

# The Croll Group

# Hill House

## Inspection report

183 Lexden Road  
Lexden  
Colchester  
Essex  
CO3 3TE

Tel: 01206761309  
Website: [www.crollgroup.co.uk](http://www.crollgroup.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hill House is a residential care home providing accommodation for persons who personal care for up to 20 people aged 65 and over. At the time of the inspection, the service was supporting 14 people.

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

Environmental risks within the service had not always been identified or action taken to reduce the risk. There were risks to people from poor infection control practices. There were enough competent staff to support people safely according to their needs and preferences. Medicines were mostly managed safely. People received care from staff who understood how to recognise and report issues of concern.

There were limited opportunities for people to participate in activities to ensure they were stimulated. Care plans were detailed and provided good information for staff to follow to support people effectively including the support people wanted at the end of their life. People knew how to raise a complaint and their views were listened to and investigated.

Staff received training and support to carry out their roles and responsibilities. People enjoyed a balanced and varied diet. Staff worked with external professionals to support people's health and wellbeing. 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 and their relatives were complimentary about the care provided at Hill House and the staff team were kind and caring. Staff knew people well and supported people with dignity and respect. People were encouraged to be as independent as possible.

We made a recommendation regarding equality and diversity.

People, relatives and staff were positive about how the service was managed. Some concerns raised at the previous inspection had not been addressed. Audits were completed, however these required further improvement to ensure they were effective in identifying issues across the service. The management team were proactive in promptly addressing the issues found at inspection.

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: Good (published 19 August 2017).

Why we inspected: This was a planned inspection based on the previous rating. We have found evidence the provider needs to make improvement. Please see the safe and well led sections of the full report.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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 effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Hill House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

#### Inspection team:

One inspector conducted the inspection.

#### Service and service type:

Hill House is a care home which is registered to provide accommodation and personal care for up to 20 people. The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

This inspection was unannounced and took place on 19 February 2020.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We gathered feedback from one professional. We used all this information to plan our inspection.

During the inspection, we spoke with seven people using the service, two relatives, two deputy managers, the registered manager and two staff. We looked at records in relation to people who used the service including three care plans and medicines records. We looked at records relating to training and systems for monitoring quality.

After the inspection, we continued to seek information from the service to ensure action was taken regarding risk identified during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Environmental risks within the service had not always been identified or action taken to reduce the risk. At our previous inspections in 2016 and 2017, there were some unstable wardrobes in people's bedrooms and action had been taken to secure these to the wall to prevent them from toppling over. However, at this inspection, there continued to be wardrobes which were not secured to the wall with items stored on the top placing people at potential risk of the wardrobe falling over.
- There were three walking frames with worn rubber feet [ferrules] and exposed metal which had not been identified as a hazard. This placed people at potential risk of falls due to a lack of traction.
- A standing frame over a toilet had a loose arm which had been taped in place to try and keep it stable. This placed people at potential risk of slipping when using this to support them to stand. The frame was immediately removed on the day of inspection.
- One person was at potential risk of falling down the stairs. The management team acknowledged this was a risk, however there was no risk assessment in place and action had not been taken to reduce the potential risk to a safer level. The management team took immediate action to keep the person safe.
- A fire audit by the local fire and rescue service in April 2019 found the service non-compliant with fire regulations. While some action had been taken to ensure the environment was compliant, such as replacing the fire detection system, other actions such as ensuring the emergency lighting system was tested monthly had not been addressed.
- The emergency lighting had been tested in June, Oct and Dec 2019 and it had identified that emergency lighting was not working in the ground floor lobby on each occasion. The proprietor had been informed but this had not been addressed.
- At our previous inspection in 2017, the laundry room required decorating and the floor needed replacement. We were told at inspection this formed part of the development plan, however no action had been taken. The laundry room was not identified as an action on the current development plan and there was no target date for completion.
- There was potential risk to people from poor infection control practices. There was dirty laundry on the floor of the laundry room, a bin in a toilet that had to be touched to open it and a mop stored in a bucket of dirty water which could contribute to the spread of infection.

