

# Abbeyfield Society (The) 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hill House is a 'care home'. Hill House accommodates 30 people in one adapted building. At the time of our inspection there were 26 people living at the service.

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

Devon County Council implemented a safeguarding process in February 2021, which was on-going at the time of the inspection. The provider was working with the local authority in an open and candid way during the investigation.

Effective arrangements were not in place to mitigate all risks for people using the service. People were placed at risk of harm because the management of medicines was not always effective. Medicines audits had not identified the concerns we found during the inspection.

Risks to people's health and wellbeing were not always identified or mitigated to ensure safe care was consistently delivered. For example, in relation to the use of pressure relieving equipment; falls management and the risk presented to people who required support with diet and fluids.

Quality assurance and governance arrangements at the service were not always reliable or effective and had not identified some shortfalls at the service.

We have signposted the provider to resources to develop their approach to good infection prevention and control practice.

We have recommended the provider review staffing levels and the deployment of staff to ensure people's needs were met in a timely way.

People and relatives were positive about the caring nature of staff and the service they received. Comments included, "It has been lovely here; it's beautiful. Staff are helpful and friendly"; "I have no complaints about any of my dealings with any of the staff" and "I cannot praise the staff highly enough as they have gone the extra mile..."

Systems were in place which ensured safety checks and maintenance was completed for equipment such as hoists, gas and electrical installations.

The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff and the management team were aware of how and when to report any concerns about people's wellbeing.

Accidents and incidents were recorded and analysed to help the provider ensure when things went wrong,

issues were investigated, and lessons were learnt.

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 good (published 05 September 2018).

#### Why we inspected

The inspection was prompted in part due to safeguarding concerns in relation to the safety of people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led. Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Caring, Effective and Responsive key questions were not looked at on this occasion.

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 COVID-19 and other infection outbreaks effectively.

#### Enforcement

We have found evidence the provider needs to make improvements. At this inspection we found a breach of Regulation 12, safe care and treatment, and regulation 17. Good governance. This service has been rated requires improvement in safe and well-led. The rating is requires improvement overall.

You can see what action we have asked the provider to take at the end of this full report.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hill House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

This was a focused inspection prompted due to concerns at how risks were managed at the service.

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 team consisted of two inspectors who visited the service on the first day. One inspector visited the service on the second day.

#### 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 did not have a manager registered with the Care Quality Commission. The registered manager had recently resigned and left the service. Interim management arrangements were in place.

#### Notice of inspection

This inspection was announced.

Inspection activity started on 3 March 2021 and ended on 17 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. Prior to the site visit, the manager and provider sent us documents we requested that related to the key questions we planned to inspect. We sent an inspection poster with our contact details to ask for feedback, and asked the provider to circulate this to people, relatives and staff. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with seven people who used the service about their experience of the care and support provided. We received feedback from six relatives and two health professionals. We spoke with 13 staff during the inspection, including the interim managers. We spoke with the provider's nominated individual and business manager following the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care records; medicine records and records relating to the management of the service, such as incident and accident records, health and safety records, audits and staff recruitment records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always safely managed. Medicines for one person had not been administered as prescribed. Staff had not been alerted through the auditing system that the person had not received their weekly prescribed medicine for three weeks.
- Handwritten entries on people's medicine administration records (MAR) were not signed and dated. This meant staff were not following the provider's medicine policy and people were at risk of receiving incorrect medicines.
- Topical cream administration charts were not completed to demonstrate people had their cream applied as prescribed. Staff had clear directions on a body map chart about where and what topical cream to apply. However, staff had not completed the administration record and there was no oversight by the management team to monitor cream administration. This meant we could not be sure if the prescribed creams had been applied as required.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were able to request these medicines, they were administered according to people's wishes. However, protocols for when these medicines should be administered were not always in place. This meant there was a risk that people who were unable to request these may receive them inconsistently.
- Daily temperature monitoring of the medicine's fridge and medicine room were carried out. However, there were two missed entries in February 2021, which meant records were not complete.

