ADR Care Homes Limited

Hill House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hill House is not registered to provide nursing care. Hill House provides care for up to 37 people in one adapted building. At the time of this inspection there were 18 people living in the home and one person in hospital.

At our last comprehensive inspection on 1 February 2017, we rated the service good. Following that inspection, we received concerns relating multiple areas of the service. We carried out a focused inspection to look at these concerns on 30 October 2017. We found the service was not meeting the standards we inspected in relation to management and maintenance systems, staffing levels, medicines management and respecting people's privacy.

At this inspection, we found that they had made the required improvements and were meeting all the standards. However, there were some areas that needed further development. This was in relation to the choice of food offered to people and building maintenance.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People were supported in a safe and appropriate way and staff knew how to recognise and report any risks to people's safety. Medicines were administered in accordance with the prescriber's instructions. There were sufficient staff who were recruited safely and competent and well supported.

Areas of the building required redecoration. People's health and nutritional needs were effectively met and monitored. People were provided with a balanced diet and staff were aware of people's dietary needs. However, choice of meal was sometimes limited.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported. People were supported to access health care when they required it. People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People were treated with dignity, respect and kindness and were supported in accordance with their preferences and wishes.

People received person centred care in relation to their personal care and support needs. People were supported to access a range of activities, but this was an area for further development.

There was a complaints process that people knew how to use and were confident they would be acted upon. People, relatives, staff and care professionals made positive comments about the running of the service. There were systems in place to monitor the quality of the home, listen to people and value staff. The service worked in partnership with other agencies.

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.

There were sufficient staff who were recruited safely.

Medicines were administered in accordance with the prescriber's instructions.

People were supported in a safe and appropriate way.

Staff knew how to recognise and report any risks to people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

Areas of the building required redecoration.

People's health and nutritional needs were effectively met and monitored. People were provided with a balanced diet and staff were aware of people's dietary needs. People's meal choices were sometimes limited.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in every day decisions about their care.

Is the service responsive?

Good

The service remains responsive.

People received person centred care in relation to support needs.

People were supported to access a range of activities.

There was a complaint's process which people knew how to use and were confident they would be acted upon.

People were supported to experience a calm, dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of the service, listen to people and value staff.

People, relatives and staff made positive comments about the registered manager.

The service worked in partnership with other agencies.

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

This comprehensive unannounced inspection took place over two days, on 12 and 17 April 2018. On 12 April 2018 the inspection was carried out by 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. Two inspectors carried out an early morning inspection on 17 April 2018, arriving at 7am. This was to assess whether there were sufficient staff to meet people's needs and preferences at that time of day.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events that the provider is required by law to send us.

During the inspection we spoke with seven people who used the service, three relatives, a hairdresser, eight staff members and the registered manager. The staff members included two night care workers, three senior care workers, two care workers, and an activities co-ordinator. We received information from service commissioners, one health, and two social care, professionals. We looked at records relating to three people's care and support. We also reviewed records relating to the management of the service. These included three staff recruitment and training records, and audits. On both days of the inspection we observed the care that people received.

After the inspection visits, the registered manager sent us additional information about the maintenance of the service. after our inspection visits we received a concern that staff recruitment and training records had been falsified. The provider investigated these concerns and sent us their report on 4 May 2018.

Good

Is the service safe?

Our findings

During our last inspection on 30 October 2017, we found the service required improvement in relation to staffing levels, medicines management and water temperatures. At this inspection in April 2018 we found improvements in these areas.

People told us they liked the staff, but that the staff were very busy and that they sometimes had to wait for assistance. One person said, "The staff are very good but you often have to wait. [One person] needs two [staff to assist them] so often has to wait." Another person told us, "There's no cook so the [staff] have to fill in. [They're] rushed off their feet." A relative said, "Well, let's put it this way, [staff] get by." They went on to say they felt the home was staffed to the "minimum number" required. Staff told us they felt there were sufficient staff to meet people's care needs in a timely manner. A health care professional told us, "There's always staff about, but often carers are in the kitchen."

Since our last inspection, an additional staff member joined the two night staff at 7am to help people get up and have breakfast. In addition, staff told us, and we found, that fewer people chose to get up before 7am. This meant there were sufficient staff member on duty in the early morning. We saw that the number of staff fluctuated depending on people's needs. For example, when a person required a significant amount of assistance overnight, a staff member slept in the building and was on call if the two night staff required additional support.

