

United Health Limited

Hill House 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?

Good 

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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for people living with a learning disability. The home can accommodate up to 35 people. At the time of our inspection there were 14 people living in the home. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the location.

The service had been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People with a learning disability were supported to live as ordinary a life as any citizen.

People's experience of using this service:

There was a system in place to carry out quality checks. The home manager had started to carry these out on a regular basis, however these checks had not been in place long enough to understand the impact these would have on the service.

Medicines were not consistently managed safely. Arrangements were in place to monitor and manage medicines but these had not identified the issues we found at inspection.

People said they felt safe. There was sufficient staff to support people.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans.

Staff followed guidance provided to manage people's nutrition and pressure care.

The care plans were in the process of being reviewed. Care plans contained information about people and their care needs.

Staff had received training to support their role.

Staff had started to receive supervision and plans were in place to ensure people received this on a regular basis.

People had good health care support from professionals. When people were unwell, staff had raised the concern and taken action with health professionals to address their health care needs. The provider and staff worked in partnership with health and care professionals.

Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.

There was a range of activities on offer. The home manager was looking at how they could develop this area further.

The environment was adapted to support people living with learning disability. A refurbishment plan was in place to address this. The home was clean and arrangements were in place to manage infections.

The provider had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection: Requires Improvement (Report Published 11 April 2018). At our previous comprehensive inspection in February 2017 the service was rated overall good. However, a focussed inspection was carried out on 11 April 2018 following concerns raised. We looked at three domains safe, caring and well led. We found a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. The service was rated overall Requires Improvement at this inspection.

At this inspection we found the regulation was being met. There were improvements in the quality monitoring systems. However, these improvements had not fully taken effect because they had only recently been introduced. We have taken this into account in determining the rating.

Why we inspected: This inspection was carried out following concerns about two notifications.

Follow up: We will ask the provider for an action plan to indicate when they will have consistently addressed all the issues. Please see the 'action we have asked the provider to take' section at the end of this report.

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 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 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of two unexpected deaths. The information shared with CQC about the incident indicated potential concerns about the management of risk of insufficient monitoring of people. This inspection examined this risk. We found the provider had put in place arrangements for people to receive appropriate monitoring and support specifically during the night.

Inspection team:

The inspection was carried out by a single inspector and an Expert by Experience. An Expert by Experience is a person who has had experience of the relevant care setting, in this instance experience of service for people living with a learning disability.

Service and service type:

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. However, the registered manager was responsible for three other locations and a home manager was overseeing the service.

Notice of inspection:

This was a comprehensive inspection and was unannounced. We inspected the service on 20 February 2019.

What we did:

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually 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

During the inspection we spoke with seven people who lived at the service, one relative, two members of care staff, the registered manager and the home manager. We also looked at three care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

Is the service safe?

Our findings

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

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.

Using medicines safely

- At this inspection we found medicines were not consistently managed safely.
- Written guidance was not consistently in place to enable staff to safely administer medicines which were prescribed to be given as and when people required them, known as 'when required' (PRN). We found protocols were not in place consistently in four people's records'. The reason PRN protocols were not in place was because the medicines had been missed off the medicine administration records (MAR) due to not being administered on a regular basis. There was a risk people would not have access to medicines as prescribed. Following our inspection, the home manager confirmed they had addressed this issue and protocols were now in place for these medicines.
- Instructions for medicines which should be given at specific times were written on the MAR. This reduces the risk of people experiencing adverse effects from medicines, or the medicine not working as intended. However, we observed a person was not receiving their medicines at the prescribed time. This was due to the person needing to be undisturbed until they woke in the mornings in order to avoid the possibility of suffering an epileptic seizure. Following our inspection, the home manager spoke with the GP and revised the medicine arrangements for this person.
- One person had not received a medicine for six days because it was out of stock. We saw the staff had chased the medicine with the pharmacy on two occasions however, the system in place had not ensured the person's medicine was always available. There was a risk the person would suffer ill health because of the lack of medicine.
- Where people were receiving medicines in their food arrangements were not in place to ensure the method of administration did not affect the efficacy of the medicine. On the day of the inspection the provider spoke with the pharmacist to address this issue. We looked at the provider's medicine policy and saw it did not reflect best practice guidance.
- Regular medicines checks had been introduced since our last inspection to ensure medicines were managed in the right way. However, these had not identified the issues we found on inspection.
- The lack of comprehensive systems meant people were at risk of not receiving their medicines correctly. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Medicine administration records (MAR) contained photographs of people to reduce the risk of medicines being given to the wrong person. All records clearly stated if the person had any allergies. This reduced the chance of someone receiving a medicine they were allergic to.
- Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and where to access information if they suspected bad practise or observed altercations with people who used the service. They told us they had received safeguarding training. Records showed that care staff had completed training.
- Where incidents had occurred the registered manager, home manager and staff had followed local safeguarding processes and notified us of the action they had taken. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm.
- We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staffing and recruitment

