

Bupa Care Homes (AKW) Limited

Hill House Care Home

Inspection report

Elstree Hill South
Elstree
Hertfordshire
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Tel: 02082360036

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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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to 76 people with a range of needs including physical disability, age related fragility and people who live with dementia. At this inspection there were 68 people living at the home.

When we last inspected the service on 09 November 2016 we found that the provider was in breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that people were always protected from risks and avoidable harm. Staff had not always operated safe moving and handling practices and had not always identified concerns and reported them appropriately. The provider did not have effective governance systems and procedures in place and had failed to identify some of the concerns we found during our inspection.

Following the inspection, the provider wrote to us to tell us how they would make the improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements to help ensure that staff operated safe moving and handling practices and had put additional measures in place to monitor and audit the quality and safety of the service which helped identify any shortfalls which were then addressed in a timely way.

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 told us that they felt safe living at Hill House. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were managed through a risk management process. We observed people's needs were met in a timely way by sufficient numbers of skilled and experienced staff. However people told us they would like staff to be able to spend more time chatting with them. The provider had a robust recruitment process in place which helped to ensure that staff employed were of good character and suited to the roles they were employed for. People's medicines were managed safely and kept under regular review. Infection control measures were in place to help reduce the risks of cross infection.

Staff received regular support through team meetings, one to one supervision and an annual appraisal from a member of the management team which they told us made them feel supported. People received support they needed to eat and drink sufficient amounts to help maintain their health and well-being. People's health care needs were taken care of with access to a range of healthcare professionals and where required appropriate referrals were made to external health professionals such as dieticians or physiotherapists.

People and their relatives were very complimentary about the staff and management at the home. They told

us staff were kind, caring and compassionate. Staff members, including the management team, were knowledgeable about individuals' care and support needs and preferences and people and where appropriate their relatives had been involved in the planning of their care where they were able. Visitors were welcomed at all times and people were supported to maintain family relationships.

The provider had systems in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were encouraged and supported to raise any concerns with staff or management and were confident they would be listened to and things would be addressed.

There was an open and inclusive culture in the home and people, their relatives and staff felt they could approach the management team and were comfortable to speak with the registered manager if they had a concern. The provider had systems and processes in place to regularly monitor the quality and safety of the care and support provided to people who used the service.

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 ●

People told us that they felt safe living at Hill House.

Staff were aware of how to safeguard people from harm and were aware of potential risks and signs of abuse.

Risks to people's health, well-being or safety were identified and managed to help keep people safe.

People, their relatives and staff told us that there were enough staff available to meet people's needs.

Robust recruitment practices were followed to make sure that staff were of good character and suitable for the roles they were employed for.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

People and their relatives told us that the care and support provided at Hill House was appropriate to meet people's needs.

Staff received training and support to enable them to care for people safely and effectively.

Staff obtained people's consent and understood people's rights in accordance with the Mental Capacity Act 2005 (MCA).

People received a choice of food and drinks to help maintain their health and wellbeing.

People had access to health care and social care professionals when required.

Is the service caring?

Good ●

People, and their relatives, told us they were happy with the care staff provided to them.

Staff respected people's dignity and assisted them in the way

they wished to be supported by encouraging them to remain as independent as possible.

The home was appropriately decorated, provided a stimulating environment and was warm and welcoming.

Staff had developed positive and caring relationships with people they clearly knew well.

Is the service responsive?

Good ●

People's support plans were kept under regular review to help ensure they continued to meet people's changing needs.

People were provided with personalised care and support that met their individual needs.

People were involved and supported to give feedback about their experience of the service.

There were regular meetings held for people who used the service to share their views about the service.

People were provided with a range of appropriate activities and an opportunity to pursue hobbies that were of interest to them.

Complaints were investigated and resolved. There was a system in place to monitor positive feedback and many compliments the service received.

Is the service well-led?

Good ●

People who used the service knew the registered manager by name and felt the service was well managed.

Staff told us that the management team was approachable and that they could talk to them at any time.

Staff were well supported and there were regular staff meetings held to enable staff to discuss any concerns in the home.

The registered manager had worked hard to introduce more robust monitoring systems and processes to ensure the service made continual improvements.

People and their relatives were positive about the home and felt the service was open transparent and people felt involved in decisions about how the service was managed.

