Sun Care Homes Limited

Hill House Nursing Home

Inspection report

121 High Street,
Clay Cross,
Chesterfield.
S45 9DZ
Tel: 01246 860450
Website: www.suncarehomes.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 3 December 2015 and was unannounced.

Hill House Nursing Home is registered to provide nursing and personal care for up to 26 people. On the day of our inspection 22 older people were receiving care. A number of people were living with dementia.

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. The provider had recruited a new manager who intended to register with the Care Quality Commission.

At our last inspection on 11 and 12 June 2014, we found the provider was not meeting one regulation. This was in relation to people receiving inappropriate or unsafe care because staff did not consistently receive adequate training or supervision.

Summary of findings

At this inspection we found improvements had been made. Staff received training, support and supervision they required to carry out their respective job roles and responsibilities.

People told us they felt safe and staff had a good understanding of how to keep people safe. People's relatives and staff had confidence that any concerns would be treated seriously.

People and their relatives were happy with the care and support provided. People were treated with compassion and respect and their needs were being met.

Staff were knowledgeable about people's needs. People's individual rights, needs, choices and preferences were all respected by staff. Staff assisted and cared for people in a kind and friendly manner.

Staff understood and followed the requirements of the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care.

People were encouraged and supported to make choices and decisions in relation to their care and daily living arrangements. Where people were unable to make decisions, staff recorded how decisions had been made in people's best interests.

People were supported to maintain relationships with their families and friends. There was a range of social and recreational activities which people were supported to take part in.

We saw there was enough staff available to respond to people's requests for help and assistance in a timely manner. Staffing arrangements were regularly reviewed to ensure people's needs could be safely met.

The provider's arrangements helped to make sure that staff were safely recruited and fit to provide people's care at the service. We saw pre-employment checks were completed for all staff, these included Disclosure and Barring Service (DBS) checks, proof of identity and written references.

The provider's systems helped to ensure medicines were stored, administered and disposed of in a safe way. Registered nurses administered medicines and training was provided to ensure their practice was safe.

There were auditing systems in place to assess and monitor the quality of the service being provided to people. Any concerns or complaints were responded to and resolved by the manager and the wider management team.

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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?

Good

The service was safe.

People were protected from the risks associated with potential harm and abuse. Staff knew how to identify and report any concerns they may have.

The provider carried out pre-employment checks to ensure people were cared for by staff who were fit for their role.

We saw there were enough staff available to provide support and care. Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff received induction and training to ensure they had skills to care and support people. Staff knew people's personal needs and preferences.

Staff understood people's health needs and ensured they had access to health professionals when and as required. People's dietary needs were met and drinks and snacks were available throughout the day.

Staff understood and followed the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People were supported and cared for by staff who had taken time to get to know their preferences and wishes.

Staff promoted people's dignity and privacy and supported people in a caring, compassionate and meaningful way.

Staff were supported by health care professionals to facilitate end of life care, where possible, to enable people to remain comfortable in the home and avoid unnecessary hospital admissions.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people and their needs. Staff acted promptly and referred to the appropriate health professional when changes were observed in people's health.

Care plans were reviewed to ensure people's individual needs, wishes and preferences were accounted for and promoted.

People were encouraged to speak up if they had any concerns or complaints. There were a range of social, recreational and religious activities to suit people's personal interests.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was no registered manager, however a new manager had been appointed.

The manager and staff understood and promoted personalised care within the home. Staff felt valued and supported by the manager and management team.

A number of assessments were carried out to monitor quality and ensure a consistent service was provided.

Hill House Nursing 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 3 December 2015 and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one inspector 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. For example, experience of services that support people with dementia and services for older people.

Before this inspection we looked at key information we held about the service. This included written notifications the provider sent us about the service. A notification is information about important events which the provider is required by law to send to us.

During our inspection we spoke with seven people living at the service and four relatives. We spoke with ten staff and the manager. We also spoke with a health and a social care professional. We observed how care and support was provided by staff in communal areas and we looked at three people's care plans and other records associated with the management of the service. For example, medicines records and checks of quality and safety.

