European Healthcare Operations Limited

Hill Ash House Care Centre

Inspection report

Hill Ash House
Ledbury Road
Newent
Gloucestershire
GL18 2DB

Tel: 01531892980
Website: www.ehguk.com

Date of inspection visit:
13 December 2017
14 December 2017

Date of publication:
09 February 2018

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?	Requires Improvement

Summary of findings

Overall summary

Hill Ash House Care Centre 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. Hill Ash House Care Centre accommodates 36 people in one adapted building in the village of Dymock. At the time of our inspection there were 22 people living at the home. Hill Ash House Care Centre does not provide nursing care

At the time of our inspection Hill Ash House Care Centre did not have a registered manager. A manager has been in post since August 2017 and they told us it was their intention to apply to be registered manager. They told us they had completed their DBS application with the CQC. However, at the time of the inspection they had not submitted their registered manager application. Action needed to be taken to ensure a registered manager was in post to support the provider to meet the requirements of their registration. At our previous inspection in November 2016 the service was rated Requires Improvement. At this inspection we found the service was rated Good.

We found improvements to the storage and the records relating to people's medicines. We also found improvements to the use of the Mental Capacity Act (2005) and with systems to monitor the quality and risks in the home.

We found the environment of the care home was clean and had been well maintained. At the time of our inspection visit the care home was warm and had been decorated for the festive season.

People received support from caring staff who respected their privacy, dignity and the importance of independence. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People received personalised care and had opportunities to take part in activities both in their accommodation and in the wider community. People were supported to maintain contact with their relatives.

People were protected from harm and abuse through the knowledge of staff and management. Sufficient staffing levels were maintained and staff were supported through training and meetings to maintain their skills and knowledge to support people. There were arrangements in place for people and their representatives to raise concerns about 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

The service was safe.

We found improvements to the storage and the records relating to people's medicines.

People were safeguarded from the risk of abuse and from risks in the care home environment.

Sufficient staff were deployed to meet people's needs.

Incidents were analysed for any lessons that may be learnt.

Is the service effective?

Good

The service was effective.

We found improvements to the recording of the use of the Mental Capacity Act (2005).

People were supported by staff who had the knowledge and skills to carry out their roles.

People's health care needs were met through on-going support and liaison with healthcare professionals.

People were consulted about their meal preferences.

Is the service caring?

Good

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities and social events.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Care was provided for people at the end of their life.

Is the service well-led?

Requires Improvement 

The service was not always well led.

A registered manager had not been in post since 31 March 2017. Action needed to be taken to ensure a registered manager was in post to support the provider to meet the requirements of their registration.

Quality assurance checks were made with the aim of improving the service in response to people's needs.

The views of people and their representatives had been sought about aspects of the service.

Hill Ash House Care Centre

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 13 and 14 December 2017 and was unannounced.

One inspector carried out the inspection. We spoke with two people using the service, the home manager the head of care, the activities coordinator, the maintenance worker and four members of care staff. In addition we reviewed records for six people using the service, looked over the premises of the care home and examined records relating to staff training, recruitment and the management of the service. We used the Short Observational Framework for Inspection (SOFI) for people living with dementia. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

People had individual risk assessment management plans in place. For example, people's risks in relation to nutrition, the use of bed rails, moving and handling and falls. These identified the potential risks to each person and described the measures in place to manage and minimise these risks and these had been reviewed on a regular basis. For example, individualised plans were in pace to support people to evacuate safely if an emergency was to occur. The home manager was reviewing these to ensure they met people's current needs.

Safe recruitment and selection processes ensured the right staff were employed. Relevant checks were carried out before new care staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether an applicant had a police record which would prevent them from working with vulnerable people. Written references were obtained from previous employers.

At our inspections in June 2015 and November 2016 we found medicines were not always stored correctly and people's medicine records were not always managed safely. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to medicines storage and recording. They told us the improvements would be completed by the end of March 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation.

At this inspection we found medicines were being stored at the correct temperature. Air conditioning set at a suitable temperature was in place in the medicine storage room and medicine storage temperatures were being monitored. The home manager explained how a previously installed air conditioning unit was found to be unsatisfactory and a replacement unit had been installed. We also found handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff.

There were records of medicines received and of medicines disposed of. Detailed individual protocols were in place to guide staff when giving medicines prescribed to be given 'as required' such as for indigestion or pain relief. Domestic medicines known as homely remedies were approved by people's GP. Staff responsible for administering medicines had received training and had passed competency assessments. Monthly medicine audits were completed.

People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks. Regular infection control audits were also completed. We found the environment of the care home was clean and people told us it was kept clean. One person said, "It gets a good clean everyday." The latest inspection of food hygiene by the local authority for the care home in December 2017 had resulted in the highest score possible.