Hill House Care Home

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 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 inspection took place on 15 November 2017 and was unannounced. The inspection was undertaken by three inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The most recent PIR was received on 2 October 2017.

During the inspection we observed how staff supported people who used the service. We spoke with six people who used the service, five staff members, three relatives, a representative of the provider's management team, and the registered manager.

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

We reviewed care records relating to five people who used the service, four staff recruitment records and training records. We reviewed quality monitoring information and other records relevant to the overall running of the service.

Is the service safe?

Our findings

When we last inspected Hill House care home on 09 November 2016. We had found that people had not always been protected from risks and avoidable harm. Risks to people's well-being had not always been identified and appropriately managed at Hill House. Staff did not always access care and support plans or risk assessments to provide them with detailed guidance about how to support people safely. People had care plans and risk assessments in place, however staff did not always have an opportunity to read the care plans or the risk assessments. Information was given verbally to staff at 'handover'.

Following the inspection the provider wrote to us to tell us how they intended to make the required improvements to help ensure people were kept safe. At this inspection we noted the required improvements had been made.

Staff were aware of how to safeguard people from avoidable harm and were knowledgeable about signs of potential abuse. Staff were able to describe the process for reporting concerns both within the service and externally if required. One staff member told us, "I would be report any concerns to the senior staff member on duty." We saw there was Information about how to report concerns, displayed on the notice board in reception which reminded people visitors and staff of the contact numbers they needed to report concerns. This demonstrated that the provider had taken appropriate action to help ensure that people were protected from abuse and avoidable harm.

Risks to people's health and safety had been assessed and were kept under regular review to take account of people's changing need. Risk management plans were in place for supporting people who were transferred using a hoist, the risk of choking and skin breakdown. The assessments were detailed and provided staff with sufficient information to help ensure that risks were mitigated where possible. For example, we observed two staff members using a hoist to assist a person to transfer. We noted that staff followed the clear guidance contained in the risk management plan which included information about the sling size and type. Staff were observed to talk people through the process to help reassure them.

People and their relatives and staff all told us that there were enough staff available to meet their needs in a timely way. We observed that people were assisted when they needed support. Throughout our inspection call bells were responded to in a timely manner. However, two people told us they would like staff to spend more time chatting with them. One person told us, "Things are hectic, staff have a hell of a lot to do." A second person said, "Staff are excellent, but always running around. Staff used to have time to talk but they don't now, they've always got something else to do."

One staff member told us, "We could do with another staff member especially in the morning. People sometimes have to wait to be assisted because we are busy." We spoke with the registered manager about staffing levels and looked at staff rotas which demonstrated people's dependency levels had been assessed to determine staffing levels and this was kept under regular review. The registered manager told us they would review this and took on board the comments people had made.

Safe and effective recruitment practices were followed to help make sure that all staff were of good

character and suitable for the roles they were employed for. We checked the recruitment records of four staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included a completed application form, two written references and disclosure and barring check (DBS). In addition since our last inspection the use of agency staff had been significantly reduced and permanent staff had been employed which meant that staff knew people well. Where agency staff were used they were block booked to ensure consistency.

People were supported to take their medicines by trained staff. People and their relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of medicines and found that the stocks reconciled with the medicine administration record.

Accidents and incidents were recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.

People were protected from the risk of infection because the provider had systems in place to maintain a clean and safe environment and regular audits were completed to ensure the risk of cross infection was managed effectively.

Is the service effective?

Our findings

When we last inspected Hill House care home on 09 November 2016. We found that staff were not always able to describe where they could find information in relation to people's care and support. Staff told us they got information at 'handover' at the beginning of each shift. We also found that some of the staff training was overdue including moving and handling training. At this inspection we found that staff had received relevant information to enable them to support people effectively and staff training was up to date.

People and their relatives told us that the care and support provided at Hill House care home was appropriate to meet people's needs. One person told us, "Staff do spend time when care is needed and have a good knowledge of needs". One relative told us, "The care here is excellent. The staff are marvelous. I can't speak highly enough of them. They are all so kind and caring they always make time to welcome me as well."

Staff received support to help them care for people effectively. We saw that staff had received an induction when their employment commenced and they received regular training and updates to help them keep their skills and practices current. We saw that staff had completed training in a range of topics relevant to their roles. This included core training such as safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA) as well as specific training such as dementia and end of life care. Staff confirmed that they were well supported through attendance at team meetings and individual supervision. All staff members we spoke with told us they received support and told us they could approach senior staff at any time to discuss concerns or get advice and 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed relevant training and demonstrated a good understanding of protecting people's rights in accordance with the Mental Capacity Act 2005 (MCA). The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of the process they needed to follow to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was the least restrictive and lawful.