As some people were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe living at the home. One person told us they felt, "Safe and comfortable." Another person told us that if they ever saw anyone treating another person, "badly," they would report it to a senior member of staff.

Staff we spoke with knew how to recognise the signs of abuse and the action to take if they witnessed or suspected any type of abuse was taking place. Training and local guidelines were provided for staff to follow. Information was displayed in the reception area and on noticeboards for people, their relatives and staff on how to recognise and report abuse. This all helped to protect people from potential risks of harm and abuse.

People and their relatives told us staffing arrangements were sufficient to meet people's needs. There was a call system in place which alerted staff when people had pressed it for assistance. People knew how to use the call bell and it was placed within easy reach of people when they were in their bedrooms. Throughout our visit we saw that staff responded to people's requests for assistance in a prompt manner. A staff member told us they thought there was enough staff to safely meet people's needs. Staffing levels had been assessed so there was enough staff available at the times people needed them. We saw staff were present in communal areas and they took time to engage and talk with people. Duty rotas confirmed enough staff were rostered on duty to meet the needs of the people.

The provider followed a thorough recruitment process which helped to ensure staff were of good character and fit to work with people receiving care. Staff records showed pre-employment checks were undertaken before staff began working at the home. Pre-employment checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). Nurses' professional registration status was checked when required to ensure they were eligible to practice as a nurse. This meant that people and their relatives could be confident that staff were fit to provide people with the care and support they needed.

People's medicines were safely managed; people told us they received their medicines when they needed them. Nursing staff were responsible for medicines and had completed training in the safe handling and administration of medicines. Medicines risk assessments were in place along with information for staff to follow, these detailed how to support each person with their medicines. We saw medicines administration records (MAR) where appropriate, included information and guidelines regarding the use of 'as required' medicines. This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis. We observed nurses giving people their medicines safely and in a way that met with recognised practice. Medicines were stored correctly and current legislation and guidance was followed. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.

There was clear information on people's bedroom doors as to who required assistance if emergency evacuation was required. The information was in the form of an easy recognisable traffic light system. The system enabled staff and others to easily identify the level of support that would be required in an emergency situation, for example, in a fire. The home was clean and well maintained. Maintenance and servicing records were kept up to date for the premises. Health and safety records indicated that equipment, such as fire extinguishers and emergency lighting were checked and serviced when required. For example, equipment used for moving and transferring people was checked.

Care records and risk assessments showed how risks were being managed and evaluated on a regular basis. We saw a variety of risk assessments had been carried out and staff had a good understanding of them. For example, people who were at risk of falls were known to the staff. Risk assessments and management plans were in place to reduce the potential for falls. We also saw accidents were recorded along with any actions and outcomes. This all helped to ensure recognised risks and any accidents were monitored and managed in a safe way.

Good

Is the service effective?

Our findings

At our last inspection in June 2014 we found people were not protected from receiving inappropriate or unsafe care because staff did not consistently receive adequate training or supervision. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breach. At this inspection we found the improvements had been made.

Staff told us they felt supported and encouraged to undertake training that was relevant to their roles and enabled them to meet people's needs. One senior care staff member we spoke with had additional supervisory responsibilities. They told us they had received relevant training to help them carry out this role. Another staff member said, "We are supported to attend training." A staff member told us and records confirmed, new staff had a period of time 'shadowing' experienced staff so they could work alongside them to learn about people's individual needs. The staff member was confident the induction gavenew staff insight into skills and knowledge to be able to care for people.

Staff had access to a variety of training and had support through supervisions, appraisals, and staff meetings. A staff member told us, "Supervision is positive and gives the opportunity to talk about any concerns as well as personal development." This showed staff had been supported to deliver effective care to meet people's needs. We saw records of group supervision sessions had taken place and information relating to mental capacity was discussed. A staff member told us they thought the group supervisions were positive and gave them the opportunity to learn and ask questions in a comfortable environment. This showed an understanding of the need for continuous learning and staff development.

