

# Park Avenue Ltd

# Hill House

## Inspection report

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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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hill House is a residential care home providing accommodation and personal care for up to 13 people. At the time of the inspection eight people were receiving support. The home supports adults including people over the age of 65, with various needs including learning disabilities and autistic spectrum disorder and a mental health diagnosis.

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

People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely. Care plan and risk assessments were up to date and reviewed regularly. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's privacy and dignity was maintained. People were encouraged to be independent.

Systems were effective for monitoring the quality and safety of the services provided. There was good involvement with community professionals. Staff knew how to raise concerns.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The service maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human Rights. Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (21 April 2020).

### Why we inspected

The inspection was prompted in part due to whistleblowing and safeguarding concerns received. The concerns highlighted possible neglect, poor medicine management, environmental issues and allegation of

abuse. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and effective sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hill House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors. One inspector visited the home for one day, and both inspectors reviewed documentation and made telephone calls to staff, families and professionals for four days.

#### Service and service type

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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, nominated individual, the head of operations, registered manager, deputy manager and care workers. We spoke with two professionals who have regular contact with the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There had been whistleblowing received by CQC about allegations of neglect, sexual abuse and physical abuse. It was alleged these incidents had not been reported to safeguarding or CQC. We reviewed the homes safeguarding processes and found the registered manager had acted to keep people safe and notified the relevant authorities where incidents had occurred. We did not find any additional incidents where people had been unsafe, that had not already been notified to us.
- People and their relatives told us they felt safe. One person told us, "Yes, I feel safe, I don't ever feel unsafe."
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I have had training but never any concerns, if I was worried, I would report to senior on shift and would go to deputy manager if the senior doesn't respond."

Using medicines safely

- There had been whistleblowing received by CQC alleging poor medicine management. We reviewed three people's medicines and found people received their medicines safely.
- We found some records were not always accurate, for example prescribed cream instructions were not consistent but these issues were resolved during the inspection and there had been no harm caused to people.
- Staff were trained in medicines management and competency checks were carried out to ensure safe practice.
- The deputy manager was aware of the NHS England national project STOMP and actively followed it within the home. STOMP refers to stopping the over medication of people with a learning disability, autism or both. STOMP is about helping people to stay well and have a good quality of life.

Assessing risk, safety monitoring and management

- There had been whistleblowing received by CQC alleging staff were not trained in how to respond to a fire, fire doors were locked, and people had access to cleaning products from an unlocked room. We found no issues with the fire doors in the home and cleaning products were stored safely in a locked room. Staff had received training in fire safety and told us they had regular drills and knew what to do in the event of the fire alarm sounding.
- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe.
- Staff had a good understanding of people's needs and associated risks. A professional said, "The adherence to recommended care plans by staff is good."
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need.

### Preventing and controlling infection

- We received concerns about the outside bin area overflowing. We saw this was the case, but it had been cordoned off and was not accessible by people. There was also debris such as kitchen equipment and cardboard boxes in the areas and a clinical waste bag that had not been put into the clinical waste bins. We raised it with the registered manager who was aware and had a skip ready to transfer the waste. They told us the area has now been cleared and a waste removal contract has been agreed to prevent further instances of rubbish build up.
- We were assured of good infection control practice in relation to COVID-19. For example, visitors were prevented from catching and spreading infections, people were admitted safely to the service, PPE was used effectively and safely and people using the service and staff were being tested.
- There was an infection prevention control policy in place, however this did not signpost to the COVID-19 risk assessments and procedures that had been put in place. We discussed this with the registered manager who said they were aware and had raised this with the nominated individual so a policy review could take place.

### Staffing and recruitment

- During the last inspection we saw staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. During this inspection we saw an audit had taken place on staff files, to ensure all relevant documents were present and safe recruitment practices continued.
- Staff told us there were enough of them on shift to keep people safe, a staff member said, "I think there are enough staff at the home to support everyone well."

### Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and future risks were reduced.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The location of the home enabled people to have easy access to health care services in the same way anyone in the local community would.
- The registered manager told us, in information they shared before the inspection, there was input from community teams such as speech and language and the GP, we saw this reflected in people records.
- People attended health appointments and where they required follow up appointments, these were booked and documented. A professional said, "[Deputy manager] is quick to respond if issues are identified."
- People had access to the dentist. People's care plans contained information about how they wanted to be supported with oral health care. Due to COVID-19 people had not been able to attend routine appointments so the deputy manager was completing oral health checks to ensure any issues could be identified and escalated.
- People using the service had accessed annual health checks. Annual health checks are for adults with a learning disability. An annual health check helps people stay well by talking about their health and finding any problems early, so they get the right care.