The registered manager used a tool to calculate the number of care staff needed depending on people's care needs. Rotas showed the care staff levels exceeded this number. However, the registered manager told us the cook had left over Christmas and staff, including the registered manager and care staff, had been cooking most meals at the service since then. The provider had recruited a new cook who was due to start work soon after our inspection. We concluded there were sufficient staff to meet people's assessed needs.

People's medicines were managed safely. Since our last inspection, the registered manager had ensured that there was at least one trained and competent staff member on duty at all times who could administer people's medicines. People and their relatives were satisfied with the way staff managed medicines. One person told us that staff "sort [their medicines] out" and that they were happy with this arrangement. Another person confirmed the staff regularly applied a prescribed cream to the appropriate part of their body. A relative said that staff had "sorted out the medication. [My family member] came back from hospital and the [registered] manager wasn't happy so they called the doctor out and sorted it all out."

Medicines were stored safely and administered by trained staff. Medicines records were accurate and amounts balanced with the records. We saw there was guidance in place for most medicines prescribed to be administered 'when required'. The registered manager had ensured all medicines prescribed in this was had guidance in place by the second day of this inspection.

People and staff told us, and records verified, that water was delivered to rooms at the appropriate temperatures most of the time. Where water temperatures varied, they said this was addressed quickly.

Regular checks of fire safety equipment and fire drills were completed. However, during our inspection we noted a number of doors that did not close properly, or had been wedged open. Following our inspection the registered manager told us these had all been addressed and ensured they closed effectively.

Staff knew how to respond in the event of a fire. However, we found the fire evacuation list was out of date and did not reflect the people currently living at the home. In addition, staff had not updated one person's personal evacuation plan to reflect that their needs had significantly changed. The registered manager amended both of these documents before our inspection was completed. The provider ensure that other checks, such as electrical or health and safety assessments, were also completed to help ensure people's safety.

People told us that staff answered calls bells quickly during the day but that sometimes had to wait longer at night. Staff told us that the call bells system worked correctly and now displayed the correct locations of the person calling for assistance.

Potential risks to people's health, well-being or safety had been identified, assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, nutrition, and the use of equipment. These assessments identified potential risks to people's safety and the controls in place to mitigate risk. People who were at risk of developing pressure ulcers had appropriate management plans and equipment in place to support staff in understanding how to reduce these risks. For example, people had appropriate pressure mattresses in place and staff regularly checked if these were set at the right setting. In addition, staff regularly repositioned people who were not able to change their position on their own. We found that this was effective in preventing people developing pressure ulcers and in healing those for people who had moved into the home with a pre-existing pressure ulcer.

People told us that they felt safe. One person said, "[Staff] make sure I am safe and comfortable." Staff had a good understanding of how to keep people safe and were confident that the registered manager would respond to any concerns they raised. Most staff told us they had received training and all staff knew how to recognise and report abuse. Information about safeguarding people from abuse was displayed around the service, which raised awareness and informd people of how to report any concerns.

The registered manager maintained a log of all accidents and incidents. They reviewed these and ensured all remedial actions had been taken and the risk of a further incident was reduced.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable to support people at the service. One staff member told us, "I filled in an application, had an interview, and completed health checks. My old [employer] gave a reference and a [criminal records check] was all done. I had to wait for those before I started working here." Records showed the provider had obtained pre-employment checks that helped ensure staff were fit for the role. This included written references, a criminal records check, proof of identity and qualifications. Following our inspection we asked the provider to investigate a concern that some staff employment records had been falsified. Their investigation found this concern to be unsubstantiated.

There were systems in place that helped control infections spreading. These included cleaning regimes, protective clothing and staff training. A relative told us the service was "usually clean and fresh and if someone does have an accident it's sorted out straight away." Staff explained to us the procedures they followed to protect people from the risk of infection. These included regular cleaning, and changing protective equipment including gloves and aprons, and washing their hands between tasks. The environment was clean and odour free.

The registered manager learned and made improvements at the service. For example, they had reviewed and amended the staffing levels in relation to people's needs and times people wanted to get up.

Requires Improvement

Is the service effective?