People and their relatives told us, and we observed that staff explained to them what was happening and obtained people's consent before they provided day to day care and support. Staff members were

knowledgeable about people's reduced capacity, and how to obtain consent from people with limited or restricted communication skills. One staff member told us, "You work out a way of communicating like eye contact or body language. If a person refused support we would respect their decision and offer support later."

People told us they were happy with the food they received. One person told us, "I have no complaints we have plenty of food and always get choices. If I don't like the main option I can ask for an alternative. Sometimes I would have a lighter option like a jacket potato or soup and sandwiches." Staff told us people were supported to choose what they wanted to eat and if they changed their mind they could always have an alternative. One person told us, "The vegetarian options are a bit restricted." We spoke to the registered manager and chef about this. We found that there was a vegetarian menu with a range of options. In addition the chef told us they served a daily vegetarian option which was different every day. They also told us people could request anything they wanted.

We observed that some people chose to eat in the dining room, while others chose to eat in their rooms. We observed the lunchtime meal and saw that people were provided with varying levels of support to help them eat and drink. Dining tables were laid nicely with cloths, flowers, menus and condiments on tables. Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. People were offered regular snacks and drinks throughout the day. We observed that people all had access to drinks in their rooms.

People had access to a range of professionals to help ensure their day to day health needs were met in a timely way. We noted that appropriate referrals were made to health and social care specialists when required. For example, people were supported to see their GP when required along with regular visits to the home from opticians, dentists and chiropodists. One staff member told us that they worked closely with district nurses and kept a record of all healthcare appointments so that staff were aware of any healthcare problems and how they were being managed, for example skin integrity.

We observed that the environment was suitable to meet people's needs. People who used a wheelchair had large spacious rooms and they were personalised to reflect people's individual personalities.

Is the service caring?

Our findings

People, and their relatives, told us that they were happy with the staff that provided their care. A relative told us, "The staff are wonderful, they are so kind and really do care for people as well as the family." Another relative told us, "The staff are very good, they do their best and I know how busy they are." We saw that following the last inspection the registered manager had created some additional methods to obtain feedback from people who used the service and their family such as online feedback. We noted that people had provided consistently positive feedback about the service and in particular the staff.

One relative told us, "It was so difficult when [name] moved to Hill House and we were not sure what to expect. But now five years on, we know it was the right decision. The staff are just wonderful they really are compassionate. I feel very privileged to be part of such a caring organisation. They always welcome me with a smile and a hug, they are genuine." The registered manager also told us, "Our team is always here to support family members and relatives. We want them to feel supported as well."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. During our inspection we noted that staff were always respectful in the way they addressed people. We observed staff knocking on people's doors and where people had their doors open staff still knocked and waited to be invited in. Throughout the day we noted there was good communication between staff and the people who used the service and saw that staff offered people choices. For example we noted a staff member asking a person what they wanted to do and if they wanted to go and join a group activity.

The environment throughout the home reflected people's interests. For example we saw that people had made pictures and had arts and crafts items decorating the corridors. There was a warm welcome in the reception area with lots of information to read including newspapers, the statement of purpose and the notice board which showed pictures of events, newsletters activities and informed people about what was coming up during the coming weeks.

People's bedrooms were personalised with many items that had been brought in from their home including furniture and soft furnishings as well as family photographs. One person we spoke with told us, "My bedroom is my living space I don't leave here so I have put my own stamp on it." They went onto say, "however I could do with a quiet place to pray." We spoke to the registered manager about this who agreed they would discuss this with the person and try to facilitate this request. We observed that people's bedrooms were large bright and provided people with adequate space to move around in particular for people who used wheelchairs or other equipment to help them mobilise.

Staff had developed positive and caring relationships with people and it was clear that they knew them well. We observed people were relaxed and comfortable when interacting with staff. We observed staff 'engaging' with people in a caring way and it was obvious they were interested in what people had to say. People were offered choices and this helped people retain their independence and helped them to remain in control in their lives. For example we saw staff asking people if they were joining the horticultural club in the afternoon.

One person was heard to say, "I will see how I feel after lunch I may have a lie down after lunch and will see how I feel then."