People told us they were well cared for and our observations supported this. We saw staff understood and anticipated people's needs. One person said, "Staff really know what they are doing." Another said, "The staff know what to do to help me." People and their relatives were all complimentary about the staff and the home in general. Relatives told us they had no concerns regarding the care and support being provided. One relative told us the staff had been very understanding and supportive when their relative moved into the home. They went on to tell us, "The staff matter and they make sure the people matter."

Staff followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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.

There were policies and procedures in place for staff to follow in relation to the MCA. Staff we spoke with understood the requirements of the MCA and the importance of acting in people's best interests. One staff member told us, "We (staff) must always assume people have capacity unless assessment proves otherwise." They went on to tell us how they involved people in making choices, for example, offering a choice of meal and drink, or more complex of decisions about specific treatments.

Records showed that some people were unable make important decisions about their care and treatment because they were living with dementia. Mental capacity assessments had been completed and people's care records showed how their care was to be delivered in their best interests.

Records we looked at detailed decisions people had made about their care and recorded people's likes, dislikes, choices and personal preferences. We saw best interest decisions had taken place with regards to people's care and treatment. A health professional told us they had participated in a best interest meeting and worked with the person, their family and the staff to avoid any unnecessary or unwanted admissions to hospital. People's care plans were audited, reviewed and updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account.

The manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. People can only be deprived of their liberty to receive care and treatment when

Good

Is the service effective?

this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager was aware of the process of referring people who were unable to consent to their care, treatment and residence, for assessment to the local DoLS team. Some applications had been made and others were being completed.This protected people from unlawful deprivation of liberty and ensured independent assessments were completed.

People were satisfied with the quality and choice of meals. One person told us the food was, "Great." They went on to tell us there was always a choice. Another person told us they had sufficient to eat, but said they would, "Love a good curry." We spoke with the manager about this, who assured us people were regularly asked if they had any special requests and would ensure this request was carried out.

We looked at the choice of food and drinks offered to people during our inspection. At lunchtime, we observed that food was freshly prepared, nutritious and nicely presented. We heard staff supporting people to make a choice of food and drink. We saw people were offered an alternative if they did not like what was on the menu that day. The kitchen staff catered for people with specialist dietary requirements. For example, suitable choices were provided for people with diabetes. Food was also prepared in the correct consistency and calorific value for people who required soft or fortified diets because of their health needs. We observed staff offered people hot and cold drinks at regular intervals during the day. This was in addition to drinks of choice being served at mealtimes. We saw staff knew people well and were aware of individual dietary and related support needs.

When required, people were provided with support to eat their meal whilst remaining as independent as possible. For example, we saw a staff member sat at a dining table with a small group of people. We saw a staff member assisted one person with their meal whilst they encouraged others to eat. The staff member was supportive of everyone at the table in an effective and sensitive way.

The manager told us as people's health changed, referrals were made to the relevant health professionals for advice and guidance. The manager had systems in place to ensure people's health and well-being were monitored and reviewed. We saw staff documented any changes to people's conditions which were easily identified within their care plans. We saw visits from a nurse practitioner took place on a weekly basis. Health professionals and staff maintained effective communication in relation to any changes, improvements or deterioration in people's condition. Feedback from professionals indicated the manager and staff ensured good and effective lines of communication, which helped to ensure people's changing needs were met. This demonstrated staff were aware of working proactively and in partnership with health professionals.

Good

Is the service caring?

Our findings

All the people we spoke with were complimentary about the staff and the way in which they supported and cared for them. One person told us, "I cannot fault the home; I think the staff really care." Another person told us, "They (staff) are very good with me; they are always very helpful and nothing is ever too much trouble." All the relatives we spoke with told us their family members were well cared for. A relative told us, "I think the staff really care." Another relative said, "I had to put trust in the staff and I do."

We observed staff spoke with people calmly, in soft tones and always using people's preferred names. Staff had developed good relationships and rapport with people they were assisting and supporting. Mid-morning we saw people being offered a drink and snack. We heard a member of staff speaking with each person individually, asking them what drink they would like. We heard a staff member say, "What would you like to drink (name)? What's your favourite drink? Do you prefer milky coffee?" This simple gesture included each person and empowered them to make their own choice.