Our findings

The service is in a listed building, so minor adaptations had been made to enable people to be able to access the different floors via stair lifts. Ramps were also in place to aid and assist people with limited mobility. We saw that with staff support, people were able to access their bedrooms and all areas of communal space. The service was in the process of being redecorated internally. Whilst some areas had improved, such as the corridors with bright curtains and motifs to help people find their way around, some areas were still in need of redecoration and attention. For example, the paintwork in the lounge areas was chipped and the furniture marked with white rings showing where hot cups had been placed. The registered manager told us that there were plans in place to undertake this work. Not all the work had identified times for completion and we noted the maintenance person undertaking this work only worked at the home part time. In addition, the registered manager was not able to tell us if there were plans in place to redecorate the outside of the building where paint had flaked off the window frames and doors. We noted the first floor windows were dirty on the outside. The registered manager confirmed there were no arrangements in place for these to be cleaned.

We received mixed reviews about the food. One person told us, "I've just had a nice meal." Another person described the meal as, "Very nice." However, a third person said, "The food is alright. There's enough, but there's no choice you have to leave that up to [the staff]." The cook had left over the Christmas period, and since then staff had been cooking the meals. Although staff told us people were usually offered a choice of meal, and this was displayed on the menu, we found the actual choice offered was sometimes limited. The person cooking on one of the days we inspected told us people "can have an omelette or something else" but they confirmed that, "People were not offered a choice [of main meal] today. I'm not a great cook, but I would cook something different if asked." People were offered drinks and snacks between meals. Staff offered people a hot drink and toast or biscuits prior to breakfast being served if they got up early in the morning.

Tables were laid nicely with condiments, drinks, cutlery and flowers. Meals were plated up in the kitchen, but staff recommended the portion size each person preferred, and people were offered seconds. We observed staff supporting people appropriately at mealtimes. They encouraged people to eat and assisted people who were not able to manage on their own. Dining areas were appropriately decorated to give purpose to the area.

The registered manager had carried out assessments to identify if people were at risk of not eating or drinking enough and if they were at risk of choking. Staff monitored people's weights at appropriate intervals depending on risk. The registered manager had referred a person who was too unwell to be weighed to the district nurse, who then carried out an assessment of the person's body mass index (BMI).

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. The application procedures for care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a good understanding of when it was necessary to apply for an authorisation to deprive somebody of their liberty in order to keep them safe. They knew what steps needed to follow to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place where people's liberty was restricted. Peoples` mental capacity had been assessed when there was a need for it. Where people lacked the mental capacity to make their own decisions, arrangements were in place to ensure the care and support people received was in their best interest. For example, staff had consulted relevant people, including the person`s GP, pharmacist and relative, where they lacked capacity to understand why it was important for them to take their medicines. A best interest meeting took place and a decision made to administered the medicines covertly.

Staff described how they gained people's consent when providing personal care. For example, one staff member said they use "Gentle persuasion" and the person will let them assist them. They went on to say that if the person continued to refuse they would go back later or ask another staff member to try to assist the person. However, not all staff were confident in regard to best interest decisions and deprivation of liberty. The registered manager told us she had identified this and was planning additional staff training.

The registered manager assessed people's needs and preferences prior to them moving to the service. This helped ensure the service could meet each person's needs effectively. Both the health care professionals we spoke with described the staff as providing "good care" and as meeting the needs of the people they worked contact with.

Staff used assistive technology where appropriate to increase people's independence. For example, a pressure care mat placed beside a person's bed alerted staff to when the person was getting up and needed assistance.

People and their relatives told us that they felt staff were knowledgeable and met the needs of the people living at the service. One relative said, "This place is all about the staff, the carers are really nice and kind and that's what's most important." A care professional told us how hard staff had worked to get to know and understand the triggers for one person's anxiety, and helped to make the person's stay as comfortable as possible.

We found staff were knowledgeable about how to meet people's needs effectively and in a person centred way. Most staff told us they had received training from this provider to support them to be able to care for people appropriately and safely. This included training such as moving and handling, safeguarding, and health and safety. Staff told us that additional training was planned over the following few weeks. This included dementia training, to which the registered manager had invited relatives and regular visitors to the service, and end of life care.

Newly appointed staff told us they were completing the Care Certificate as part of their induction programme. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker. Staff also told us they shadowed more experienced staff until they felt confident, and were deemed competent to provider care unsupervised. Following our inspection we asked the provider to investigate a concern that some staff training records had been falsified. Their investigation found this

concern to be unsubstantiated.

