

Hewitt-Hill Limited

# Hill Barn 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hill Barn Care Home is a residential care home providing personal care to up to 26 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 25 people using the service.

Hill Barn Care Home provides accommodation over the ground floor in a single building. There are two communal lounges and large grounds.

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

Improvements were needed to recruitment processes. The provider had recently implemented a staff file audit to address this going forward. Whilst there appeared to be sufficient staff, we noted some improvements needed around the deployment of staff. This was to ensure people in communal areas were not left for extended periods of time on their own. We found some areas of the environment could pose a potential risk. The provider had identified these and actions were planned to address these following the inspection.

People and relatives spoke highly of the quality of the meal provision. We identified some further improvements needed to ensure people were better supported with their meal options and choices. The physical environment required some refurbishment. This included in relation to improving the environment to meet the needs of people living with dementia. The provider had a list of planned works such as refurbishing bedrooms and carpets.

Some governance systems required further work to ensure they were robust. The provider had identified this and was in the process of reviewing and putting in to place new audits. The registered manager was passionate and committed to the service but had had limited management support, this had restricted their ability to improve and develop the service. At the time of the inspection the provider was in the process of putting in place additional assistance to support the registered manager.

Staff had a good understanding of how to support people to stay safe. Risks to people such as in relation to pressure care and malnutrition were well managed. Systems were in place to support oversight and management of identified risks, this included in relation to incidents. Staff had a good understanding of adult safeguarding and how to report concerns. People received their medicines safely.

People's bedrooms were pleasant and personalised. The registered manager emphasised the importance of staff knowing people as individuals and ensuring their rooms reflected this. Nationally recognised tools to assess risks to people's skin integrity and malnutrition were used. Staff felt well supported to carry out their roles, they received a range of training. People and relatives told us they had confidence in the staff team. Staff monitored people's health and were proactive in ensuring they access health care when needed.

People's consent to care had been sought and their ability to do so assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a kind and caring staff team. People and staff spoke positively about the kind care they received. Staff demonstrated they cared about the people they supported and each other. People's spiritual needs were supported as well as relationships with important people in their life. People were listened to about their care.

People received person-centred care. This was supported by a stable and consistent staff team who knew the people they supported well. People told us they did not feel restricted and their individual preferences around their routines were supported. People and relatives told us they were happy with the activities on offer. Where people preferred to stay in their rooms staff had ensured they were kept stimulated in line with their preferences.

There was a positive person-centred culture in the home. Staff spoke positively their role and the support they received from the registered manager. Relatives told us the communication was good and they felt involved in the service. The service had a homely feel, with a family ethos and atmosphere. A family member said, "The home is a 'homely home'. It's not a hotel. There may be posher places around, but this is a true care home. There's a low turnover of staff and management and the chef has been there years. Continuity of care is so important I believe."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good published on 01 November 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hill Barn Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hill Barn Care Home name 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 Barn Care Home is a care home without 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 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 5 people using the service and 6 relatives about their experience of using the service. We spoke with 8 staff, this included the registered manager, the operations director, 2 senior care assistants, 3 care assistants and a member of the domestic staff. During the inspection we carried out observations of the support provided and reviewed the care records relating to 4 people's care and 3 people's medicines. We reviewed a range of records related to the running of the service. This included audits, training records, meeting minutes, environmental risks, medicines management, and records relating to incidents.



# 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 under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and improvements in these areas were needed. This put people at risk.

### Staffing and recruitment

- Some improvements were needed to recruitment processes. This was because some staff did not have full employment histories or recent staff photos on file. The provider had recently implemented a recruitment audit to support the reviewing of staff files.
- During our inspection we observed people sitting in one of the lounges without staff present for most of the morning. During lunchtime people were also left on their own whilst eating. Whilst we did not observe people to be significantly at risk. This was a concern as some people were living with dementia and it was not clear how they would get help should it be required.
- We discussed this with the management team who explained that the workstation for staff was located down a corridor away from this lounge. Staff had to be in this area to log electronic notes. The provider was in the process of installing better Wi-Fi provision to address this issue.
- People and relatives told us they felt there were enough staff, and they did not have to wait too long for assistance. Staff felt some improvements in staffing could be made to enable them to spend more time with people and be less task focused. They did not feel staffing levels put people at risk.

### Assessing risk, safety monitoring and management

- Most environmental risks were well managed. We identified some potential risks relating to an unsecured first floor, gaps in the fence around the pond, and access to the garden. These risks were identified within the provider's action plan and dates to secure were provided.
- Some gaps in weekly fire and water checks were identified. The provider had appointed a new member of staff to take over maintenance within the care home. They had started working in the home during the week of the inspection.
- People's individual risks were understood and supported. People and relatives told us they felt risks were well managed. One person said, "Yes, I do feel safe. The staff are very careful when they hoist me."
- The registered manager and staff understood people's risks. Clinical trackers were in place which supported the registered manager to monitor changing levels of risks in relation to areas such as weight loss and falls.

