

Abbeyfield Society (The) Hill House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

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. They provide care and support for older people and some people were living with dementia. At the time of our inspection there were 29 people living at the service.

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

The provider had made improvements at the service to embed quality assurance processes to monitor the quality and safety of the care people received. They had produced an action plan which they were working through. At the time of this inspection previous breaches had been met but the quality assurance processes required further embedding to ensure all records were up to date and accurate.

Since the last inspection, a new manager has been appointed and has been registered with the Care Quality Commission. People using the service, relatives, staff and professionals commented on the improvements at the service since the arrival of the registered manager. One relative said, "There's better quality staff, who are kind and caring. Admin and communication have improved greatly. The atmosphere is so much better". A professional said, "I have positive encounters with the registered manager and deputy manager when I visit, who appear to really care about their residents".

People received safe care at the service. All those spoken with said they felt safe at the service. Relatives and professionals also expressed their confidence in the service. Comments included, "I am settled and happy here. I can't grumble and I wouldn't be anywhere else". A professional said staff seemed "well informed and able to recognise when referrals to other services are appropriate." A relative told us, "(Person's) health and wellbeing has improved; she is amazing now and getting on so well".

Since the last inspection, staffing levels had increased to ensure people received care in a timely way. Staff training had been addressed to ensure they had the skills to meet people's needs and staff received supervision and appraisals to ensure their practice was as expected.

Improvements had been made to ensure pressure relieving equipment was used safely. All pressure mattresses were set at the correct setting. Staff knew when people were at risk and followed instructions to keep people safe.

Medicines were safely managed. Improvements in medicines management had been made since we last visited. However, attention was needed to ensure records relating to topical creams were accurate.

People were protected from abuse as staff knew who to report concerns about people's safety to. We were assured that the provider was preventing visitors from catching and spreading infections. The registered manager was facilitating visits for people living in the home in accordance with the current guidance.

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.

The registered manager sought the views of the people living at the service and their relatives. Residents' meetings had been re-established and provided a forum for discussion about any changes to the service and to hear of any suggestions for improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement and there were breaches of regulation (published 15 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review staffing levels and the deployment of staff to ensure people's needs were met in a timely way. At this inspection we found the provider had increased staffing levels.

Why we inspected

We undertook this unannounced focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always 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 Health and Social Care Act 2008.

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.

Service and service type

Hill House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hill House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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, this included

notifications made by the service and concerns raised with the Care Quality Commission. We sought feedback from the local authority quality assurance team and safeguarding team. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We met most of the people who lived at the service and spoke with nine of them about their experience of the care provided. We also spoke with three visitors, including family members and a friend, to get their view of the service. We observed people and staff in the communal areas throughout the day.

We spoke with ten members of staff including the registered manager, the deputy manager, care staff, maintenance person, cook and housekeeper.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, maintenance records, cleaning schedules, staff rota's, monitoring charts, fire documents and external servicing records were reviewed.

We continued to seek clarification from the provider to validate evidence found. We contacted six professionals who worked with the service. We received feedback from two. We also received feedback from two relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the inspection in March 2021 we found systems were not robust enough to demonstrate medicines were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. Improvements in medicines management had been made since we last visited. For example, handwritten MAR charts were signed and checked by two staff members to ensure the entries were accurate.
- However, improvements were still needed in the completing of topical cream administration charts. Staff had clear directions on a body map chart about where and what topical cream to apply. However, staff had not completed all administration records so we could not be sure people had their cream applied as prescribed.
- Fridge temperatures were monitored to check medicines were stored at recommended temperatures, although there were a couple of gaps. We discussed with the deputy manager that staff were not resetting the fridge temperature after each reading. This meant that the minimum and maximum fridge temperatures being recorded remained the same. The deputy manager said they would remind staff to press the reset button after each reading.
- Staff administering medicines received training and had their competency assessed.
- Staff administering medicines wore a red tabard reminding people not to disturb them, to minimize the risk of making a medicine error.
- Medicine Administration Records (MAR) were signed to confirm whether or not prescribed medicines had been given
- Regular medicines audits were completed to identify any shortfalls. Where people were prescribed 'as required' medicines, there were individual protocols in place to guide staff in their use.
- Medicines were stored safely. There were suitable arrangements for ordering, receiving and disposal of medicines, including medicines requiring extra security.

