

Bupa Care Homes (AKW) Limited

# Hill House Care Home

## Inspection report

Elstree Hill South  
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Hertfordshire  
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27 May 2022  
27 June 2022

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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 is a care home registered to provide accommodation and personal and/or nursing care to up to 75 people. The service provides support to older people, some of whom may be living with dementia. The service is a three-storey building, divided into six units, with extensive gardens that people can access.

At the time of our inspection there were 54 people living at the service, with four additional people having been admitted to hospital.

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

People received safe care and support. Staff understood their safeguarding responsibilities and the procedures to follow should they have any concerns.

Risks to people's health, safety and wellbeing were assessed and managed. People's care plans detailed current risks and included guidance for staff.

There were enough members of staff. Staff were visible and able to respond promptly to people. Safe recruitment processes were followed.

Medicines were managed safely, with people receiving their medicines as directed by the prescriber. Infection control measures were followed, and staff had access to sufficient Personal Protective Equipment (PPE).

The service was well-led. There were robust assurance systems in place to monitor quality across the service. Actions were taken and improvements were made, when identified.

The registered manager used a number of forums to seek feedback from people, their relatives and staff. The outcomes of audits, checks and feedback received were used to drive improvements at the service. The registered manager and provider had effective oversight of the service and used a 'Quality Improvement Plan' to ensure action was taken in response to the findings of assurance processes. The service worked in partnership with outside agencies.

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.

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

This service was rated good (published 19 December 2017).

At the last inspection, the service was not rated (published 14 April 2021).

#### 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?**

**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

## 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

This inspection was completed by one inspector.

#### Service and service type

Hill House Care Home 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 Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

This inspection was announced.

Inspection activity started on 27 May 2022 and ended on 27 June 2022. We visited the service on 27 June

2022.

#### 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 information gathered as part of monitoring activity that took place on 22 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people about their experience of the care provided. We also observed people and staff interaction to help us understand the experience of people who were able to only give us limited feedback about their experience of the care they received. We spoke with six members of staff including the registered manager, deputy manager, nurses and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment.

A wide variety of records relating to the management of the service, including audits and monitoring records, feedback, the 'Quality Improvement Plan' and meeting minutes were also reviewed.

# 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 told us that they felt safe and were seen to be relaxed and comfortable when being supported by staff.
- Staff had received safeguarding training and knew what to do if they identified any concerns.
- Systems were in place to safeguard people from the risk of abuse. When safeguarding concerns were raised the registered manager was open and transparent in working with relevant professionals and the local authority.
- Information regarding safeguarding and how to report concerns was displayed throughout the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed. Where risks had been identified, there was guidance for staff on how to minimise these to reduce the possibilities of people being injured or harmed.
- Frequent reviews of people's needs took place and assessments of risk had been updated when people's needs changed.
- Accidents and incidents were well managed. Systems were in place to record and review any untoward events. A review of these took place to assess if any lessons learnt could be identified to improve outcomes for people.
- Any lessons learnt were shared at team meetings and group supervision sessions.

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

- There were enough staff deployed to meet people's needs.
- Staff were visible and accessible to people and responded promptly to any requests for help and support.
- Staff were recruited safely. Appropriate checks were carried out to assess staff's suitability for employment. This included a Disclosure and Barring Service check (DBS) and uptake of references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. There were clear procedures for the receipt, storage, administration and disposal of medicines.
- People were receiving their medicines as instructed by the prescriber and all records reviewed were completed fully.
- Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements were in line with latest guidance. People were able to see their relatives and friends at a time that suited them.



# 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 good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback about the atmosphere and management at the service was positive.
- Regular 'resident's meetings' were held for people to provide information, share news and learning, and to make decisions about the service.
- Surveys were completed, as were planned individual conversations, giving people frequent opportunities to provide feedback and ensure their views were included in shaping the service they received.
- Effective communication systems were in place to ensure the whole of the staff team were involved in daily decisions and kept up to date.
- Staff meetings were used by the registered manager to ensure continuous learning and improvements took place by sharing information with all staff. Minutes showed a wide range of topics had been discussed with opportunities for staff to raise any concerns or additional agenda items.
- Staff worked in partnership with professionals from other agencies. For example, the GP, tissue viability nursing team and the local authority. Care records showed that health related advice and guidance provided was used to help with people's care planning.

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

- The registered manager was fully aware of their legal responsibilities. They submitted notifications to the CQC for significant events that had occurred at the service.
- The registered manager completed a wide range of checks and audits which allowed the quality of care provided to be monitored closely. When areas for improvement were identified, these were included in the 'Quality Improvement Plan' with actions, staff responsible and timescales for completion included.

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; Continuous learning and improving care

- The registered manager understood the duty of candour and their responsibility to be open and honest when something went wrong.
- All incidents and untoward events were fully investigated, and outcomes shared with partnership agencies, people, relatives and staff.