We found no evidence people had been harmed however, risks were not effectively assessed, monitored or addressed which placed people at potential risk of harm and demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were mostly managed safely, however, the medicines cabinet was left open and unattended. Although this was for short periods of time during lunchtime, this is not in line with best practice and there was a potential risk that people had access to medicines not prescribed for them.
- Where people were prescribed a variable dose of a medicine such as pain relief, there was no information on when the person could take one tablet or when they could take two. This had been identified at the previous inspection and had not been addressed.
- There were systems for ordering, administering and monitoring medicines. However, there was an excess stock of some medicines in the service. This had been identified by the registered manager and action was being taken to reduce the stock quickly.
- Medicines records were completed correctly.
- Staff were trained and assessed as competent before they administered medicines. However, one staff member licked their fingers to turn the pages of the medicine records which demonstrated poor hygiene practice and placed people at risk of the spread of infection.

### Staffing and recruitment

- People felt there were enough staff to support them as needed. Staff were visible throughout the day and responded quickly to people's requests. One person said, "There are enough staff to look after me." Another person said, "Sometimes I have to wait for staff to come and help me but usually they come quite quickly."
- The registered manager acknowledged ensuring adequate staffing levels had been a challenge and they were trying to recruit additional staff. However, the staffing levels had been able to ensure that people's needs were met. One staff member said, "Sometimes there is not enough staff, but we always meet people's needs because the staff love them. We can prioritise to get the care done and we work as a team." Another staff member said, "We can respond to call bells quickly enough."
- Recruitment systems ensured suitable people were employed to work at the service.

### Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness of safeguarding and knew how to report any concerns. Staff received training in safeguarding awareness.
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority.

# 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 the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed when they moved into the service and a care plan was put in place to ensure the person was effectively supported.
- The management team were up to date with current best practice including guidance on the promotion of good oral health. People's oral health needs were included in their care plans.
- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff worked effectively with other organisations such as GP's and the district nursing team.
- Staff knew people well and were responsive to any change in people's physical needs. One relative said, "[Person] recently had a fall and so staff are spending more time with them. They are very good at keeping us informed about how [person] is recovering."

Staff support: induction, training, skills and experience

- Upon joining the service, staff received an induction which provided them with the knowledge and skills needed to support people effectively.
- Staff received training to meet people's specific health needs in areas such as dementia and diabetes. One staff member commented, "I have recently completed all of my mandatory training."
- Staff felt supported and received supervision and attended team meetings. One staff member said, "We have staff meetings and supervision and talk about whatever is bothering us, but we can go to any of the managers at any time."

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

- People were supported to maintain a healthy, balanced diet, offered regular snacks and encouraged to drink often.
- Most people told us they liked the food. One person said, "I am quite happy with the food." Another person said, "The food is good, and I enjoy it."
- Staff were knowledgeable about people's dietary needs and information was included within care plans.
- The lunchtime experience was relaxed with people chatting and laughing. Staff responded promptly where people required assistance.
- People were weighed regularly, and appropriate action taken where people had lost weight. Actions included referral for dietician input and the use of high calorie drinks.

Adapting service, design, decoration to meet people's needs

- Some areas of the service had been re-decorated and other areas of the service were due to be decorated. The conservatory had been replaced and provided a large sitting area overlooking the garden.
- People's bedrooms were personalised with their own belongings.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA and the importance of gaining consent before providing any care. One staff member said, "MCA is about people's capacity to understand and make their own decisions. If they don't have capacity, they may need an advocate to act on their behalf or a power of attorney."
- Care plans contained information about people's ability to make decisions and people were encouraged to make decisions for themselves.
- Where people did not have capacity to make decisions, the registered manager consulted with family members to ensure any decisions made were in the person's best interests.

# 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 the last inspection this key question was rated as good. At this inspection, this key question remained the same. 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 told us staff were kind and caring. One person said, "What I like about this place is the staff care and you don't always get that in other homes. They have got feelings for you and that what's nice." Another person said, "The staff are easy going and very nice."
- Staff demonstrated meaningful relationships and caring attitudes. They knew people well and supported them with compassion and patience.
- Relatives were complimentary about the care people received. One relative said, "The staff are very caring people and always have the best interests of [person] at heart."
- Feedback on the website carehome.co.uk was positive. Comments included, "Just spent a few weeks in respite in this home and can say how really well I was looked after by the staff, both day and night. The meals were good, and the caring was excellent."
- People were supported with their religious needs. One person said, "I don't go to church anymore but people from my church come and visit me." Although the registered manager told us staff receive equality and diversity training, only one staff member was recorded on the training matrix as having received it. Care plans contained limited information about people's individual cultural and religious needs.

We recommend the registered manager review people's needs in relation to equality and diversity and source training for the staff team.