Assessing risk, safety monitoring and management

At the inspection in March 2021 we found 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to ensure pressure relieving equipment was used safely. The registered manager had systems in place to ensure pressure relieving mattresses were set at the correct setting to reduce the risk of skin damage. This included daily checks by staff and a regular maintenance check. All pressure mattresses were set at the correct setting; however, a maintenance alert was showing on one mattress. This was dealt with promptly by the registered manager. We saw one person who was identified at risk and required a pressure relieving cushion. This had not been recorded in their care plan and during our visit the cushion was not in place. This was rectified once brought to the attention of the registered manager.
- People were protected from risks associated with their health, safety and welfare. Risk assessments were completed and considered people's individual needs and abilities. Risk assessments undertaken included health and safety, falls and moving and handling, and nutrition and hydration. One person described how their confidence with their mobility had improved with the support of staff.
- Staff knew when people were at risk and followed instructions to keep people safe. Staff had information to guide them about people's required diet and fluids. There was oversight of people's weights, which were regularly monitored. Where needed, action was taken to address any concerns about weight loss. For example, a referral to the GP and/or fortified drinks and food were started.
- Feedback from people using the service, relatives and professionals was positive about the care and support provided. One person said, "I am settled and happy here. I can't grumble and I wouldn't be anywhere else". A professional said, staff seemed "well informed and able to recognise when referrals to other services are appropriate." A relative told us, "(Person's) health and wellbeing has improved; she is amazing now and getting on so well".
- Equipment, such as hoists, slings, wheelchairs and bedrails were checked by external contractors to ensure their safety.
- Fire checks and drills were carried out and there was regular testing of fire and electrical equipment. Nearly all the recommended work had been completed following an external fire risk assessment recommendations. The outstanding action regarding the length of a corridor was in progress.
- A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This showed the service had plans and procedures in place to safely deal with emergencies.

Staffing and recruitment

At the last inspection we made a recommendation for the provider to review staffing levels and the deployment of staff to ensure people's needs were met in a timely way.

- Since the last inspection, staffing levels had been reviewed and increased for each shift. Six care staff, including a senior were on duty throughout the day, supported by the registered manager, deputy manager and ancillary staff.
- The service had experienced challenges with the recruitment of staff and relied on a high level of agency staff. The agency staff used had worked for several months at the service and knew people well and were part of the team. The registered manager explained recruitment for permanent staff was on-going.
- Most people said staff were available quickly when they needed them. They told us staff usually responded to their call bell within five to 10 minutes, which they felt was satisfactory. Two people felt there were delays at times with staff responding to call bells, one said they could wait 30 minutes for staff. We reviewed the call bell audits. These showed the majority of calls were responded to within one to five

minutes. The registered manager regularly reviewed these audits and followed up where response times were over five to 10 minutes. We saw the longer waits were at busy times, usually morning times. The registered manager continued to monitor staffing levels against people's needs and dependency to ensure staffing levels remained safe.

- At the last inspection, improvements were required to ensure all staff were up to date with essential training. At this inspection improvements had been achieved with over 90% of staff training now fully up to date. Staff had received an annual appraisal and regular supervision sessions were happening to ensure staff could share any work related issues with their manager and receive feedback about their performance.
- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and references from previous employers.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe at Hill House. Comments from people included, "I feel safe here. Staff are really marvellous with me" and "Staff are kind and friendly". Relatives also confirmed they felt their loved one was safe. One said, "The whole caring side of things has improved because the manager is very caring; the staff are all smashing. All very pleasant and they have a soft approach". Another relative told us, "Staff are all very friendly and kind; they all know me and (my loved one) well; communication is good. They always let me know what's going on".
- The service had a calm and happy atmosphere. People were comfortable and relaxed and got on well with the staff who supported them.
- Staff knew who to report concerns about people's safety to. They said they would tell the registered manager, the provider, the local authority and the Care Quality Commission (CQC), as necessary, if they thought people were at risk of harm.
- The registered manager and provider worked with the local authority to ensure people remained safe at the service and any concerns about their safety were explored and addressed.

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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The registered manager was facilitating visits for people living in the home in accordance with the current guidance. We observed that visitors were welcomed into the home and people confirmed their relatives had continued to visit as they chose. When relatives and friends were not able to visit, staff supported people to keep in touch with loved ones.