People's care records were stored securely in lockable cabinets in various units within the home. This helped to maintain the privacy, dignity and confidentiality of people who used the service.

Visitors were encouraged to visit at any time and were always warmly welcomed by staff and management

Is the service responsive?

Our findings

People's support plans were kept under regular review to help ensure they continued to meet people's changing needs. People and their relatives told us they had been involved in developing people's care plans. A relative told us that the staff were very good at keeping them informed about any changes to their relative's health or wellbeing. People and their relatives were invited to attend regular meetings to discuss any matters relating to any changes to people's care.

People were provided with personalised care and support that met their individual needs. Care plans contained detailed information for example about people's life histories and the things they enjoyed doing as well as any cultural or religious preferences or observations. Staff were knowledgeable about people's preferred routines, backgrounds and personal circumstances and used this to tailor care and support to people's individual requirements.

People were involved and supported to give feedback about their experience of the service. Since the last inspection the registered manager had introduced an online system to enable people to give feedback about their experience of the service. The registered manager told us they were receiving up to 100 compliments per month. We saw there was a comments and compliments book also available for people to share their views. There were regular meetings held for people who used the service to share their views about the service. One relative told us, "They definitely listen to feedback; it's no sooner said than done." Another person told us, "I felt the choice of activities was not always suited to my interests. They asked me what I would like and are arranging other activities and groups now."

People were provided with a range of appropriate activities and an opportunity to pursue hobbies that were of interest to them. We saw many photos on the notice board of people participating in a range of activities. However one person told us, they were unable to undertake meditative practices due to the busy life in the home. We spoke to the registered manager about this and they told us they would look into arranging this for them.

On the day of our inspection people were playing scrabble, getting their hair done, some were listening to music and watching the TV. In the afternoon there was a horticultural group where people were involved in an activity about different types of fruit and vegetables. One person told us, "I really enjoy attending this group it's very educational." The activities staff had a range of events posted on the notice board in reception. In addition to activities in the home they told us people were regularly taken out to places of interest, shopping and for meals. A relative told us there were many events at the home and people had recently celebrated Halloween.

Complaints were investigated and resolved. There was a system in place to monitor positive feedback and many compliments the service received. People who used the service and their relatives told us that they would speak to staff or the registered manager if they needed to raise any concerns. A relative told us, "I don't think things would get to the stage that required a formal complaint because we have many opportunities to talk about things and they would be addressed."

Is the service well-led?

Our findings

When we last inspected Hill House care home on 09 November 2016. We found the service was not consistently well led and the systems in place to assess, monitor and improve the quality of the service needed were not effective in identifying some of the issues we found during our inspection. There was no registered manager at the home but the manager had submitted an application to the Care Quality Commission to register. We found that although various audits were in place they had not always identified some of the issues we identified. At this inspection we found that the registered manager had worked hard to address the shortfalls and the service was now meeting the regulations.

People knew the registered manager who demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner. The registered manager told us they had worked really hard since the last inspection and felt that people experienced improved standards of care. This was confirmed by the increased number of positive comments that had been recorded.

Staff told us the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions and that they felt their opinions were valued which provided them with opportunities for improvement. A staff member told us, "The home is definitely better than it was this time last year and we work better as a team." The registered manager was constantly trying to introduce improvements at Hill House for the benefit of people who used the service.

The registered manager had improved the quality monitoring systems and processes at the service. They had recently had a local authority quality monitoring visit and were awaiting the report at the time of our inspection. People were asked to provide feedback through a variety of methods which included completion of an annual survey. These were distributed to people, family, staff and stakeholders to obtain feedback. Survey results were then analysed and the results used to produce an action plan. For example areas such as food, activities, staffing levels were all included. As a result of this feedback we saw that improvements had been made in these areas which demonstrated that people and their relatives were able to contribute to making positive improvements.

The registered manager, deputy manager and the management team were all open transparent and demonstrated they operated an inclusive culture as much as possible. The management team were receptive to feedback given as part of the inspection and told us how they planned to make continual improvements. We saw that audits were completed throughout the service which included medication, environment, record keeping, staffing levels and more detailed person specific information such as reviews of care plans and risk assessments. These audits helped the management team to identify any shortfalls and take immediate remedial action to improve the quality of care people received.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant

events in a timely way which meant we could check that appropriate action had been taken.