Most staff told us they felt well supported by the registered manager and that this enabled them to carry out their roles effectively. This included regular supervision and staff meetings. One staff member shared how the rest of the team and the registered manager supported them with a learning need and enabled them to read people's care plans and maintain records. Another staff member said, "[The registered manager is brilliant. She's the best manager we've ever had. She's really good with staff. They ambience [in the service] is good. When staff are happy the residents are happy."

Staff were flexible in ensuring people's needs were met in a person centred way. Staff attended regular 'handover' meetings at each shift. This ensured that staff had the most up to date information and helped provide continuity between shifts.

Staff met people's day-to-day health needs in a timely way and people had access to health care and social care professionals when necessary. For example, GP, speech and language therapists and chiropodists. One person told us, "A GP comes out … the home will call them out." A relative said, "The doctor comes in. An optician came in and sorted out [my family member's] glasses. They also arranged for me to take [my family member] to the dentist to get [their teeth] sorted out too." We found that the staff team promptly identifying changes to people's health.

Good

Is the service caring?

Our findings

During our last inspection on 30 October 2017, we found the service required improvement in relation to respecting people's dignity. At this inspection in April 2018 we found improvements in this area.

People told us that staff were kind and caring. One person told us, "[Staff] are very helpful and kind, there are some really nice carers here." A relative said, "The carers are so kind."

Most staff said they would be happy with a family member receiving care at this service. One staff member said, "It's the 'olde worlde' warmth of the building. It's not modern or clinical. It's a family home." Other staff members said, "The staff are very nice", "The staff are friendly, it's homely" and, "There's a nice atmosphere at the home."

People received care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiling when approaching people. We observed sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated good relationships between them based on respect and trust. A regular visitor to the service told us, "There's a nice atmosphere here. [The staff] are usually happy, jolly and chatty. It's a happy place."

We observed staff supporting people in the communal areas of the service. Staff were attentive and reassured people when they became anxious. We heard a staff member provide a person with reassurance: they smiled and said, "Don't you worry, we've got it all under control." Staff involved people in their care so they knew what to expect. We heard staff members explain what they were doing and give clear instructions to people when they were assisting them to move. We heard one staff member say to a person, "That's it, turn around now, the chairs behind you." At the end of the manoeuvre, they asked the person, "Is that better? Let's uncross your feet…" and made sure the person was comfortable.

Staff treated people with respect and dignity. They addressed people using their preferred names and it was clear that staff knew people well. They knocked on bedroom doors and greeted people when they went in. Staff closed bedroom doors when they assisted people with personal care. When bedroom doors were opened staff made sure people looked presentable and dignified. When a person appeared in a communal area in their nightclothes, staff quickly responded and asked, "Shall I help you get dressed?" and assisted the person back to their room.

People looked well groomed, their hair looked clean and combed. There was a relaxed and calm atmosphere in the home. The relaxed manner staff approached people with created a sense of calm and a warm homely feel in the service. Staff were familiar with how people communicated and responded appropriately. For example, a staff member explained to us that one person walked around a lot when they were looking for the bathroom.

People and staff told us that people chose where they spent their time. For example, one person said, "I like to go downstairs in the afternoon and then I watch some television maybe. I come back up about 8[pm], I

have a drink and then I like to go to bed." Staff told us they wait for people to wake naturally in the mornings before assisting them to get up. They were knowledgeable about people's preferences, normal routines and life histories. They were able to tell us about people's health, interests, families' and important relationships. Care plans included information that showed each person as an individual and helped staff to meet their needs in a way that they liked.

Good

Is the service responsive?

Our findings

The registered manager assessed people's needs prior to them moving into the service. This helped to ensure staff could meet people's needs. From the assessment, the registered manager created care plans for each person that documented people's daily living and care needs. These helped staff to meet each person's individual requirements and provided guidance for staff on how a person wanted to be supported, including a person's likes and dislikes, interests and personal preferences. The registered manager reviewed these plans regularly to make sure they were up to date. The registered manager told us she included people and, where appropriate, their families in this review. However, none of the people we spoke to could remember this review taking place. One person's relative told us they visited regularly and did talk with staff and the registered manager about their family member's care, but could not remember anything "formal". People told us of the discussions they had with staff about their wishes and how these were respected. One person explained to us, "I like to get up early. I like to watch the TV. If I need staff, I ask. I ask for a cup of tea."