People were protected from the risk of abuse because staff had the knowledge and understanding to

safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. Staff were confident any safeguarding concerns reported to the registered manager would be dealt with correctly. People using the service told us Hill Ash House Care Centre was a safe place to be. People were protected from financial abuse because there were appropriate systems in place to support people to manage their money safely.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People were supported by sufficient staffing levels. We observed staff attending promptly to people's needs when required and staff were present at all times in communal areas while others provided care and support to people in their individual rooms. The home manager described how there was some use of agency staff particularly at night until more staff were recruited.

The home manager described how incidents were analysed for any lessons that may be learnt in terms of how the staff team responded and any revisions to support plans and risk assessments. A clinical risk register was in use to highlight any clinical issues people may have, such as weight loss or an infection, for action. This included referrals to health care professionals.

Good

Is the service effective?

Our findings

People were protected by the correct use of the Mental Capacity Act (2005).The 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.

At our previous inspection in November 2016 we found people's care plan files contained documents to assess people's capacity to consent to decisions about their care. However examples we read did not include information about people's health conditions that could impair their mental capacity. Therefore this did not provide an accurate assessment of a person's capacity to consent to receiving care.

At this inspection we found work had been carried out to review people's mental capacity assessments. Assessments were in place for people's capacity to consent to decisions about aspects of their care and support such as medicines administration, finances and personal care needs. The home manager told us there were still some people's assessments to review. Staff had received training in the MCA and demonstrated their knowledge of the subject.

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. Applications for authorisation to deprive eleven people of their liberty had been made. Four applications had been approved, we checked two approvals with conditions and these were being met. A best interests meeting had been held for one person to live at the care home followed by an application to deprive them of their liberty.

People's needs were assessed to ensure they could be met before they moved in to Hill Ash House Care Centre. We saw an example of an assessment of a person's needs who had recently moved in to the service. On-going assessments were in operation using recognised assessment tools relating to areas such as nutrition and pressure sore prevention.

People using the service were supported by staff who had received training for their role. Staff told us they had received training such as moving and handling, equality and diversity, food hygiene and health and safety. Records of staff training confirmed this. Training specific to the needs of people using the service had also been completed such as dementia, diabetes and pressure sore prevention. Training was planned for April 2018 for two staff to become specialist dementia workers. One person told us the staff were "Very good." The Home manager had identified and requested further training for staff such as, constipation and sensory loss. Staff had regular individual meetings called supervision sessions with senior staff. Annual performance appraisals were due to be completed by the end of January 2018.

People's healthcare needs were met through regular healthcare visits and appointments. Care records indicated that other health professionals were involved in the provision of care such as occupational therapists, physiotherapists and visits to local dentists. A district nurse was visiting and treating people at

the time of the visit.

People were supported to eat a varied diet. The winter menu was in operation at the time of our inspection visit. This included a choice of a main dish for lunch and sandwiches, soup or a cooked snack at tea time. Commenting on the meals, one person said, "Pretty good, I've got no complaints." Another person told us the meals were "Alright for me." One person received a vegetarian diet and other people had their meals fortified in relation to their needs.

All had access to communal areas used for sitting and watching television and a dining area. There was also a courtyard at the centre of the building garden at the rear which people could access in fine weather. The doors to people's individual rooms had been personalised with photographs relevant to people's lives and areas of interest. This enabled staff to be aware of people's interests and provide topics for discussion.

Good

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. One person described staff as "Very friendly and helpful" and confirmed staff were kind to them. Positive written compliments had been received from relatives of people relating to the caring approach of staff. Such as, "I have always found the staff to be very caring and respectful to Mum and myself and they have enhanced her life I am sure", "I cannot fault staff in any way, they are most caring and helpful" and "I am impressed with the kind and caring way (the person) was looked after.

During our observations we saw staff checking on people's well-being, responding appropriately to requests for help and were observant to people's needs. We saw staff reassure a person with the appropriate use of touch. We also observed interactions delivered in a manner which was kind, compassionate, sensitive and respectful.

People and their representatives were consulted about their care. We saw examples of meetings held to discuss people's care plans. Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs). There were no people using advocacy services at the time of our inspection visit.

People were able to maintain their privacy and dignity. One person told us "They always knock on the door", this was the practice we observed during our inspection visit. People's care plans gave directions to staff about maintaining their privacy and dignity such as, "I like to look smart and can choose my own clothes" and "I would like for my privacy and dignity at all times during personal care, curtains being closed, door shut with a towel close by to cover my modesty".

As part of the supervision of staff the home manager carried out observations of staff practice. Records of these showed the caring approach used by staff. For example "(staff) allowed (the person) to express her thoughts which maintained her dignity" and (staff) showed compassion and treated (the person) in a dignified manner." Staff described how they would act to maintain people's privacy, dignity such as ensuring doors were closed and people were covered appropriately during personal care. Staff had previously received dignity and respect training. The home manager was planning for further training in dignity to be provided.

People were supported to maintain their independence. Care records contained information and advice tailored to support people who wished to maintain independence. We observed staff encouraging people to mobilise independently. Staff gave examples of how they would promote people's independence such as offering people a choice of clothes to wear on a daily basis and offering choices at meal times.

