

Hill House Nursing Home Limited

Hill House Care Home

Inspection report

Hill House
48-50 Park Road
Kenley
Surrey
CR8 5AR

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04 June 2019

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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

About the service:

Hill House is a care home which provides personal and nursing care. Hill House accommodates up to 60 adults some of whom were living with dementia. At the time of the inspection, there were 52 people living at Hill House which is located on a residential road in Kenley.

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

People felt safe and were supported by staff who knew how to protect them from abuse and avoidable harm. People received their medicines when they were due. All areas of the home were clean, tidy and well maintained. People were protected from the risk and spread of infection. There were enough staff to support people safely and meet their needs.

People were supported by staff who were well trained and received regular performance reviews. Staff were kind and caring and treated people with respect. People received support to maintain their health and had access to external healthcare professionals. People had a choice of healthy meals and enough to eat and drink. People had the opportunity to take part in organised activities.

People's needs were assessed and they received care which met their needs. People were satisfied with the quality of care they received. They 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.

All areas of Hill House were clean, well-furnished and well-maintained. The home was fully accessible and people moved freely around the home regardless of any mobility difficulties.

The registered manager and staff understood the responsibilities of their role. There were systems in place to obtain people's views and people knew how to make a complaint. There were appropriate systems in place to assess and monitor the quality of care people received.

For more details, please see the full report.

Rating at last inspection:

The last rating for this service was good (the last inspection report was published in November 2017).

Why we inspected:

We inspected Hill House on 4 June 2019. This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hill House Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Hill House Nursing Home 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 service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced. This meant the staff and provider did not know when we would be visiting.

What we did: before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with nine people, three relatives, eight staff members and the registered manager. We also spoke with a visiting healthcare professional. We looked at seven people's care records, five staff files as well as records relating to quality assurance and management of the service. We also observed interactions between people and staff.

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 remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care was planned to limit the risk of avoidable harm.
- The risks associated with people's health, daily routines and interests were recorded and staff had detailed guidance on how to manage the risks identified.
- Staff knew the individual risks people faced and how to manage these risks safely and effectively.
- People's risk assessments and risk management plans were regularly reviewed, and promptly updated following an accident, incident or change of circumstances.
- There were systems in place to make sure that the water, gas and electricity systems in the home were safe.

Systems and processes to safeguard people from the risk of abuse

- Everybody we spoke with told us they felt safe living at Hill House Nursing Home and with the way they were supported by staff. People commented, "Oh yes, we're safe here because it's homely; we're all together always" and "I feel very safe here. The carers make sure we are." A relative told us, "The person is safe because there's good security here."
- There was a safeguarding policy and procedure in place which staff were familiar with. Staff had been trained in how to protect people from abuse.
- Staff spoke knowledgeably about how to recognise the signs of abuse and how to report any concerns. The registered manager had reported incidents to the local authority and CQC as required.

Learning lessons when things go wrong

- Staff understood their responsibility to record and report accidents and incidents involving people living in the home.
- When things went wrong the registered manager investigated and took action to help prevent the incident happening again.
- Following an accident or incident, the registered manager submitted relevant notifications to the CQC as required by law.

Using medicines safely

- Staff responsible for giving people their medicines had been trained to do so.
- There were appropriate arrangements in place to make sure that people's medicines were ordered on time, stored and disposed of safely.
- People's care plans contained detailed information on the medicines they had been prescribed, and their medicines were reviewed regularly by external healthcare professionals.
- Staff kept records of the medicines people received. People told us and the records we looked at

confirmed that people received their medicines as prescribed.

Preventing and controlling infection

- People were protected from the risk and spread of infection.
- There was a cleaning schedule in place which staff followed. All areas of the home including people's rooms were clean and tidy.
- The registered manager made sure that up to date infection control policies and procedures were in place and checked that staff applied these procedures in practice.
- Staff were aware of their individual roles and responsibility in relation to infection control and good hygiene.

Staffing and recruitment

- Staff had been recruited using safe recruitment practices to make sure that only applicants suitable for their role were employed.
 - Appropriate checks were carried out before staff began to work with people including their right to work in the UK, criminal record checks and checking they were physically and mentally fit to carry out their role.
 - We observed and people told us there were sufficient staff to support people safely and meet their needs.
- The staffing arrangements were flexible enough to ensure that replacement staff were available if a staff member was off through sickness or other unplanned event. A staff member told us, 'It is busy, care homes are always busy, but we make the time, we sometimes have agency staff, but they are the same staff, we try and book the same.'

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This means that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager carried out a detailed assessment of people's needs before they began to use the service. The assessment process continued after the person began to use the service. A relative told us, "We had an assessment which came up with a very detailed and comprehensive care plan."
- These assessments formed the basis of people's care plans. The care plans were thorough and reflected best practice guidance.
- Care plans were designed to achieve effective outcomes for the people. For example, people had specific care plans for the management and improvement of pressure sores. We also saw care plans for the management of diabetes which were in line with national guidance.