A staff member was responsible for planning activities two days each week. During both days of our inspection this staff member was present and we saw them engaging people in various activities including group games. People clearly enjoyed these, laughing, clapping and encouraging each other. During one afternoon people made some cakes. Some people had requested to visit the local pub and the activities co-ordinator was arranging this on the second day of our inspection. However, one person told us, "They don't have much [going on]. I join in with what they do have, silly stuff really, but it passes the time." A relative said that when the activities co-ordinator wasn't on duty, "There's not much going on. Sometimes people use the garden but it depends on how many staff are around if people can do that." One person told us how much they enjoyed helping with the chickens in the garden and staff told us that another person got involved in making tea and washing up sometimes. Care professionals praised the staff for the encouragement they had given to people. One care professional said, "The staff [have] persevered and managed to get [the person] to do more things than previously possible." They described the person's care from the service as, "Very person centred."

Staff told us they regularly assisted people to walk around the village: to the local church and see the nearby horses. The service was planning to host an open day for the public and a fete later in the year.

We found that this was an area still in development. The registered manager told us the hours dedicated to activities would be increased in June and she was encouraging all staff to promote peoples involvement in activities of daily living, such as laying the tables and flower arranging.

People were encouraged to maintain and develop new relationships. Relatives and friends of people who used the service were encouraged to visit at any time. One person told us that staff always asked her to "look after" any people new to the service. This was a role the person clearly enjoyed and had made friends with some of the people in the process.

The registered manager told us that they had received no complaints since our last inspection. People and relatives told us that they knew how to raise concerns and were confident that the registered manager

would address any issues promptly. A relative told us, "I haven't complained because I would only need to ask and someone would help. I have a good relationship with the registered manager who does her best." We saw information displayed in the service advising people how to complain if they were unhappy with their care.

The service supported people at the end of their life. A relative was complementary about the care their family member was receiving at the end of their life and the person told us, "I am comfortable." The registered manager was knowledgeable in this subject and ensured shared her learning with staff. Some staff had also attended training in this area and more training was planned for staff. People's wishes were recorded in their care plans and staff were aware of these, including who to contact if the person required additional pain relief. The registered manager met regularly with health professionals to ensure that they experienced a calm, dignified and pain free death.

Good

Is the service well-led?

Our findings

During our last inspection on 30 October 2017, we found the service required improvement in relation to management systems. At this inspection in April 2018 we found improvements in these areas.

The registered manager carried out a regular programme of audits to assess the quality of the service. These included auditing the incident and accident forms, infections, people's weights, medicines, care plans, and infection control and infection. In addition, other staff carried out audits that the manager oversaw. These included audits relating to the property and services such as the water temperatures. Where shortfalls were identified, records demonstrated that these were acted on promptly and were effective. The registered manager was in the process of developing an improvement plan for the service. She told us this would include the areas of the home that needed decorating.

People and relatives knew the manager and spoke well of her. One person told us, "We've had four or five managers since I've been coming here and this one is the best of the lot without a doubt." Another person said, "[The registered manager's] the best they've ever had and there have been quite a few. When she first came she wrote to families telling them she would like to meet them." A relative told us, "[The registered manager's] approachable and I can ask anything. If I asked for anything she would do her best to sort it." A regular visitor told us, "[The registered manager's] changed the home around. She's made a difference… She's more involved… chats with residents and makes sure I'm alright."

There were regular, bi-monthly, meetings where the registered manager sought people's views on their care and how the service could be improved. Minutes showed that at the last meeting topics included how much people like the chickens, what people thought of their bedroom and positive comments about the food. Relatives told us they had completed surveys in relation to the service and were aware of meetings they could attend, but chose not to.

Staff also complemented the registered manager. One staff member said, "We all like [the registered manager]. She's laid back but will tell us if there's an issue and tells us we need to work together." Most staff told us they felt well supported by the registered manager and received regular supervision where they were able to discuss any issues they may have and talk about additional training and development needs. Staff told us that staff meetings took place on a regular basis, at least three to four times a year. They told us they could openly discuss any concerns or raise suggestions they may have at these meetings. The registered manager confirmed these meetings were also used as a forum to ensure staff understood what was expected of them.

The service worked in partnership with other agencies to help ensure people received the appropriate support. The three health and social care professionals we spoke with were very complimentary about the service. One told us, "I think it's a very, very good, very person centred service. I was humbled by how hard they worked to try to meet a person's needs. The manager has done fantastically. She's excellent."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain

events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.