

# A D R Care Homes Limited Hill House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Hill House provides accommodation and personal care for up to 37 older people including those living with dementia. Accommodation is located over two floors. There were 26 people living in the home when we visited.

This unannounced inspection was undertaken on 4 February 2015. During the previous inspection on 27 July 2014 we found the provider was not meeting all the regulations that we looked at. We found that there were breaches of three of the regulations and these were in relation to care and welfare of people, the premises and failure to inform the Care Quality Commission (CQC) of

serious incidents. The provider wrote and told us of the actions that they would take to ensure that the regulations were met. During this inspection we found that these regulations had been complied with.

The home had a registered manager in post. This person was temporarily absent from the service as they were working and providing support in another of the provider's locations. The deputy manager was managing the home in the manager's absence and was being supported by the provider. A registered manager is a person who has registered with the Care Quality

# Summary of findings

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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. There were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. However we found that the policies and procedures had not been followed and staff were not knowledgeable about submitting applications in relation to DoLS to the appropriate agencies. Records showed that where people lacked the capacity to make decisions they were not always supported to make decisions that were in their best interests.

Care records did not always reflect people's current care and support needs. People were provided with sufficient quantities to eat and drink.

Staff respected people's privacy and dignity at all times. They were seen to knock on people's bedroom doors and wait for a response before entering. They also ensured that people's dignity was protected when they were providing personal care. People told us that the staff were very kind.

The provider's complaints process was available on the main entrance notice board but did not provide people with timescales by when the complaint would be investigated and where they could go if they remained unsatisfied with the response that they received. It was not clear from the complaint records if people were satisfied with the outcome of the investigations as the outcome was not clearly documented.

The provider had a recruitment process in place. Staff were only employed after all essential safety checks had been satisfactorily completed.

The provider had surveys in place to seek people's views to identify areas for improvement. However an action plan had not been written to demonstrate the improvements that were to be made following people's feedback. Audits completed did not always demonstrate where action had been taken when improvements had been required.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Not all staff were aware of the actions to take to ensure that people living in the home were kept safe from harm.

Risk assessments had not been updated when people's needs changed.

There were sufficient numbers of staff to meet people's care and support needs

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Not all staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were effectively met.

**Requires Improvement**



### Is the service caring?

The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff spoke with people in a caring and respectful way.

**Good**



### Is the service responsive?

The service was not always responsive.

People could not be confident that their concerns or complaints would be effectively or fully investigated as the procedure in place did not provide timescales for responding to complaints or whom the complainant could contact if they were unhappy with the response

People had been consulted about their care needs and wishes but care plans did not always reflect the current needs of people.

**Requires Improvement**



### Is the service well-led?

The service was not always well led.

Although there were systems in place to monitor the quality of the service, the system did not identify that action needed to be taken and if it had been taken.

There were opportunities for people and staff to express their views about the service.

**Requires Improvement**



# 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 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 4 February 2015. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer.

Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 12 people who used the service and one visiting family members. We also spoke with the provider, deputy manager, and a total of nine staff which included the maintenance person, cook and the laundry worker.

We also looked at six people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

# Is the service safe?

## Our findings

People told us they felt safe living at Hill House. One person said: “The staff are lovely and it’s nice to know there is someone there if you need them”. Another person said: Yes, I do feel safe here”. One relative said: “I am very happy and feel [family member] is safe here and well cared for”.

The provider had previously failed to notify us of a number of incidents that they were required to tell us about. During this inspection we found that we had been notified of all of the incidents that we needed to be informed of.

Staff confirmed they had received training in safeguarding people from harm, although not all staff were clear about whom they would report concerns to especially if they needed to go to external agencies. They were not sure where they would find the information about safeguarding but thought it could be in the office. This could put people at risk of not being protected from harm should an incident occur.

Risk assessments were undertaken and care plans described the help and support people needed if they had an increased risk of falls or had reduced mobility. The care plans identified the action required to reduce these risks for people, especially for those using mobility equipment. A number of risk assessments had not been reviewed, especially for those people who are cared for in bed and had a risk from developing a pressure sore.

Staff demonstrated they were aware of the assessed risks and plans within people’s care records. Staff had ensured that people who had reduced mobility had access to walking frames. In addition, we observed that when needed staff accompanied people when they walked from room to room.

One member of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

There were sufficient numbers of staff available to keep people safe and people received the care they needed. Call bells were answered in a timely manner and we observed that staff delivered care to people when they required it. One person said: “I don’t have to wait very long if I need help, the girls [staff] come as quickly as they can”. A relative told us: “It’s great. The carers are fantastic and [family member] says they [staff] come when they call”

The deputy manager told us the service did not use staff employed by agencies to assist them with unplanned staff sickness or leave and care staff covered shifts when required. Staff told us that there were enough staff on duty to meet people’s care needs. During this inspection we found that there were enough staff on duty and people’s needs were responded to in a timely way. One person told us: “the staff are good and they come quickly when I need assistance”.