### Assessing risk, safety monitoring and management

- Risks were not always assessed and monitored safely. Some monitoring records and risk assessments were not up to date and did not reflect people's current needs and risks. For example, several people had pressure relieving mattresses in place to reduce the risk of skin damage.
- We looked at the setting for eight mattresses and found none were set to the appropriate setting. There were no instructions in care plans to guide staff about individual settings. There were no arrangements in place to ensure mattresses were checked regularly to ensure settings were correct. This put people at risk. However, a community nurse confirmed no-one living at the service had significant skin damage due to pressure damage. They told us, "They (staff) report at an early stage so things are dealt quickly".
- The manager had taken steps to reduce the risk by the second day of the inspection, however two mattresses were not set appropriately.
- One person had a very low weight and body mass index (BMI). They had a supplement drink when we visited them. However, there was no risk assessment in relation to the low body weight and no care plan instructing staff how to increase the person's nutritional intake. Neither the manager nor senior care staff could confirm how often the person was receiving supplements to increase calorie uptake.

- Eight people had "food intake charts" where they had been assessed as a high or medium risk of being malnourished. These records had significant gaps in the recording and some days nothing was recorded. We found no evidence that people had been harmed. Regular weights were recorded and showed people were generally stable. However, systems were either not in place or robust enough to demonstrate risks were effectively managed. This placed people at risk of harm.
- One person had been admitted to the service to due falls and subsequent injuries. They had an underlying condition that could impact on their mobility. However, the moving and handling plan did not mention this. The risk had not been identified and actions were not in place to mitigate the risk.

Systems were not robust enough to demonstrate medicines were effectively managed. Risks were not always assessed, monitored safely and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place which ensured safety checks and maintenance were completed on equipment such as hoists, gas and electrical installations.
- Personal evacuation plans were in place to ensure people received the necessary support should an emergency evacuation be needed.

#### Staffing and recruitment

- We received mixed feedback about staffing levels. People confirmed staff were kind and helpful, but two people told us they had to wait for attention at times. We had to alert staff to two people who had been waiting for assistance. Staff in the vicinity were busy but did respond once alerted.
- Ten people had complex support needs and required two staff to support them with safe moving and handling. A number of people required full assistance at mealtimes.
- Staff said staffing levels or deployment of staff could be improved. Comments included, "Not usually enough (staff) especially in the morning. They deserve full care; a lot need more time. They are lonely..." and "Some days it goes well, others not so good. Staffing all depends on the team; if the right team staff, number is adequate..."
- A review of the call bell audit for the week of the inspection showed the provider's preferred response time was not always met. The policy stated bells should be answered within five minutes. The call bell audit showed some response times could vary from three minutes to over 10 minutes. On some occasions people had waited for between 12 and 15 minutes and on one occasion for 24 minutes before they were assisted.
- The provider had a dependency tool to help determine staffing levels, however this had not been used at the service to ensure staffing levels were consistently meeting people's needs in a timely way . We recommend the provider review staffing levels and the deployment of staff to ensure people's needs were met in a timely way.
- Staff training was not fully up to date. The provider was aware of this and had an action plan in place to improve the 70% compliance with training at the time of the inspection.
- The provider had systems in place for the safe recruitment of staff. However, a reference for one member of staff recruited most recently could not be found.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.



- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We found not all staff were wearing the correct face mask or visor as per government guidance. The manager was addressing this.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning schedules, which staff were required to complete had gaps in the records. The laundry area did not have a separate space for clean laundry to be stored. Some personal items were hanging on wall rails before being taken back to the individual's room.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. Comments included, "I am safer here as I was falling at home. Staff here to help, so feeling safer now" and "I feel safe here. It's beautiful and staff are helpful and friendly. I would speak to any staff if I was worried about anything".
- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse.
- Staff spoken with had completed safeguarding training and were aware of the different types of abuse. Staff knew what they should do if they suspected abuse or had any concerns.
- The manager knew how and when to contact the local authority safeguarding team as necessary. They were aware of the need to report safeguarding concerns to CQC.
- The provider had worked with the local authority during the recent safeguarding investigation in an open and transparent way.