Good

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People's care plans included guidelines for staff to follow to provide care and support in an individualised way. These had been kept under regular review. Information was recorded about people's life histories for staff reference with information for some people supplied by their relatives. Some people living with dementia received comfort from dolls which they held; this was a recognised practice known as 'doll therapy'. One person had a detailed care plan to guide staff with meeting their emotional needs. Staff commented on the approach to personalised care such as, "It's far more person-centred now, their interests come first." The doors to people's individual rooms had been personalised with photographs relevant to people's lives and areas of interest. This enabled staff to be aware of people's interests and provide topics for discussion.

The communication needs of people with a sensory impairment had been identified. One person was able to lip read and a member of staff with suitable skills and experience had been allocated to work with this person. Another person did not use a recognised form of non-verbal communication and staff were aware of the need to use hand gestures and touch when communication with them.

People took part in a range of appropriate activities. Regular activities were music and movement, bingo, pottery making and musical entertainment. One person told us how they looked forward to musical entertainers visiting. On the second day of our inspection visit people were listening to festive songs from a local guitarist and singer. Another person told us, "I like to be on my own." We saw how staff respected the person's wish to sit away from others and read a newspaper. The home's minibus had been out of use but a local minibus service had been used so that people could continue to take part in activities outside of the care home.

Activities were organised to mark events and festivals through the year. People's birthdays, Easter and Remembrance day had been marked. During our inspection visit people were involved in an activity making Christmas cards to send to relatives. People had also made Christmas decorations and were planning to attend a local school Christmas concert.

People with a sensory impairment had enjoyed monthly trips to a local garden centre. This activity had replaced regular visits to a social club which were no longer found to be beneficial. People also took part in suitable individual activities involving sensory materials.

People were supported to maintain contact with family in response to their wishes. People were able to receive visitors without restrictions. Care plans acknowledged people's relationships with their relatives.

There were arrangements to listen to and respond to any concerns or complaints. There had been six complaints from representatives of people using the service since our last inspection. Records of investigations had been kept and appropriate responses given to complainants. Information was available for people using the service to guide them in how to make a complaint. A record of previous complaints received and the responses to them had been kept.

People were supported at the end of their life where this was possible with the support of local health services. People's wishes for the arrangements at the end of their life had been discussed and recorded where people or their relatives felt able and willing to do this. Records showed where appropriate care had been provided for one person at the end of their life. The home manager discussed the need for a specific end of life care plan which the provider was putting in place. Training in end of life care was being planned.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection of November 2017 we found the quality assurance processes in place had failed to address the issues with the storage and recording of directions for people's medicines identified at the previous inspection. This was in breach or regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us about the improvements they were making to quality monitoring systems. They told us the improvements would be completed by 29 September 2017. At this inspection we found improvements had been made and the service met the requirements of this regulation.

A range of audits were completed with the most recent example being a quality audit completed in October 2017 by the Group manager. These audits ensured checks were completed on management processes, care plan files, complaints and health and safety. We found the medicine monitoring had been effective in making the required. A number of comments and action points resulted from the audit and the group manager had put together a plan of actions to take to address any issues found. For example, a review of staff training and induction, improving people's involvement with care plan reviews and repairs to equipment. The home manager was committed to improving the service and we found they took immediate action to make improvements when brought to their attention. For example, they were auditing the recruitment records to ensure they met the provider' recruitment policy as well as reviewing people's PEEPS to ensure the emergency arrangements would remain effective as people became increasingly frail.

Hill Ash House Care Centre did not have a registered manager in post. The last registered manager left their post on 31 March 2017. A registered manager is a person who has registered with 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. A manager was in post and they told us it was their intention to apply to be registered manager. They told us they had completed their DBS application with the CQC. However, at the time of the inspection they had not submitted their registered manager application. Action needed to be taken to ensure a registered manager was in post to support the provider to meet the requirements of their registration.

The home manager described their vision for the service included creating a 'dementia friendly' environment, improving staff morale and more staff training. Current challenges were described as, "Trying to move the home forward and learn what is expected of me". Future developments included the creation of documentation for individual information about people for staff reference. Regular meetings ensured staff were informed about developments with the service and the expectations of the manager and provider.

We heard positive comments from staff about the home manager such as "Management is a lot better, we get more support the manager is available if you want a chat and they are getting things done.", "very approachable". Staff were kept informed about any issues or developments with the service provided through regular meetings.

The views of people using the service and their representatives had been sought through annual

questionnaires. Views were sought on aspects of the service provided such as a food satisfaction survey. Any areas for action were documented and allocated to individual or groups of staff with timescales for completion. Examples of where action was being taken based on comments included more staff training, changes to times of relative's meetings, more access to the care home grounds and a review of menus and snacks. The rating from our previous inspection was displayed at the care home and on the provider's website.