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents, and these were reviewed regularly by the registered manager to improve practice. This helped ensure trends were identified and improvements made. Learning from incidents were shared with staff through regular team meetings and during staff

supervision.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People confirmed that staff consulted them about their day to day preferences; for example, what they ate and where they spent their day. One person said, "I am never expected to do anything I don't want to do".

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

At the inspection in March 2021 the provider's systems and processes were not operated effectively. They had failed to consistently assess and monitor the quality and safety of the service and mitigate risks to people's health, safety and welfare. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, systems and arrangements continued to be embedded to ensure timely action is taken where shortfalls are identified.

- Improvements had been made to the provider's monitoring systems, to help ensure the quality and safety of the service. Following the last inspection, the provider liaised with the local authority quality assurance and improvement team to design a service improvement plan. The registered manager completed regular checks designed to ensure that people were safe, and the service met their needs.
- Monthly audits included areas such as: health and safety; call bell audit; infection control; care plan records, and medicines. However, work continued to ensure all records were accurate, complete and contemporaneous.
- We found some records were not fully up to date. For example, the topical cream administration charts and fridge temperature readings were not always up to date. There were some gaps in the daily recording of mattress checks. One person's care plan relating to nutrition had not been updated to show a change in their diet. However, all staff, including kitchen staff, were aware of the changes and we saw the person was offered the correct food.
- Parts of the environment were in need of refurbishment. For example, carpets throughout the communal areas were heavily stained and worn in places. The registered manager explained that an environmental improvement plan was being developed to address a redecoration program.
- Since the last inspection, a new manager had been appointed and had been registered with the Care Quality Commission. People using the service, relatives, staff and professionals commented on the improvements at the service since the arrival of the registered manager. One relative said, "There's better quality staff, who are kind and caring. Admin and communication had improved greatly. They are trying and working incredible hard. The atmosphere is so much better". A professional said, "I have positive encounters

with the registered manager and deputy manager when I visit, who appear to really care about their residents".

- The registered manager and provider had taken action to improve staff training to ensure staff had the required skills to support people safely. They had recruited enough staff to ensure staff levels were safely maintained.
- Staff were clear about their roles, and the values encouraged by the registered manager, who ensured the team were working to promote a culture that delivered good quality care.

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

- The registered manager was developing a person-centred culture at the service and we saw the service had a positive and happy atmosphere. Everyone we spoke with knew who the registered manager was by name and said she was approachable and easy to talk to. One person said, "(The registered manager) comes to see me most days. I would be happy to speak with her about any concerns".
- People and their relatives were happy with the care and support people received. One person said, "I can't fault anything here. Staff are very nice to me. I feel safe and have no worries". A relative told us, "Initially we had lots of issues when (loved one) arrived at Hill House; there was no team; it was poorly managed; poor communication and poor relationship with management team then. But now (the registered manager) is amazing and has made so many changes. She always replies; she is professional, and communication is now good. I am now completely involved in (loved one's) care".
- When we spoke to staff regarding the culture of the service, we received positive responses. Staff felt well supported and valued by the registered manager. Comments included, "Everyone is so kind. When I was struggling on shift, we can share this at our daily meeting. All staff are working as a team and offering help. This is a lovely place to work, such a nice atmosphere".

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 registered manager understood their responsibilities to be open and transparent with people, where events had happened in the service.
- The provider and registered manager understood the regulatory requirements to notify us about events they were required to by law. The legal requirement to display the CQC ratings of the last inspection was also displayed in the service.
- The registered manager monitored performance of staff through supervisions, appraisals and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.

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

- People and relatives felt the service was well managed. They felt the registered manager was approachable and understood what was important to them. Relatives felt confident that should they have any concerns these would be addressed promptly.
- The registered manager sought the views of the people living at the service and their relatives. Residents' meetings had been re-established and provided a forum for discussion about any changes to the service and to hear of any suggestions for improvements.
- The provider had a complaints procedure in place. Records showed where a complaint was received, this was investigated and responded to and resolved.

Continuous learning and improving care

- At the last inspection we found the number of staff on duty and staff deployment required improvement to ensure the provision of care was consistently good, embedded and sustainable. At this inspection improvements had been made. The registered manager and provider had reflected on the improvements required and increased the number of staff on duty throughout the day.
- The provider and registered manager had worked to improve compliance with the provider's staff training program.

Working in partnership with others

- The registered manager and staff team worked with people, relatives and healthcare professionals to provide the best outcomes for people.
- The registered manager worked in partnership with external agencies to ensure people received a holistic service.