

# ADR Care Homes Limited

## Hill House

### Inspection report

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Date of inspection visit:  
01 February 2017

Date of publication:  
01 March 2017

### 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 ●

# Summary of findings

## Overall summary

Hill House is a residential care home registered to provide care to 37 older people, some of whom may be living with dementia. There were 17 people living in the home when we visited. The accommodation is on two floors and people have access to a number of communal areas and a large garden area whenever they wish.

At the last inspection the service was rated Good.

This inspection was undertaken on 1 February 2017 and was unannounced. At the last inspection we found the provider was in breach of one of the regulations that we assessed. This was in relation to the management of people's medicines. We received an action plan from the provider which detailed the actions that they were taking to improve the service. During the inspection we found that the required improvements had been made.

At this inspection we found the service remained Good.

People told us they felt safe living in the service. Risks to people were appropriately planned for and managed.

People told us there were enough staff to provide them with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us and we observed that they were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The managers worked hard to create an open, transparent and inclusive atmosphere within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below

## 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 ●

At the last inspection we saw that improvements were needed regarding the administration and ordering of people's prescribed medicines. At this inspection we saw that the registered provider had made improvements and this area is now rated as good

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Hill House

## 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 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.

This unannounced inspection took place on 1 February 2017 and was carried out by one inspector, an inspection manager 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. Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with nine people living in the service, two relatives, the deputy manager, four care staff, the maintenance person and the cook. We also observed people's care to assist us in understanding the quality of care that people received. We spoke with two care managers from the local authority, two community psychiatric nurses and a consultant psychiatrist for their views on the service. We looked at three people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as audits, policies, training and recruitment record and quality assurance records.

# Is the service safe?

## Our findings

We asked people if they felt safe living at Hill House. One person said, "I feel safe here the girls [staff] are good some of them have a sense of humour which I like, and although I like to stay in my room, the girls [staff] always pop their head in to say hello". Another person said, "I feel safe here I speak to staff if I need anything and they do it for me." A relative we spoke with said, "This is a really good place and I know that [family member] is in safe hands."

During our previous inspection undertaken on 13 June 2016 we identified concerns in relation to the way that medicines were managed. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the actions that they would take to ensure that improvements were made. During the inspection we found that the necessary improvements had been made. Systems were in place that showed staff managed medicines consistently and safely. All staff who administered medicines had received appropriate training and had had their competency assessed. Medicines were stored securely, accurate records were maintained and protocols were in place for medicines prescribed to be administered when required.

Staff demonstrated a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them. They told us that they had received training about safeguarding and would always report any concerns that they had.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks. We observed that staff were proactive in reducing the risks to people. For example, we observed staff ensuring people had the necessary mobility equipment so they could safely navigate their way around the home. We also saw that where two care staff were required to safely assist a person in a hoist this had been risk assessed and recorded in the persons care plan. Accidents and incidents were reviewed on a monthly basis and any trends were noted. Referrals were made to the falls clinic where necessary.

The deputy manager told us that a dependency tool was used to determine the number of staff on duty. She said that the needs of people were reviewed on a regular basis to ensure that there were enough staff employed. During this inspection we found that there were enough people on duty to meet the needs of the people living in the home.

Staff spoken with told us about the recruitment process that had taken place prior to them being employed. We checked the files of three staff who had been recently recruited and found that systems were in place to ensure that only people who were suitable to work with people in the home were employed.

## Is the service effective?

### Our findings

People told us and we observed that they were supported by appropriately skilled and knowledgeable staff. One person told us, "They look after us well here really" and another person said "I can go to bed when I want or sit in here [own bedroom] and watch television." One relative told us that they were involved in discussions and decisions about her [family member's] care.

Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal, and that these sessions were focused on encouraging and supporting good practice. Staff were offered the opportunity to request training and discuss career progression. One member of staff told us that they had requested further dementia training and the registered manager had arranged for them to receive this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority.

Discussions with staff and observations demonstrated they understood MCA and DoLS principles and how this applied to the people they supported. Staff encouraged people to make decisions independently based on their ability.

People told us the food at Hill House was of a good quality. One person said, "You can get a cup of tea whenever you want one there's no restriction in here, the food is nice and they [the cook] come around and ask us what we would like".

We observed that lunch time was a very sociable occasion, with lots of interaction between the staff on duty and people having their lunch in the dining room and in their rooms if they so wished. A relative said, "The cook knows [family member] and that sometimes she will order something for lunch and then change her mind when it arrives but nothing is too much trouble for her [the cook] she will adapt to situation and offer [family member] something else that she knows my [family member] will like." Another person said, "If ever I felt hungry in between meals of course they would give me something, they [staff] are always coming round with cups of tea and biscuits anyway." People who needed help to eat were assisted appropriately by staff.

Records showed that people's health conditions were monitored regularly. Staff and the registered manager had a good working relationship with external health professionals such as GP's, community psychiatric nurses and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person said, "There is always access to a GP, they come here all the time and if you want the dentist or optician you tell the staff and they arrange it."