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

- People's needs were reviewed and assessed for changes on a regular basis. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their care planning. This included people's needs in relation to their gender, age, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. A professional said, "There is impressive evidence of staff's adequate understanding of the holistic needs of the people."
- Staff told us they had access to training that was relevant to their role. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported.
- Staff understood their responsibilities and what was expected of them. They received supervision which enabled them to receive feedback and the opportunity for development.

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

- People were able to choose what they ate, one person said, "I get to choose [what I eat], the cook makes good food."

- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines and monitored people's food and fluid intake along with their weight.
- Some people were having their fluids monitored however there was no clear guidance around what amount of fluid they should consume each day. We discussed this with the registered manager and deputy manager who updated documentation during the inspection.

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

- The layout of the home allowed people to access various lounges meaning people had a choice of where they wanted to spend time and who with. We observed people utilising different spaces in the home throughout our visit.
- One person showed us around their bedroom, it was personalised to their likes and interests and they had items that were important to them.
- The registered manager told us there were hoping to develop the garden and indoor space to consider people's sensory needs and preferences.
- The home was showing some general signs of wear and tear such as the walls had some marks and stains. The registered manager acknowledged this and was already looking at sourcing different quality paint that would make it easier to clean the walls. In addition, the registered manager discussed ideas for how they plan to maintain the environment moving forward, such as Perspex coverings in high touch areas.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager had undertaken mental capacity assessments and in-turn best interest decisions where needed. DoLS applications had been made for people who required them.
- Staff understood their responsibilities in relation to the MCA and we saw staff received training in this area. Staff were able to tell us people had the right to make decisions for themselves and this including refusing to participate in things.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt well supported and listened to by the staff team, a person said, "I like the night staff; they play games with me". A relative said, "I feel [staff] have been very good with [person] ... [Person] always look happy when we see them and that is very important."
- Staff understood people's individual diverse needs and respected them. A staff member said they supported people by "giving lots of choice and following wishes and cultural needs". They then went on to say, "We do have two people who are [religion], they have specialist diets."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use the information to provide personalised care.

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

- People felt well supported and listened to. One person said, "There's no staff I don't like, they never do anything I don't want." A professional said, "I feel [Deputy manager] is really supportive and caring, she advocates strongly for the young people [who live in the home]."
- Care plans and risk assessments were person centred, contained details of people's needs and were reviewed and updated as needed. People and their relatives were involved in discussions about the care provided.
- The provider had commissioned an independent advocate to visit the service weekly. Due to lock down restrictions the advocate could not visit, however calls had been arranged instead. An independent advocate can speak up for an individual or group. Independent Advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff said they "shut doors" when supporting people to maintain dignity. A person told us, "Staff always knock on my bedroom door [before they come in]."
- Staff were sensitive and respectful when talking about the people and told us how they supported people. A staff member said, "I treat people the way I would want to be treated."
- People were encouraged to be independent, a person said, "Every morning I make my bed and take my washing to the laundry."
- Peoples records were stored securely which ensure personal information was only available to people who needed to see it.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt well supported and staff and relatives expressed confidence in the management team. A staff member said, "Yes I am supported I can ask the manager if I need anything and she is always available, and I always have a senior on duty." A relative said, "The deputy manager is very responsive, and we have been able to address any concerns quite quickly."
- There was some anxiety expressed about the proposed new management structures at the home. We discussed this with the provider, nominated individual and head of operations who said they would write out to families to ensure they were aware and arrange staff meetings to enable an open discussion.
- The staff and management demonstrated a person-centred approach for the people they supported. People had choice and control and were involved in day to day decisions.
- Staff understood whistleblowing and they said they would feel confident to raise a concern. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal or unethical.

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

- During the last inspection we found staff were not always recording when they had supported a person with care tasks. We found the same issue at this inspection. We raised this with the registered manager who changed the documentation on the day so staff could record when they offered support and it was declined as well as when they provided it.
- The registered manager told us audits of the home had taken place and records reflected this. There were action plans in place which identified areas of improvement. When actions were achieved, this had been recorded on the audit.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision, and schedules reflected this.
- The registered manager had notified The Care Quality Commission of events which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff communicated with the GP, community nurse and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

- A professional said, "I am happy with the care, communication is good from [deputy manager] ... It's nice to give feedback, especially when they are doing well."
- Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs, so staff knew what their support preferences were.

#### Continuous learning and improving care

- The registered manager discussed with us their ideas for how they would continue to develop the home and encourage continuous improvement. The registered manager discussed a proposal for new furniture for the home that would better suit the needs of the people and a new sensory area.
- The registered manager also discussed a review of activities to ensure they were individualised, and people benefitted from them. The registered manager then talked about documentation being more accessible to ensure people had all the relevant information available to them to be able to make informed choices.

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.