

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Hill House - Care home with Nursing Physical Disabilities is a residential care home providing personal and nursing care to up to 24 people. Each person had their own en-suite bedroom and access to communal lounges and adapted bathrooms. Separate to the main building is a bungalow which provides activities and facilities for people to use. At the time of our inspection there were 24 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support :

People's support plans were developed through personal centred support planning tools. These were up to date and reflected the person's support needs, wishes and preferences. Assistive Technology was available to support people's independence for those who wishes to engage with this.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. The design and layout of the property made it accessible for a person with a physical disability, with bedrooms personalised to the individual.

Right Care:

People were supported by staff who knew them well and who had a good understanding of their needs. Staff received the training they needed to support people effectively. Additional training was planned to ensure staff had the appropriate skills to support people with a learning disability. People told us they were happy with the support staff provided.

Right Culture:

The service was well-led and staff were supported by the management team and registered manager. The registered manager had systems in place to protect people from abuse, with internal and external processes in place for reporting concerns.

Staff told us they felt supported within their roles. People told us they felt safe with the support they received and could speak to the registered manager if they had a problem.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 December 2019).

Why we inspected

We received concerns in relation to staffing levels, aspects of health and safety and the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hill House - Care home with Nursing Physical Disabilities on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect .

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hill House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Hill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hill House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who lived at the service and 2 relatives about their experience of the care provided. We also spoke with a visiting health professional.

We spoke with 12 staff including the registered manager, duty manager, nurses, team leaders, care staff, domestic staff and the Assistive Technology team.

We reviewed a variety of records relating to the management of the service. We reviewed 7 care plan records and sampled medication records. We reviewed 6 staff files in relation to recruitment and staff supervision.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Allegations of abuse were reported appropriately to other agencies. Policies and procedures were in place which supported this practice.
- People told us they felt safe. One person said, "I feel safe. Very, very good. I would speak to one of the nurses. They ask if I am okay."
- Staff received training appropriate to their role and told us they felt confident any concerns would be addressed appropriately. One staff member told us, "I have no concerns about care. I would raise it if I did. It would be dealt with straightaway."

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed. Care plans and risk assessments were in place which provided staff with guidance on how best to keep people safe from harm.
- Appropriate systems were in place to ensure health and safety, including fire safety was maintained. This included safe use of equipment. Audits were in place to ensure that systems remained robust.
- Each person had an Personal Emergency Evacuation Plan (PEEP) in place. PEEP's describe the support a person needs to safely evacuate from the building in an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Recruitment processes were robust. Checks were carried out to ensure suitable staff were employed. This also included checks on agency workers.
- Disclosure and Barring Service (DBS) checks were carried out by the employer during the recruitment

process, this provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- There were enough staff on duty to meet people's needs, however there was no recognised tool used to determine safe staffing levels. We raised this and the registered manager told us this would be addressed.
- We were told there were sufficient numbers of staff. One person who used the service said, "It's gorgeous here. There are enough staff. It's fabulous." A staff member added, "Staffing is okay. Had a lot of agency but recently recruited. They were regular agency staff."

Using medicines safely

- Medicines were safely managed. Accurate records were maintained.
- People received their medication as prescribed. One person told us, "No concerns about meds. Staff have explained to me what my meds are for."

Audits were completed monthly by the deputy manager. The registered manager also had oversight.

- Controlled drugs were appropriately managed and stored.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. During the inspection one resident was positive of COVID-19 and self-isolating within their bedroom. Appropriate systems were in place to manage this.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

During the COVID-19 pandemic the service had introduced a booking system for visiting. Whilst people were not refused a visit, one relative described the arrangements as 'strict'. One person living at the service felt the booking system was, "Not necessary." We discussed the latest national guidance with the registered manager and the booking system was immediately stopped.

Learning lessons when things go wrong

- Systems were in place to record and monitor incidents and accidents.
- Regular governance meetings were held with the nursing team. This gave staff a forum to review when things had gone wrong.
- Audits and actions plans were in place to support improvements.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Required Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt supported within their roles. One member of staff told us, "Management are very good. [The registered manager] is very organised and gets things done. We have regular meetings."
- Assistive Technology was incorporated into people's daily living to enhance their independence and support communication.
- We received positive comments about the care people received. One relative said, "On a whole it's a great place." People who used the service told us, "I would recommend here. No problems at all. It is fantastic. The staff are one of the best" and, "This is my 5th Christmas here. I like it. I have been lucky. The staff are bloody great and do a great job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their requirement of the duty of candour. Systems were in place for reporting with a clear pathway of escalation to senior management.
- Throughout the inspection the registered manager and management team were open and transparent to feedback given, addressing any queries or concerns throughout.
- There was a process in place to respond to concerns. One relative told us if they had any concerns, "They are addressed promptly."

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

- There was a provider led governance system underpinning assurance within the service. The management team understood their responsibilities for recording and reporting on events which occurred.
- A Quality Assurance Framework audit schedule was in place. The registered manager gained assurance using the provider's audit tools.
- A system was in place to monitor training and competencies in the service. The deputy manager understood their responsibilities around monitoring these.

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

- Regular meetings took place at Hill House with people who used the service. These were chaired by the management team. This gave opportunity for people to give feedback regarding the service.

- Staff received regular supervisions with their line manager throughout the year, alongside a yearly appraisal.
- Regular team meetings were completed with the staff team at Hill house. A new member of staff told us they felt, "Well supported" and was, "Enjoying their role."
- People had opportunities to review their support. One person said, "Every 3 months I get asked if I want to change anything."

Continuous learning and improving care

- The registered manager was responsive in acting to queries raised during this inspection.
- Senior managers had a visible presence at the service. Visits evidenced an approach to review concerns recorded under complaints, accident or incidents and investigate or respond to issues within the service.

Working in partnership with others

- The service worked in partnership with other agencies. One visiting professional spoke positively of this working relationship and told us, "I work in a lot of care homes and I think they do really well."
- Hill House had an externally funded Assistive Technology team based at the service who worked with the staff team to promote and embed new tools to enhance resident's independence. The service utilised a variety of assistive technology methods which helped people to communicate and make decisions about their care.