

Mr T P Hanley and Mrs S E Hanley

Hill Grove

Inspection report

Hill Grove
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Norwich
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NR4 7RE

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hill Grove is registered to provide accommodation and personal care for up to 20 people, some of whom live with dementia. The service is located in the small Norfolk village of Cringleford. When we visited there were 15 people living at the service.

This unannounced inspection took place on 26 October 2016.

A registered manager was in post when we inspected the home. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

At the last inspection of 05 May 2016 the service was rated 'Good'. At this inspection the service remained 'Good' and met all relevant fundamental standards.

We brought forward this inspection due to concerns of which we became aware. Those were that people were being got up very early in the morning and had not given their consent for this. Also there was concern about the moving and handling techniques used at the service and the care and management of a person's catheter.

At this inspection people that we up at 07.30a.m. had given their consent. We found that all staff had been trained in moving and handling when they joined the service and had completed refresher training on a yearly basis. Staff were knowledgeable about the equipment in the service, how it was to be used safely and for those people that needed assistance how this was to be achieved. This was reflected accurately in people's care plans and we saw staff moving people during the inspection with courtesy and safely.

Staff were aware of what to do should there be any problems observed with catheters and this was recorded in the person's risk assessment. Changing of the catheter was planned by the district nursing staff and the service staff were aware that should they have any concerns they could call upon the district nursing staff at any time.

Each person had their own written risk assessment and related care plan to inform staff how to support people to meet their need. Staff had received training in safeguarding people and knew how to make referrals should the need arise.

Staffing levels were appropriate to support people meet their individual assessed need. There was a robust recruitment process for employing staff appropriately to care for vulnerable people. Processes and procedures were in place to receive, record, store and administer of medicines safely. There were individual protocols for the administration medicines.

Staff received supervision, training and a yearly appraisal.

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. Staff encouraged people to eat sufficiently and have drinks of their choice. A range of healthcare professionals visited the service as requested by the staff to support them and the people to meet their needs.

People were supported by staff to make day to day decisions about their care and act upon their choices. This included the time they got up and went to bed. People's dignity and privacy was respected by the staff. Care was delivered in an understanding and empathic way to meet people's needs.

There was a care plan in place for each person which was based on an individual needs assessments and took into account people's preferences. The care plans were reviewed regularly to remain relevant and up to date. People were encouraged to engage with a variety of activities. Complaints were recorded and acted upon and compliments had also been recorded.

There were systems in operation designed to ensure the service was managed effectively and to monitor the quality of the service provided.

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 ●

The service remains 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 Grove

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 comprehensive inspection visit took place on 26 October 2017.

The inspection team consisted of one inspector. Before our inspection we looked at information that had been sent to us by the registered manager. We also reviewed our previous inspection report. We had not requested a Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. This was because the inspection was planned at short notice due to concerns received.

We spoke with five people who used the service and one relative. We also spoke with the registered manager, two directors and four members of care staff.

During our inspection we used the Short Observation Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed staff interactions with the people in their care and looked at the care records of four people who lived at the service, staff recruitment and training records plus arrangements for meal provision. We also viewed staffing rotas with regard to people's assessed needs, the recorded complaints and compliments, medicine records and audits of care.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they felt safe. One person told us, "I like it here, I feel safe because the staff know me." Another person told us, "There are always staff here to help me." The staff knew people well, with regard to their individual needs and how to keep people safe.

There were systems in place designed to help to keep people safe from the risks of abuse. This included that staff had received training which enabled them to recognise signs of abuse and how to report and act upon concerns. A member of staff told us, "We have been given training about safeguarding when we join the service and then refresher training every year."

Each person had a risk assessment which was reviewed regularly and the supporting care plan had been written clearly to inform the staff of the action to take to keep the person safe. Staff were knowledgeable about the risks to each person and how these risks were to be managed. This included risk assessments to reduce choking, management of diabetes and catheter care.

Each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of an emergency.

Before new members of staff began working at the service pre-employment checks were completed. The staff files contained evidence of proof of identity, disclosure and barring service checks, employment histories and references.

There were sufficient members of staff to meet people's assessed needs. The registered manager used a dependency tool to determine the number of staff required to meet the assessed needs of the people. We noted throughout the inspection that call bells were answered quickly. Some people were not able to use a call bell due to the nature of their illness. For those people staff visited them regularly to check upon their well-being. All of the staff we spoke with considered there were enough staff on duty for each shift to meet people's needs.

We saw staff administering medicines safely. One person told us, "The staff bring my tablets to me, as I think I would forget to take them." Staff confirmed they had undertaken medicine training and competency assessments to enable them to administer people's medicines safely.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Concerns had been raised with the CQC regarding the care of a person's catheter and also the moving and handling techniques used at the service.

We saw in the training records that all staff received training including moving and handling as part of their induction training when they joined the service. All of the staff we spoke with confirmed this was correct and also that they received yearly refresher training to update and maintain their skills. This included training in moving and handling.