Staff were caring and compassionate when they supported with people who appeared confused and anxious. Some people were not always able to tell staff directly how they felt because they were living with dementia. We saw staff act promptly when people appeared to be anxious or confused. For example, one person became quite distressed and confused early afternoon. The staff gave the person lots of support and reassurance to try and reduce the person's anxieties. Staff supported people in a caring, compassionate way and treated them with dignity and respect.

Staff took time to ensure people's dignity was promoted and respected. We saw people being encouraged to take pride in their appearance. After lunch we saw staff discreetly encouraged people to change an item of clothing if it had become soiled with food. We heard staff compliment people on their choice of clothing and their appearance.

The manager told us they worked together with people and their relatives to deliver end of life care (EOLC) for people who have a life limiting condition and who were approaching death. A staff member told us they had an additional role of 'end of life link person' and planned to access additional training to develop this role further.

The manager and staff were aware of respecting people's wishes for EOLC and worked together with people and relatives to ensure personal wishes were sought and respected. At our inspection we saw one person's needs and health condition had deteriorated. The person required increased nursing input to manage their condition. The nursing staff had liaised with the nurse practitioner and doctor to ensure the person received the correct treatment for their condition. Nursing staff were trained to use specialised equipment to support people's treatment plans and needs for their EOLC.

Nursing staff were able to deliver prescribed anticipatory medicines and controlled pain relief to keep people pain free and as comfortable as possible. Anticipatory medicines are prescribed for people to enable prompt relief at a time of distressing symptoms associated with EOLC. This meant medicines could be given to people, at a time when they were needed due to increased pain, distress or discomfort. The staff were supported by health care professionals to facilitate EOLC and this helped to people to remain comfortable in the home and avoid unnecessary hospital admissions.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the care and support provided by the staff. People knew who to report any concerns to should they have any. One person told us, "Staff are always helpful; nothing is too much trouble." They went on to tell us, "Staff have told me, if I'm not satisfied I must speak up and they will listen and help, but I'm happy."

People were supported to maintain their relationships with family and friends. We saw visiting friends and relatives were welcomed and able to visit the home at any reasonable time to suit the person receiving care. We saw visitors coming and going throughout the day. Relatives told us staff were always helpful and always made them feel welcome. We saw and heard staff discussing the Christmas entertainment and activities with a relative and encouraging them to attend. Another relative told us they had been invited to have Christmas dinner and participate in the festivities with their family member.

People were offered a range of social, recreational and religious activities to suit people's personal interests. One person told us they had particularly enjoyed the carol singers from a local church that had visited the previous day. Another person told us they were looking forward to the Christmas Fayre due to take place. A third person, who remained in their room due to health conditions, told us the staff made sure they were included. We saw staff assisting this person to write Christmas cards for their family.

A staff member told us, having dedicated staff to facilitate activities, "Really does make a difference." They went on to tell us having the activity staff meant people were given time and opportunity to participate in activities. We saw there was an activity program for people to engage in. We saw there was a variety of events planned for up to and over the Christmas period. Events included an entertainer, a memorial service and flower arranging. Activities were planned in discussions with people to increase their access to their local and extended community.

A relative told us they knew how to complain and said they would, "Tell the manager or one of the nurses." We saw there was information around the home that told people how they could make a complaint. There was a complaints procedure on display in the reception area and the records showed none had been recorded since the last inspection. A relative we spoke with told us they had not had any complaints about their family member's care. They told us they knew how to complain and who to complain to, but had not had any cause for complaint.

We saw there was a compliments book in the reception area, with hand written compliments from relatives and visitors to the home. One compliment stated, "The staff are amazing, I really appreciate all they do." Another compliment stated, "I lost count of the number of times she (staff) used the word choice." We also saw there was a 'residents and relatives' file which contained information relating to complaints as well as information on how to report any concerns to the local authority, the Care Quality Commission (CQC) and Healthwatch. This showed us the manager and provider encouraged feedback and signposted people to the relevant agencies should it be necessary.

