are really good. I like to stay in my bedroom to pursue my interests, I like reading and watching certain special TV programmes.”

However, some people were not consistently supported with opportunities to use the outside space. The manager told us they were looking into improving this. One person had not been able to go out as they did not have an appropriately maintained wheelchair. We found their wheelchair had been designated unfit for outdoor use but an alternative had not been sourced.

The care records we looked at were focussed upon people’s individual needs and contained detailed and important information to assist staff in providing care and support to people in the way they wished. They were reviewed monthly by nursing staff and there were 6 monthly reviews involving people using the service, family and relevant others. We saw that positive changes had been made to some care plans or aspects of care through these discussions with people. Individual care plans and planned actions were in place and contained specific directions for staff on how to support the person.

Is the service well-led?

Our findings

Our previous inspections in July 2014 and October 2013 found that the provider's systems to monitor the quality of the service were insufficient. This was a breach Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2010 and we looked to see if improvements had been made. Although there were some robust monitoring systems in place, such as evaluation of accidents and falls, we found others checks continued to be insufficient. The provider had not always identified issues relating to infection control and people's care and welfare. The records did not always indicate what action had been taken to resolve issues. For example, a kitchen audit had identified a fly screen was required in November 2014 and again in the audit of February 2015.

Systems in place to monitor and improve the service provided were not always effective. There was a system for sending surveys out to people to gather their views, however this had not been used by the manager and no recent satisfaction surveys had been undertaken. Meetings for people who used the service, their relatives and the staff team had been poorly attended.

This was a breach Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities Regulations) 2010 which corresponds to Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the manager about this and they told us they operated an open door policy for people and welcomed people's views and opinions. They were in the process of trying to improve the attendance at meetings so feedback about the quality of service provision could be obtained.

The manager was not registered with the Care Quality Commission as legally required. The manager had been in post since November 2014 and told us they were starting the process of becoming registered.

People we spoke with and the staff team had confidence in the manager. One relative told us the home was now "more organised and calmer." Staff told us they found the manager supportive and one staff member said, "I can't praise her enough, she listens."

We saw the staff team were well organised and everyone was going about their duties efficiently and were clear about what was expected of them. Some staff had specific roles, for example the deputy manager told us they were taking responsibility for improving care plans, medication and staff supervision.

There was a senior management team in place to support the manager, including senior care staff, qualified nurses and a deputy manager. The manager described the support they received from the provider as good.

Records showed that staff supervision took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and were positive about their job role. One staff member said "I like my job."

The manager told us they were developing and maintaining links with other community services to enhance people's lives and the quality of service provision. The home was involved in a local event that engaged different community groups. Contact with local churches and schools had also been promoted. The manager also maintained professional contacts with relevant agencies such as the local authority and local medical centres.

The provider notified the Care Quality Commission of important events and incidents affecting the service, as legally required. Records were stored securely.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints Regulation 19 of the Regulated Activities Regulations 2010, which corresponds to Regulation 16 (1) and (2) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. Complaints and Receiving and Acting on Complaints People were not receiving proper responses to their complaints. Regulation 19 (1)(2)(c) and Regulation 16(1)(2) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Regulation 10 of the Regulated Activities Regulations 2010 which corresponds to Regulation 17 (1) (2) (a) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. Assessing and Monitoring the Quality of the Service and good Governance Systems to monitor the quality of the service were not effective and people's care and welfare had not been upheld. Regulation 10 (1)(a)(b) and Regulation 17(1)(2)(a)(b) |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|---|--|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 of the Regulated Activities Regulations 2010 which corresponds to Regulation 12 (1) (2) (b) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014.</p> <p>Care and welfare of service users and Safe care and treatment.</p> <p>People who use services and others were not protected against the risks associated with unsafe care because of risk assessments and care plans were not being followed. Regulation 9 (1) (b)(i)(ii) and Regulation 9 (1) (a)(b) and (3)(b)</p> |

The enforcement action we took:

We have issued a Warning Notice to ensure the provider meets the Regulations by 12 May 2015

| Regulated activity | Regulation |
|---|--|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 of the Regulated Activities Regulations 2010, which corresponds to Regulation 12 (1) (2) (h) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014</p> <p>Cleanliness and Infection control and Safe care and treatment.</p> <p>People were not protected from the risk of infections.</p> <p>Regulation 12 (1)(a)(b)(c) and (2) (a) and Regulation 12 (1)(2)(h)</p> |

The enforcement action we took:

We have issued a Warning Notice to ensure the provider meets the Regulations by 12 May 2015