Medicines were stored securely and at the correct temperature. We saw that people were offered pain relief and that staff recorded the time that it was given and the amount administered to ensure that the person had the prescribed time between doses. Appropriate arrangements were in place for the recording of medicines including those medicines that were no longer required. There were no written instructions for one person’s medicine that required them to have it administered in a specific way. This could potentially cause serious health problems if not taken correctly.

# Is the service effective?

## Our findings

The deputy manager and some staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Training had yet to be arranged for all staff. Staff did not know what steps were needed to protect people's best interests. In addition, they were unclear on how to ensure that any restrictions placed on a person's liberty were lawful. We heard a couple of people asking to leave and wishing to go home. When we asked staff about this they told us: "They are always asking to go home but they need to stay here". They were unable to demonstrate that a decision had been made in their best interest. There were no formal systems to show how people had been assessed as having capacity when planning and delivering care. In all records we looked at we saw, no one had received a formal assessment to establish their capacity for decision making. We also noted that people's care plans had limited information about how care was to be provided in the person's best interests or their preferences for how their care was to be delivered. This meant people may be being deprived of their liberty.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in July 2014, we had concerns in relation to the environment. The laundry room was unclean and suitable facilities for hand washing were not available. During this inspection we found that the laundry room was clean and tidy and well organised. Laundry had been separated to ensure that there was no cross contamination between soiled and clean laundry. A hand wash sink, paper towels and antibacterial soap were available for staff to wash and dry their hands effectively after handling soiled linen.

We found that decoration had taken place in a number of the communal areas. One person said: "It's lovely and clean and tidy". Another person we asked about the environment commented and said: "It's a nice place to live". A third person we spoke to said: "It's clean and tidy. Very nice and I am happy here". The maintenance man we spoke with told us that he had further rooms that were to be decorated over the coming weeks. He said: "I'm proud. It's starting to look more homely".

On the day of this inspection some areas of the home were cool especially the sitting area near to the office where there were six people sitting. One person said: "I am chilly today but the staff got me a blanket. Although my room is warm enough". Other people commented: "I do sometimes find it cold". Another person said "when it is cold staff get me a blanket to keep me warm". There were no thermometers available so that the provider was unable to establish the temperature throughout the home to ensure that people remained warm. Prior to the inspection we received a concern from a relative to say that their family member's bedroom was cold. We checked in a number of bedrooms in the area and found that they were all warm. People we spoke had no complaints that their rooms were cold.

Staff told us and the training records we reviewed showed that staff had received training in a number of topics including fire awareness, infection control, food safety, moving and handling, and safeguarding people. One member of staff said: "I joined around a year ago and had a good induction. It covered all the areas I needed which included safeguarding, how to move someone safely and first aid". The induction included up to two weeks shadowing an experienced member of staff who knew the people in the home very well.

Staff told us they had received regular supervision and felt well supported to effectively carry out their role by the deputy manager. These sessions gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

We saw that people were provided with enough to eat and drink. One person said: "The food is lovely. I have no complaints". Another person said, "I really can't complain. I have been happy with the food. If you fancy something else they always try to sort it out for you". A relative said, "The food seems ok, [family member] always enjoys it".

We observed some people having their lunch in the dining room and noted that the meal time was a relaxed, social event in the day, and that people were encouraged to come together to eat. However, some people had chosen to eat in the lounge or their own bedroom and this was accommodated by staff. People received individual assistance where necessary from staff to eat their meal in comfort and their privacy and dignity was maintained. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow.

## Is the service effective?

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen or what was on the menu for the day. People were offered a choice of soft drinks, and a hot drink after their meal. People made different choices to the menu of the day and they were provided with alternative meals.

People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. A person said: "I see a doctor when I need to". The district nurse was complimentary about the care and confirmed that the staff reported any concerns to people's health quickly. They did not raise any concerns about how people who lived in the service were supported to maintain their health.

# Is the service caring?

## Our findings

People were happy with the care provided in the service and they told us that they received a good standard of care. One person said, “I moved in a while ago and I really can’t fault it. Staff are kind. Another person told us, “The staff are very good and there when I want them”.

A relative was confident in the care people received. They said: “It’s great. The carers are fantastic. I am always popping in and see how well the staff get on with the people who live here and really care about them. When my time comes, I would move in”. Another person commented “[family member] let staff wash their hair last week. What a difference. [Family member] did not always give consent so staff or the hairdresser couldn’t always do anything for them”.

There was a homely and welcoming atmosphere within the service which was reflected in the comments we received from people, their families, staff and visiting healthcare professionals. A relative told us: “I always get a warm welcome and a cuppa when I come and I can pop in whenever I want to.” A member of staff said: “The residents are lovely. They are like my family, I love working here”.

We saw that staff treated people with respect and in a kind and caring way and that staff referred to people by their

preferred names. We observed the relationships between people who lived in the service and staff were positive. One person said, “You can have a laugh with the staff and I like that.” We saw staff supporting people in a patient and encouraging manner when they were moving around the service. For example, we observed a member of staff support someone to walk down to the dining room for lunch, allowing them to walk at their own pace.