Learning lessons when things go wrong

- The provider ensured when things went wrong, issues were investigated, and lessons were learnt. Prior to the inspection concerns were raised about staff's use of certain equipment and their understanding of clinical observations. As a result, new policies and procedures were put in place and staff made aware of what they needed to do to improve outcomes for people.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although the provider had audits and risk assessments in place, they were not robust enough to identify issues we had highlighted at inspection. For example, not all risks had been assessed, monitored and mitigated, as referred to in the key question safe. Medicines audits had not identified the issues we found.
- Accurate, complete and contemporaneous records had not been kept in respect of each person living at the service. Records in relation to people working at the service had not been kept securely; a reference for one member of staff could not be found. Records in relation to cleaning schedules were not complete to demonstrate compliance with good practice.
- Provider reports completed in August 2020 highlighted improvements were required in a variety of areas. An action plan to demonstrate how improvements were to be made, timescales and those responsible for managing and overseeing progress was completed. However, progress had been slow in making the improvements identified, for example improvements with medicines management; record keeping and staff training shortfalls.

Effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager at the service. Interim management arrangements were in place. The deputy manager and previously registered manager were in day to day charge of the service. Staff and relatives expressed their confidence in the current management team. Comments included, "There are two competent managers in place now and I have confidence in them" and "The care is fantastic, and the deputy manager is very understanding, kind and knowledgeable; always open and honest."
- The management team were supported by the provider's regional business manager. A consultant project manager had been employed by the provider to drive improvements at the service following the recent safeguarding issue.
- The local authority quality assurance and improvement team were also working with the management team to ensure improvements were achieved.

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

- The provider and management team were keen to make the necessary improvements to ensure people received person centred care and good outcomes.
- People using the service confirmed they were treated with respect and kindness by the staff team. Comments included, "Staff are lovely, that makes a difference. Everybody is so kind and that makes me feel ok" and "It is very relaxing here; they (staff) check on me regularly. They are helping me greatly."
- Staff said morale was generally good. They told us the management team were approachable and supportive. Comments included, "(deputy manager) has been very good, if I have any question, I can ask her"; "(Deputy manager) knows the job, she works on the floor. She is very supportive and informative. We are all helping to get things back on track" and "All in all, Hill House is a wonderful home to work in, there is just a few improvements to be made that hopefully will get rectified."

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 provider and management team understood their responsibilities regarding duty of candour and were clear about the process they would follow. This included apologising to people when something went wrong.
- The provider worked with the local authority to address safeguarding concerns in an open and candid way to ensure improvements were made and safe, good quality care could be delivered.
- The provider and management team understood the regulatory requirements to notify us about events they were required to by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could provide feedback to the provider about their experience of the service. Annual satisfaction questionnaires were used to obtain feedback and any suggestions for improvements. We reviewed the results from the last survey in December 2019. This showed a slight drop in the rate of satisfaction scores since 2018. This included scores relating to food and activities. However, overall people were happy with the care and support provided and staff were described as kind and caring.
- The provider had an action plan to address some areas highlighted by people for improvement. For example, food and menus. However, there were no timescales attached to the actions and the 'progress' section of the action plan was blank.
- The management team explained that a survey had not been completed in 2020 due to the pandemic. However, there were plans to use focused surveys to get feedback about specific services, such as food and menus.
- Relatives confirmed they were happy with the level of care and support provided for their family member. They said there was generally good communication with the service about any changes to their loved one's health and wellbeing.
- Two relatives said communication was not always good and they had trouble contacting the service at times, as the phone was not always answered. The action plan for the service included ensuring the phone was answered within five rings. One relative said things had improved more recently with the new management team at the service.

Working in partnership with others

- The service worked with other health and social care professionals for the benefit of people using the service. For example, the local GP surgery and community nursing team.
- Feedback from professionals who regularly visited the service was positive. One told us that during the vaccination programme, "Hill House was the most organised of all the homes we attended." Another said, "This is a nice home; one of the nicest we visit."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were not protected against risks. Medicines were not always managed safely. Risks to people's health and wellbeing were not always identified and mitigated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance arrangements were not robust and had failed to identify all areas for improvement.</p>