### Using medicines safely

- Most medicines were stored safely, however we found in one room, out of date topical creams and a prescribed emollient. In another room we found a denture adhesive unsecured. These substances can cause harm if ingested.
- People received their medicines safely. One person said, "They do my medicine beautifully." A relative told

us, "The staff are good with pills. Recently [family member] had a chest infection and they contacted the GP for antibiotics."

- Staff used an electronic system to manage and record medicine administration. We reviewed this which demonstrated people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in adult safeguarding. They demonstrated they understood this area and how to report concerns during our discussions with them.
- Safeguarding concerns had been appropriately identified and reported as required.
- Information for people on safeguarding was displayed within the home.

Preventing and controlling infection

- Areas of the home required redecoration. We found damage to walls and skirting boards. This makes these areas harder to clean and maintain good infection control. The management team confirmed a plan of redecoration was in place.
- We observed the environment was clean and regular cleaning was taking place.
- Personal protective equipment was supplied to staff and used when required.
- Staff had received training in infection control and audits in this area were carried out.

Visiting in care homes

- There were no restrictions on visiting.

Learning lessons when things go wrong

- There was a system in place to report and review incidents. The registered manager carried out root cause analysis of incidents to help identify any learning points.
- Staff told us the registered manager discussed issues within the service and listened to their ideas for improvements. One told us, "It's very much what about this and let's try that."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Improvements were needed to support people to make choices on the food offered. No visual menus were on display. Whilst written menus were placed on tables these were not accurate for the food given on the day of our inspection. We observed some people were unable to read the menu on a large blackboard and did not know what the options were.
- One person told us they were looking forward to eating a particular meal on offer but were not served this. When they queried their meal with a member of staff no attempt to offer a different preferred meal was made. Another person told us they did not like the vegetables provided to them and as a result did not eat them.
- Whilst the lunchtime meal was well organised the staffing levels meant that people who required support to eat had to wait. This meant some people were seated or near other people who were already eating. This was not conducive to a good mealtime experience.
- Systems were in place to ensure people ate and drunk enough. This included monitoring people's fluid intake and meals where intake was a concern. A relative told us weight had been a significant concern for their family member. They said since living at the service they had been supported to reach a healthier weight.
- People and relatives spoke positively about the quality of the food provided. One person said, "The food's lovely. We get asked in the morning to choose which lunch meal we want. The food is hot and appetising." A family member told us, "The quality of the food is good. I've eaten there a couple of times."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Improvements were needed to ensure the environment met the needs of people living with dementia and incorporate best practice guidance. Dementia friendly signage was not in place, this included signage to help people identify their own bedrooms.
- The general environment required some refurbishment and redecoration. The management team confirmed this work would be undertaken and was in the process of being planned.
- People's bedrooms were personalised. The registered manager emphasised the importance of staff knowing people as individuals and ensuring their rooms reflected this.
- Recognised national tools to assess areas relating to skin integrity and malnutrition were used.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been made appropriately and a system was in place to ensure these were monitored and renewed when needed. We found some people living in the service would benefit from a review of whether a DoLS application was required. We discussed this with the registered manager who said they would undertake this.
- Staff had a good understanding of the MCA and how to support people with decision making.
- People's consent to their care had been sought. MCA assessments had been carried out as needed.

Staff support: induction, training, skills and experience

- A range of training was in place for staff. Staff told us this was effective, and they felt well supported in carrying out their roles.
- Regular supervision and staff appraisals were carried out.
- People and relatives praised the staff team's knowledge and competence. One person told us, "I've got great confidence in them." Whilst a relative said, "I completely trust the staff and so does my (family member). Yes, I believe they've got the skills to look after people."

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

- Relatives told us staff monitored people's health closely and acted when required. One relative said, "Staff member who is brilliant knew [family member] wasn't right so on a Sunday they got the triage service involved, sure enough [family member] had a chest infection and they prescribed antibiotics. The staff really know their residents and do everything they can to keep them well."
- People were supported to access routine health care services such as opticians and chiropodists.
- People's health needs and the support they needed was considered within care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives praised the kind and caring nature of the staff team. A person told us, "The staff are great. Kind and caring and they show respect." Whilst a relative said, "The staff are the most kind and caring people."
- We observed staff supporting people with kindness and care. There was a pleasant, relaxed atmosphere with staff and people laughing together.
- Staff spoken with told us the staff team was a very caring one which was committed to the people they supported. One staff member told us, "We've got a good team of staff. We all care about what we are doing. The residents are at the forefront of what we do, the staff are all on the same page with that."
- People's spiritual needs were considered and supported. The service had developed links with the local vicar who visited the service and also carried out services.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives felt listened to and able to express their views. A person told us, "Always [listened to]. The carers are very good." A relative told us, "The residents are definitely listened to."
- People's views were sought via formal surveys and regular resident meetings.