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

- People were given choices about what they wanted to do and where they wanted to be within the service and their choices were respected by the staff team.
- People and their relatives were able to express their views about the care provided through annual surveys and these were positive about the care people received.
- People were involved in their care planning. One person said, "It is written down how staff look after me and they ask me questions about it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when providing care, and staff supported people discreetly.
- Care plans provided staff with guidance about promoting people's independence and people were encouraged to do as much as they could for themselves. One person said, "I do bits for myself and help where I can."
- Private information about people was not always stored securely so it remained confidential. Some care

records were stored in an unlocked cupboard. This was addressed by the registered manager.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- A very limited activity programme was in place for people to take part in and no activities took place on the day of inspection. One person said, "I know some people here want more activities, but I am not worried." One relative said, "They could do with some more activities to get the brain stimulated. The activities person only comes on Thursdays and every other Wednesday afternoon." One staff member said, "The activity provision could be improved so people have more choice and are stimulated." Another person said, "We have a lady come in who is very good. She is coming in tomorrow and she does games like golf and rolling balls and a quiz. Quite interesting."
- The deputy manager said, "The activities board in the lounge is not accurate and the nursery needs to be taken off as they are not coming anymore. Currently we are doing whatever we can. Trying to do the care and activities even if it is just a case of having one to one time. We do the very best we can on the limited staff and no activities coordinator."
- Despite the lack of structured activities, staff had time to spend sitting and chatting with people on a one to one basis. The registered manager was trying to recruit for an activities co-ordinator to improve this area.
- People's care plans were detailed and had information about people's specific needs, their personal preferences and how staff should support them to ensure their wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans. For example, one person's care plan stated, 'I have difficulty expressing my needs, I will use different tones and pitches, I understand visual clues and can understand short sentences when written down and shown to me, I prefer staff to use soft tones when communicating with me.'

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy.
- There was a complaints policy and process in place.
- Complaints were logged and included the action taken.

#### End of life care and support

- People had end of life plans in place which included their preferences and their wishes following their death.
- The deputy manager had taken part in end of life training with St Helena hospice and the registered manager was planning to work towards the Gold Standards Framework beginning next month. This framework gives outstanding training to all those providing end of life care to ensure better lives for people and to ensure end of life care is provided to a high standard.

# 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 the last inspection this key question was rated as good. At this inspection, this key question has deteriorated 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; Continuous learning and improving care

- The registered manager confirmed some actions from the previous inspection had not been fully addressed such as the refurbishment of the laundry room, insecure wardrobes and variable dose protocols. This demonstrated a lack of continuous learning and improvement.
- Audits of the service were completed; however, these had not identified the issues found at the inspection such as worn walking frame ferrules and the unsafe standing frame.
- The office manager visited regularly and produced a report of their visit which was used to drive improvement, however it was not always clear when actions had been completed.
- The management team were proactive in addressing concerns found at inspection, however systems had not been effective in identifying and addressing these concerns prior to our visit.

The failure to ensure effective systems were in place to identify and act on shortfalls to the quality and safety of the care provided demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives were positive about Hill House. One relative said, "It is very good." One person said, "I am happy here. It's a very nice home. I make the most of it. They are very nice staff. They [staff] pull my leg to make me laugh. I like the fun."
- Ten compliments had been received about the service in 2019 and included, "We are particularly grateful for your kindness and attentiveness."
- Comments on carehome.co.uk were positive and included, "Staff are very friendly and make [relatives] life very comfortable. Hill House is always clean and tidy and very well run. No matter what time I visit it is never inconvenient and they always make me feel welcome."
- The staff team were positive about how the service was managed. One staff member said, "The service is well managed. We are all on the same page and our suggestions are listened to. We have staff meetings and supervision and talk about whatever is bothering us. We can go to any of the managers at any time."
- Feedback about the service was gathered through surveys which were sent out annually. These were analysed for trends. The results had been positive, and the staff had been congratulated on their

contribution to the good results which contributed to their morale.

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 was aware of their duty of candour responsibility and they were open and transparent about when things had gone wrong and what could be improved as a result.
- The management team responded straight away to the concerns identified during the inspection.

Working in partnership with others

- Hill House continued to work closely with the local authority training programmes including the Prosper project. This is a collaboration with Essex County Council which aims to improve safety and reduce harm for vulnerable people living in care homes, who are at risk of admission to hospital or significant deterioration in their health and quality of life.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks were not effectively assessed, monitored or addressed which placed people at potential risk of harm.  12(2)(b) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems were not in place to identify and act on shortfalls to the quality and safety of the care provided.  17(2)(a)(b)