- There were sufficient staff available to meet the needs of people. The home manager had recently recruited to vacant posts to ensure continuity of care for people. Staff told us they thought there were sufficient staff to keep people safe.
- The registered persons had undertaken the necessary employment checks for new staff. These measures are important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Assessing risk, safety monitoring and management

- We found that risks to people's safety had been assessed. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, where people were identified as being at risk when going out in the community had up to date risk assessments in place and plans to support them when accessing the community.
- Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

Preventing and controlling infection

- We observed suitable measures were in place for managing hospital acquired infections. Staff had access to protective clothing and we observed staff used these appropriately, for example, when serving meals.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses, and arrangement to analyse these so that the home manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff so they could work together to minimise risk.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had had access to regular updates on issues such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care.
- Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Staff told us since the last inspection they now felt supported. However, supervision and appraisals had not previously taken place. These are important because they provide staff with the opportunity to review their performance and training needs. We saw these had commenced and a programme to ensure staff received these regularly was in place.
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.
- A relative told us they thought staff knew what they were doing and had their best interests at heart.

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

- Arrangements were in place to assist people with orientation around the home. For example, there were word and picture signs on toilet doors.
- Where people required specific equipment to assist them with their care this was in place and records detailed when checks had been made to ensure equipment was fit for purpose.
- People's rooms were personalised and had specific equipment and resources available to assist staff to meet their needs.
- We saw the outside areas were in need of tidying and repair, for example paving slabs were uneven and could be a trip hazard. The home manager told us there were plans to refurbish this area this year.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management of people's care records was in the process of being reviewed to provide an improved format making information more accessible for staff.
- Care plans were regularly reviewed and reflected people's changing needs and wishes. People and relatives said they had been involved in discussions about their care plans.
- Assessments of people's needs were in place, expected outcomes were identified and care and support was reviewed when required.

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

- We observed lunchtime in three areas. Staff were familiar with people's needs and likes and dislikes and where people required adapted cutlery and plates, to help them eat independently, these were available.
- A choice of meals was available to people; however, choices had been made in the morning and some people were unsure what they had chosen. There were no pictures or menu available to assist people with their choices. Two people told us they did not enjoy their choice of meal at lunchtime and did not eat all of their meal because of this.
- We observed drinks were provided throughout the day and if people asked for additional drinks or snacks these were provided. Fluid charts were fully completed however they did not detail an optimum target for people. This helps to ensure people received the appropriate hydration.
- Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these.

Staff working with other agencies to provide consistent, effective, timely care

- We saw from looking at people's care records that there was evidence that all the people who lived at the service had access to health professionals, to ensure that their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner.
- We saw hospital passports were available in case people needed emergency hospital treatment. These were not fully completed and we discussed with the home manager when this would be done. They told us that the information would be completed when a person required treatment to ensure it was up to date. However, they acknowledged that in an emergency this may not always be possible and would review how these were completed. The home manager also told us that staff would always accompany people to hospital so they could provide more detailed information.

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. One person said, "Going to have new glasses, they looked at my eye."
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- We found that staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support in making some more complex decisions.
- We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity to make specific decisions a decision in people's best interests had been put in place.
- We found where DoLS were in place conditions were being met.
- Where people were unable to consent, the provider had ensured records detailed where relatives had legal responsibility to make decisions on people's behalf.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind to them. We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while taking into account what they wanted. We saw staff enabled them to be as independent as possible while providing support and assistance where required.
- We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. A person told us, "I can go to bed when I want, no one tells me what to do."
- Where people were unable to communicate verbally arrangements had been put in place to support them. For example, a care record explained a person liked their meals covered in tomato sauce and would push it away if it was not to their liking. It also explained the person would point and take staff's hand to show them what they wanted.
- People were asked if they required support before staff provided it. Records reflected the need to ensure people were happy with being supported. For example, when taking a person's temperature, the member of staff explained what they needed to do and checked this was alright.
- Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to lay advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records.
- We observed staff treated people in the privacy of their bedrooms for example, when applying creams and eye drops. Staff also ensured bedroom curtains were drawn and doors were closed before providing support.
- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised

members of staff.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's files we looked at included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and ongoing needs. They gave specific, clear information about how the person needed to be supported. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.
- The plans were person centred and set out people's individual preferences. Their plans included descriptions of the ways they expressed their feelings and opinions. The staff knew people well and were respectful of their wishes and feelings. One person said, "Yes staff do know me, yes they do know my needs." We saw that people were given practical opportunities to make choices, with time to think or to change their minds.
- Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner. The Accessible Information Standard is a law which sets out the legal expectations to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- People had access to a range of activities. For example, on the day of our inspection an external artist was visiting to work with people. People told us they were going out the following day to a local farm park. In addition, we observed the activities co-ordinator talking with people about future activities and planning a holiday.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. Complaints had been responded to appropriately and resolved.
- A policy for dealing with complaints was in place. This was available in words and pictures to assist people with access to it. When we spoke with people they told us they knew how to complain. One person told us they had made a complaint and staff had responded by providing additional support to them.

End of life care and support

- At the time of our inspection there was no one who required end of life care. However, the provider had arrangements in place to support people at the end of their life if required. For example, where people

chose, care plans included information of what they wanted to happen in the event of illness and subsequent death.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the previous focussed inspection in February 2018 we found a breach of Regulation 17. Quality checks had not consistently addressed the issues found at this inspection. The systems in place to monitor the quality of care people received and to drive improvements were not adequate.
- At this inspection we found arrangements for checking the quality of the service had recently been put in place. However, they had not been in place sufficiently on a regular basis to evidence the service was able to maintain the improvements.
- Checks were in place for a variety of issues including falls, medicines and infection control. However, the checks carried out on medicines had not identified the issues we observed during inspection. Following discussion during the inspection the home manager confirmed the issues had been added to the medicine audits.
- Arrangements were in place to analyse results so that trends could be identified to avoid incidents occurring again. For example, the analysis identified times and areas of falls which helped the home manager to consider where to deploy staff.
- The previous inspection ratings poster was displayed on the provider's website.

Continuous learning and improving care

- The provider did not ensure national guidance was followed. For example, the policy for medicines did not refer to the need for pharmacy advice if medicines were administered covertly. National guidance recommends this to ensure medicines are not affected by the method of administration. We recommend that the provider refers to current national guidance when planning the support people need with their medicines. In addition one person chose to have their medicine in food. Although the GP had agreed this method it was not clear if advice had been sought to check there was not a negative interaction of the medicine with the food'
- A member of staff said, " Recent changes are good." A relative commented, "It got a bit hard but now it's getting better, the manager seems to be on the ball."
- Following our previous inspection, the provider had put in place a system to analyse accidents and incidents. The information allowed the registered manager and home manager to have oversight of logged events on a monthly, quarterly and annual basis. This assisted with making changes to improve the quality of the service.
- Following the incidents which prompted our inspection the provider had put in place arrangements to

ensure people received appropriate monitoring and support specifically during the night.

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

- The provider had recently reviewed the management arrangements of the service and we observed these were having a positive effect on the management of the service.
- The management team had increased their observation of the service. They had increased their knowledge of the day-to-day running of the service so that they could ensure continuous quality improvement.
- Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries.
- To improve the service and resolve issues raised at the previous inspection the provider had engaged an external professional to provide advice and support to the home manager. This included support with care records.

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

- We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. For example, quality monitoring surveys had been carried out.
- There was a plan to organise resident's meetings in the future.
- We looked at minutes from a staff meeting and saw that staff were engaged in discussions about staffing and how to improve allocation of staff.
- Staff told us they felt supported. A member of staff said, "The home manager is very good."

Working in partnership with others

- The service had liaised with the local authority to make improvements to the service. An action plan had been developed and we saw some actions had been completed. This was being monitored on a regular basis.
- Working relationships had been developed with other professionals to access advice and support. For example, the GP and local pharmacist.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of comprehensive systems for the monitoring of medicines which meant people were at risk of not receiving their medicines correctly.</p>