Respecting and promoting people's privacy, dignity and independence

- During our visit we observed the care station which was situated in a corridor was not secure. We noted people's care files were on the desk and the computer had been left unlocked. This meant confidential information was accessible to visitors and people living in the service.
- People and relatives told us staff supported their dignity and independence. A family member told us, "[Staff] really try to encourage [family member] to do things."
- Staff had received training in dignity and respect.
- We observed staff protected people's dignity. A signage system was in place to help visitors know if personal care was being given and not to enter the room.

# Is the service responsive?

## Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us they felt the care they received was person centred. A person told us, "Yes [person centred] the care is excellent." A relative said, "Very much so. [Family member] is treated as an individual."
- People were supported by a stable and consistent staff knew who knew them well. This helped ensure the care met people's individual preferences. A relative said, "The staff know the residents so well and this brings truly personal care."
- People told us they did not feel restricted and could do what they wanted when they wanted. Staff told us they varied their support around people's preferred routines.
- People's care plans contained information about their preferences and social histories.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed. Further work was needed to ensure some information, such as menus, were accessible to everyone in the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activity provision had been hampered by a lack of consistent activities coordinator. However, care staff told us they tried to ensure people still received social support and activities. The registered manager had ensured activities were still organised, such as flower arranging and a recent fete.
- People and relatives told us they were happy with the activities on offer. One person said, "They're starting to do more. We've had flower arranging and we play bingo and join in with music." A relative told us, "There's bingo, talks, music, a church service and they've done flower arranging which a lot of people enjoyed."
- Some people preferred to stay in their rooms and staff had supported them to ensure their interests were met. For example, some people had bird feeders placed outside their windows so they could watch the birds and other people used voice activated virtual assistant technology to play music they liked.

Improving care quality in response to complaints or concerns

- Complaints had been logged and responded to appropriately.
- Information on how to complain was not included within the care home's service user guide. However, people and relatives told us they felt the registered manager was approachable and listened to them. A relative said, "[Registered manager] is excellent, efficient, helpful and easy to talk with."

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- People and relatives were supported to consider and discuss their end of life wishes. End of life care plans were in place.

# 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 under the previous provider, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems had identified some areas for improvement but were not wholly effective. Further work was needed to ensure robust audits were in place which also evidenced good provider level oversight.
- The provider had recently appointed an operations director who was in the process of reviewing and implementing a new audit system.
- Whilst audit systems required further work, the registered manager had good oversight of the service and people's needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had been running the service on their own with no additional management support. Whilst they were clearly passionate about improving and developing the service, this had restricted their ability to engage in learning and development.
- The provider was in the process of appointing a deputy manager and had recently deployed an administrator into the home to support the registered manager. The operations director told us this would help support the registered manager to develop and drive improvements in the service.
- Restrictions on the registered manager's time and no activities co-ordinator for period of time had also limited community networks being developed. The registered manager confirmed they were in the process of engaging and developing activities with a local intergenerational group.
- An action plan was in place to help improve the service. This evidenced actions being taken to address issues identified. The registered manager had oversight of this, and it was kept under review.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive person-centred culture in the service. Staff spoke about how much they enjoyed their job and cared for the people they supported. A staff member told us, "We're here for everybody, for one another and for the residents that's the most important thing."
- The service had a homely feel, with a family ethos and atmosphere. A family member said, "The home is a 'homely home'. It's not a hotel. There may be posher places around, but this is a true care home. There's a low turnover of staff and management and the chef has been there years. Continuity of care is so important I believe."
- Systems were in place to ensure people, relatives, and staff were listened to and their views acted on.

Relatives told us communication was very good and they were kept involved and up-to-date. A relative said, "[Family member] feels safe and they care for them so well. The staff phone me if there's anything I need to know. We do surveys occasionally and I'm going to try to get to meetings."

- Everyone we spoke with spoke very positively about the registered manager. Staff told us the registered manager was very supportive and committed to the people in the service. A staff member told us, "[Registered manager] is absolutely amazing, she actually cares you can see it and you can feel it." Whilst another said, "It's very much a team rather than I am the manager and you are doing this."

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 responsibilities under duty of candour.
- Relatives told us they were informed of incidents involving their family member.