The staff we spoke with were knowledgeable about the people receiving care at the home. Staff knew people's care and medical needs, and what was significant to them in their lives and we observed staff responded to people in a timely manner. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

Staff spoke in a positive manner about the people they supported and cared for; they had taken time to get to know people's preferences and wishes. Staff had a good knowledge of people's care needs and this was demonstrated in their responses to people and recognition of when people required additional assistance. People and their relatives praised the staff and the home in general and they all told us they had no concerns regarding the care and support being provided. One person said, "Staff know what they are doing; they are very pleasant". Another person said, "The staff look after me and know my needs." We saw staff understood people's needs. For example, one person required staff to be in the vicinity or they would go looking for them. The staff all recognised this and took it in turns to remain close by to provide the person with the reassurance they needed.

One person and their relative told us the decision to accept support and care had been very difficult. They told us the manager and the staff had been very understanding and supportive. The relative explained the manager had carried out a pre-assessment of the person's needs prior to coming

Good

Is the service responsive?

to live at the service and this had proved to be beneficial. They proceeded to tell us meeting with the manager had meant the person and their relative were able to ask any questions prior to the admission. A health professional told us the pre-assessment process conducted by the manager provided continuity for the person, their relative and the staff. This meant there was an easy and well prepared transition for the person.

Good

Is the service well-led?

Our findings

The provider had recently appointed a manager and they intended to start the process of registering with the Care Quality Commission (CQC) to become the registered manager. The manager understood their responsibilities and knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a person's death or an event that may stop a service.

The manager told us they were being supported in their induction by the provider's area manager and we saw there was an action plan for monitoring their progress. The manager recognised their appointment was in its infancy and we saw the action plan was being worked through with documented evidence with dates of completion. The manager told us they felt supported by the provider, staff and the area manager.

One person told us the manager was, "Lovely; she really knows what she is doing." Another person told us they were, "Highly delighted," with the care provided by the staff and manager. Relatives told us they were always made welcome when they visited. One relative told us they knew there was a new manager in post, but had not had cause to speak with her yet. We saw the manager greeting relatives and visitors in a familiar manner as they arrived to visit people.

Staff were aware of their roles and responsibilities for people's care. We saw any accidents or untoward occurrences were reported and documented in people's care plans. A member of staff told us they ensured information related to changes to people's care was documented and passed on to the team. Another staff member told us, "I love my job and I love working with the residents." The staff member told us they felt comfortable to raise any concerns in relation to people's care with the manager. Staff told us the manager and senior staff were approachable and they were confident to raise any issues or concerns with them. One staff member said, "The manager is supportive and listens." They went on to tell us the manager and area manager encouraged and listened to suggestions from staff about how to improve the service. An example given was the introduction of an extra member of staff to work in the early afternoon and evening. The staff member was to work specifically in the kitchen, which meant an extra staff to assist and support people.

The manager recognised the need to assess, monitor and mitigate potential risks relating to the health, safety and welfare of people. We spoke with the manager about how they assessed, monitored, evaluated and improved the services they provided. The manager showed us documents which detailed how they monitored the quality of the service. Audits carried out included, care plan audits, a generalised audit of the environment and medicines audits. Periodic monitoring visits were carried out by the regional manager and any recommendations were actioned and documented. This demonstrated to us the manager understood the need and importance of continuous improvement and monitoring of the services being provided.

We saw there was effective analysis of incidents and accidents. Monthly falls audits were completed and any actions were documented once carried out. For example, people being referred to the local falls team. The manager understood the need to look for any emerging patterns or trends and to help reduce the likelihood of such incidents occurring again.

There was a positive approach to the planning of staff training and development. There was evidence of continuous development and looking for ways to improve and enhance people's care against recognised best practice. For example, we saw the home had received Derbyshire's End of Life Quality Award and participated in a Life Enhancing Care Home Programme. Feedback we received from local social care and health commissioners also assured us of the quality of care people received at the home.