A member of staff told us about the training they had completed. They said, "I learnt about manual handling from our training. This includes to be aware of what hoists and slings to use and to ensure the correct loops on the sling are attached correctly to the hoist." The registered manager also explained the induction process to us and staff told us that they had a yearly appraisal and regular supervision sessions. A member of staff told us, "Supervision with the manager has been helpful to discuss matters and find solutions."

We saw in the care plan there was a detailed risk assessment, including infection control, daily records and contact with the district nursing staff regarding the planned changing and maintenance of the person's catheter care. All of the staff we spoke with were aware of this information and if they were concerned at any time to contact the district nurse team for support.

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

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. People's capacity was assessed and consideration was given to making a DoLS referral where necessary. Advice had been sought in situations where it was not conclusive.

People told us that they enjoyed their meals. There were choices available for breakfast, dinner and tea. One person told us, "The food is super." Another person told us, "Very nice food indeed." The staff were

knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. The registered manager explained how they verbally informed the catering staff and this information was recorded in the kitchen about the needs of new people and also any changes in people's needs.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The staff had regular contact with GP surgeries that provided support and assisted staff in the delivery of people's healthcare. People were supported to attend hospital and appointments with other healthcare professionals.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Concerns had been raised with the CQC that people were being made to get up in the morning against their wishes. When we visited we found five people were up and two were fully dressed eating their breakfast supported by staff. Three other people were drinking tea calmly chatting with each other dressed in dressing gowns. Although not all of the people could converse with us, those that could told us they liked the staff and it was their choice that they had got up.

People felt that staff treated them well with kindness and care. One person said, "Everyone works hard here and they are all very nice." Relatives informed us there were no restrictions on relatives visiting people. A relative told us, "We can visit whenever we want. The director is friendly and helpful."

We saw that staff sought permission before they entered people's rooms. One person told us, "They always knock and ask for permission to come in."

People received care from staff who had worked with them and their families to make a homely environment. Everywhere was clean and decorated in calm colours and styles relevant to care of people with a diagnosis of dementia. The registered manager talked to people with an understanding manner and supported a person to find their way around the service, when they had lost the way to their room.

Staff explained to us how they supported people to express their views and to make decisions about their day to day activities. This included what people wanted to wear and what they wanted to do that day. The staff had sought the views of family members about people's choices how to support and treat people regarding those people unable to express an opinion when asked. This information had been recorded in the persons care plan. We heard staff speaking with and listening to people to determine and understand what they during the inspection. We saw staff sitting with people chatting and drinking tea, while discussing the weather and events in the news.

People received care which was respectful of their rights to privacy and maintained their dignity. During the inspection staff were sensitive and understanding to people's individual needs and choices. This included talking with people about if they wanted a bath or a shower and when they wanted to use the washing facilities.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us they were happy with the care they received. Individual care plans had been developed in relation to a pre-admission assessment. This was carried out to determine if the service could meet the individual's needs. The care plans recorded information about the person's likes, dislikes and their care needs. Care plans were detailed sufficiently for the staff to understand how to deliver care to people in a way that met their individual needs. The outcomes for people included supporting and encouraging independence regarding choosing their own clothes, what to eat and when to get up and go to bed. This meant that the care plans were clearly written and had been reviewed and updated to reflect people's changing needs and preferences.

We observed staff talking with people and arranging personalised care with them. Hairdressing and nail care took place and people were assisted to have a bath during the time of the inspection. We saw that this information was recorded in people's care plans.

Different activities and outings were planned and staff worked together in making sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. During our inspection we saw people participating in individual activities of their choice. Some people liked colouring pictures while others wished to visit the local church supported by staff.

People had been provided with a copy of the complaints system upon joining the service which was also available in the reception area. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make a complaint it would be handled quickly and dealt with properly. One person told us, "It is nice here, never had to complain." Another person told us, "I have nothing to complain about and if I did the staff would sort things out for me." The service staff had also received and had kept a number of compliments about the service during this calendar year.

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

There was a registered manager 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 spoke highly of the registered manager. One person told us, "The manager is very helpful and nothing is too much trouble." A member of staff told us, "The manager is understanding and supportive they will always help you."

People received care in a homely environment from staff organised and knowledgeable about the people's needs in their care. The registered manager promoted a culture which placed the emphasis on individualised care in a relaxed atmosphere. Many people had a diagnosis of dementia and hence the staff had received training in dementia care and support. The registered manager informed us about their importance for staff to listen, explain and be appreciative of the persons needs with respect to the difficulties people experienced with memory and judgement due to the dementia.

The management staff were involved in all aspects of the service and were accessible to people, relatives and staff. The staff interaction with people and with each other was observed to be friendly and positive and both people and relatives spoke of the good relationships and friendly environment in the service. A member of staff told us, "There are always enough staff on duty and we are supported by supervision and training." Another member of staff told us, "I like working here because the manager cares about the people and also the staff, we are all very important to them."

Quality auditing processes were in place to monitor and plan any actions required to ensure a safe quality service was provided to the people. We saw that monthly audits were carried out and the registered manager with the senior team planned resulting actions to be taken in a timely manner. There were also audits of medicines plus health and safety checks of the service to monitor and drive improvements to the service. The service also arranged surveys of relative's views and staff opinion and acted upon this information for the benefit of and development of the service.