## Is the service caring?

### Our findings

People told us that they felt comfortable in the home and that staff were caring and sensitive in the way that care and support was provided. One person said, "Yes they are very caring I do think it's genuine and not just their job - what I like about them is they don't rush anybody in here and I can have a laugh and a joke with them." Another person said, "They [staff] are very caring - I lost my [family member] and it has upset me - they [staff] come and give me a cuddle they are genuine lovely girls [staff]." Another person said, "The girl's [staffs] always knock before they come in my room and I am very particular about things but I never have to tell them to wear gloves they always put gloves on before washing me."

We observed staff interacting with people in a cheerful and attentive way. For example, comforting people with reassuring touch or sitting with people and engaging them in conversation. Staff showed interest in the people they supported and we observed that people were comfortable in their presence.

People told us that they were involved in making decisions about their care. One person said, "We discuss everything at reviews." Care records supported what people told us. Where people were unable to participate in the planning of their care, relatives and other professionals were involved in making best interest decisions appropriately on their behalf.

People told us that their privacy was respected by staff. One person said, "I'm very private and like to stay in my room. They [staff] check on me but mostly leave me to it which I like." Another person said, "Yes, they are very caring I feel I am looked after here."

People were encouraged by staff to remain as independent as possible, which upheld their dignity and respect. Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as cutting up their food but giving encouragement to them to eat independently. This reduced the risk of people being over supported and losing the skills they still have.



## Is the service responsive?

### Our findings

People told us that staff knew them well. One person said, "They know me very well, on a personal level." Another person told us, "They take an interest in the things I get up to; I think they do know me well, yes." This was supported by our observations and speaking with staff about people's needs. A relative said, "I have a good rapport with management regarding [family member] if they [staff] have any concerns they [staff] are on the phone to me straight away."

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activities that they enjoyed. It also enabled staff to better understand and meet the needs of people living with dementia who may not always be able to recall these details independently. We saw that people's care was regularly reviewed to ensure care remained up to date.

People were supported to engage in activities to avoid the risk of under stimulation. During our visit we observed a member of staff sitting with one person playing dominoes, another staff member was playing a game of scrabble and another staff member was taking time to chat with someone. People appeared to take enjoyment from these activities. One person said, "I do get bored sometimes there's only the television but the girls [staff] will have a chat if they have time." Another person said, "I love listening to classical music in my room and I can go to bed when I feel like it."

The deputy manager told us that the activities co-ordinator had recently left and there were plans to recruit another person soon to improve the range of activities for people. One relative we met also raised some concerns regarding the lack of activities provided in the home for their family member and other people living in the home. Since our last inspection, scrapbooks containing photographs of people undertaking activities had been introduced.

People told us they felt able to raise any concerns or complaints. One person said, "I do feel comfortable making a complaint - I have had a run in with another resident here but staff calmed everything down." Another person told us, "They always listen to me and I know if I wasn't happy they would do everything they could to help."

# Is the service well-led?

## Our findings

A registered manager was in post. 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.

People and relatives we spoke with told us they knew who the registered manager and deputy manager were and that they frequently spoke with them during the day. Another person said, "The [deputy] manager and staff always come to see if I am well or if I need anything." A relative confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and owner. We saw minutes of relatives meetings which showed that when suggestions had been made, these were acted upon. One example of this was where relatives had requested antibacterial hand wash in the reception areas.

Staff told us that they felt supported by the management team and that registered manager regularly assisted people with their personal care. One member of staff said, "The managers are really hands on and help us [care staff] when needed."

Members of care staff knew about the provider's whistle blowing policy and were aware of their roles and responsibilities in following this. They also told us that they had no reservations in blowing the whistle on poor practice that posed a risk of harm to people they looked after.

Staff told us that there were regular staff meetings. One member of staff told us that they were also able to contribute their ideas during the staff meetings. One person told us that they had suggested that theme nights were held. As a result of their suggestion a fish and chip night had recently taken place.

The registered manager and deputy manager promoted a positive, transparent and inclusive culture within the service. They sought the feedback of people using the service, staff and external health professionals. We saw the results of a recent survey and comments were generally positive about the care and support. Where people and their relatives had individual queries we saw that these were followed up and resolved, as much as possible, by members of the management team

The registered provider, registered manager and deputy manager carried out a regular programme of audits to assess the quality of the service including care plans, complaints, concerns, medicines administration staff training and recruitment. Where shortfalls were identified, records demonstrated that these were acted upon promptly. At the time of our inspection, parts of the home were being refurbished. Areas for refurbishment had been identified and the action plan detailed what work was required and an anticipated completion date. This demonstrated to us that the managers were committed to continual improvement.

We also saw that the recommendations made by a fire officer following their recent visit had been implemented. This was particularly in regard to a fire exit door and the provision of adequate signage.