We noted that staff respected people's privacy and dignity. People gave us examples of when staff would knock on their bedroom door before entering and remembered to close the door when changing their clothing or attending to their personal needs. A relative told us that the staff talked and communicated with their family member. They said: “Yes they do treat [family member] with dignity and respect. The staff talk with [family member]; they [staff] are wonderful”.

Some people could not easily express their wishes and did not have family or friends to support them to make decisions about their care. The deputy manager was aware that local advocacy services were available to support these people if they required assistance; however, there was no one in the service which required this support at the moment.



# Is the service responsive?

## Our findings

The home had a brief complaints procedure which was available in the main reception. It stated that if anyone had a complaint they could speak to a member of staff who would deal with the concern. It did not give information of timescales that the complaint would be dealt within or where people could take their complaint to if they were not satisfied with the outcome. The records of complaints received only detailed when the response sent to the complainant, so it was unclear if the complaint had been dealt with appropriately. Prior to this inspection we received information from a complainant who had not had their complaint responded to within an appropriate timescale and it was not addressed to their satisfaction.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at six care plans, and saw that although people's needs had been regularly reviewed, this information had not always been transferred to their care plan. Whilst some information had been added this was not always signed and dated by the author so was unclear if it was still relevant. We noted that one person's care plan stated that they wore a sling but this was no longer the case. Another person's review provided information that they needed a wheelchair for transfers although the person was now cared for in bed.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person said: "I'm very well looked after". People said that they would be happy to tell staff how they would like their care. One person said: "I like living here; the staff are kind to me and help me when I need it."

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way that people preferred. One member of staff explained to us how they always encouraged people to be as independent as possible by giving them time especially when getting dressed in the morning.

Pre-admission assessments were undertaken to identify people's support needs and care plans were developed stating how these needs were to be met. The provider told us how people and their families would be encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met. Staff member said: "People get good care here and Yes, I would be happy for a relative to be here". Other relatives and professionals we spoke with confirmed that people receive good care and staff dealt very well with people who needs were challenging.

After lunch we observed people sat in the communal areas, listening to music, reading their newspapers and completing jigsaws. Overall, people were happy with lots of smiles and laughter in what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and that their rooms were personalised with pictures, photos and paintings.

# Is the service well-led?

## Our findings

At the time of our inspection whilst there was a registered manager they were not managing the home at the present time as they had been seconded to manage another of the provider's homes.

A deputy manager had recently been employed and was managing the home with support from the provider. The provider had been visiting the home regularly to support staff and ensure that people were having their needs met and staff were provided with the support that was required. A staff member confirmed that the provider was regularly in the home providing support. One relative told us: "I don't know who the manager is but they [staff] are doing a fantastic job. I don't know how the staff do it. Residents can be challenging".

We were told by the provider and the deputy manager that risk assessments were not in place for environmental factors, for example, a step leading into the dining and the stairs leading to the upper floors. This put people at risk of serious injury.

The provider conducted monthly monitoring visits and looked at a number of areas including information in respect of people who had been newly admitted to the home, health and safety, and training. They also spoke with staff and people who use the service and detailed any actions to be taken. However where actions to be taken had been identified, there was no information to show that the actions had been taken.

We noted that there was no system in place to analyse information, such as information in relation to accidents and incidents. This increased the risk of harm to people living at the home.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received many positive comments about the deputy manager. People told us that she was approachable and

communicated well with them. One staff member commented: "They are fantastic; they occasionally work on the floor to see what's going on". The deputy spent time supporting people at lunchtime and throughout our inspection, ensuring that people's care and support needs were being met. We spoke with a member of staff who was clearly enthusiastic and passionate about their job. They said: "There is nothing I would change. The residents are lovely. They are like my family".

The provider maintained a training record detailing the training completed by all staff. This allowed them to monitor training to make arrangements to provide refresher training as necessary.

We found that staff had the opportunity to express their views via staff meetings and handovers.

Staff told us they were encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the regular team meetings. Examples given by staff, where improvements had been made, included redecoration to make the home more welcoming.

Minutes of the meeting held in November 2014, showed that people were kept informed of important information about the home and had a chance to express their views. They had asked to attend a carol concert and they confirmed that this had taken place at the local church.

We saw that a satisfaction survey for people who lived in the home had recently been conducted. People were asked for their views on a number of areas including catering, personal care and support, premises and management. A full analysis had not yet been completed.

Staff said told us that they would raise any concerns about poor practice and that they were confident these would be taken seriously by the provider. We saw that staff had access to written guidance about raising concerns. This guidance also provided staff to information on how to raise their concerns with external bodies about the care people received.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>The registered person did not have a system in place to effectively monitor the quality of the service.</p> <p>This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>We found that the registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people using the service, or establishing, and acting in accordance with, the best interests of people using the service.</p> <p>This was in breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>We found that the registered person had not ensured people who use the service could be assured that any complaints would be acted on investigated and resolved to their satisfaction.</p>

This section is primarily information for the provider

## Action we have told the provider to take

This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of Health and Social Care Act 2008 (Regulated Activities) Regulations.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

We found that the registered person had not ensured people's care records were accurate to ensure they receive the required care consistently and safely.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(a) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.