Staff support: induction, training, skills and experience

- People were confident staff had the training and experience to support them safely and effectively. A relative commented, "I don't understand how [the staff] all know how to do everything but they do. They must be well trained."
- Staff received an induction, training, supervision and appraisal.
- Staff had the opportunity to obtain further qualifications relevant to their role.
- Staff felt supported in their role and able to approach senior staff and the registered manager for guidance.

Ensuring consent to care and treatment in line with law and guidance

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

- The registered manager and the staff were aware of their responsibilities under the MCA. People's legal rights were protected as staff followed the principles of the MCA.
- Staff conducted capacity assessments where it was believed a person might not have capacity to make specific decisions regarding for example, the use of bedrails or special diets.
- Where people lacked capacity best interest decisions were recorded.

- People gave their consent to care when they first started to use the service and staff gave us examples of how they made sure people were involved in decisions about their day to day care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us, "What we get [to eat] is very good. There's always a vegetarian option", "It's excellent food, there are menus to choose from on the table." Relatives told us, "You can ask for an alternative if you don't want main choices", "The food generally is quite good... I come every day for lunch and eat with her to try and encourage her to eat" and "The food's alright and it's hot when it's served. They keep it in a heated trolley."
- People's dietary needs were assessed by staff and care was planned to make sure that people were protected from the risks associated with not having enough to eat and drink. We observed throughout our inspection that people had many opportunities to eat and drink throughout the day. Their meals and snacks were well presented.
- Catering staff were aware of people's dietary needs and food preferences and the meals people received reflected this. People who required support to eat their meals were given the support they needed. One person told us, "The food's good, there's plenty of it... Sometimes the chef comes through [the dining room]..... He knows what we like",

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were supported by experienced nurses and care workers to maintain good health. Staff were able to identify changes in people's health conditions and made appropriate referrals to external healthcare professionals. One person told us, "They want to know if you're not feeling very well and the doctor will come and see you." Another person told us, "The nurses here know their stuff. They are very good."
- Everybody was registered with a local GP surgery and a GP visited the home on a regular basis. People also had access to GP consultations on the telephone and via computer. Relatives told us, "We have our own GP – they've had him come up for UTI's and antibiotics. It was all handled by the nurses" and "Our own chiropodist attends."
- Staff shared relevant information with external healthcare professionals such as known allergies and any specific communication needs. They also followed the recommendations of external healthcare professionals involved in people's care. This helped to make sure people received appropriate and consistent care.

Adapting service, design, decoration to meet people's needs

- The service was designed to meet the needs of people living at Hill House. The communal areas and people's rooms were well maintained and well decorated.
- People's rooms were personalised and filled with things that were important to them including ornaments, furniture, photos and pictures.
- All areas were fully accessible which meant that people were able to move freely around the home.
- Staff had the equipment they needed to support people safely and effectively such as, pressure relieving mattresses and hoists. The equipment was clean and well-maintained and staff had been trained to use the equipment appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the registered manager and staff. They told us and we observed that people were treated with respect. People's comments included, "They care very well. They try very hard", "I like [Staff member] they always make time to have a chat and we do have a laugh", "They care for me very well. The staff are very helpful" and "I am well looked after."
- There was a calm, relaxed atmosphere in the home. People were comfortable and at ease interacting with each other and staff.
- People's diversity and religious views were respected. A communion service was held at the service for people who wished to participate. People who preferred their care to be provided by staff of a particular gender had their wishes respected.

Respecting and promoting people's privacy, dignity and independence

- We observed and people and their relatives told us staff respected their privacy and dignity. One person told us, "Staff knock on my door all the time." A relative remarked that, "Staff are all polite and kind and always knock on door before entering room."
- We observed staff approached people discreetly when asking them if they required support. All personal care was conducted behind closed doors and staff told us they always tried to ensure people were comfortable. People were not rushed and were supported at the pace that suited them.
- People's independence was encouraged. People's mobility was assessed to ensure they had the most appropriate equipment and adaptations to maintain their independence. Adaptations were also provided to support people to eat independently.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and encouraged people to make decisions about their care as part of the care planning process and in making day-to-day decisions such as what they wanted to wear and to eat.
- Care plans recorded people's views and how they wanted to be supported. This included information about their interests and people who mattered to them so that staff were able to better understand people's support needs.
- People and their relatives had the opportunity to express their views during daily routine interactions with staff, during feedback surveys and at "residents' meetings". A relative commented, "The meetings are quite well attended and they are very thorough."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were satisfied with the way they were supported and the quality of care they received. People told us, "Nobody interferes with what you want to do. It's like being at home" and "I'm very happy here". Relatives told us, "I'm generally happy with the care [my relative] gets..." and "Generally speaking we think the standard of care is pretty good."

- Care plans reflected people's preferences, routines and interests. This helped the staff to provide personalised care which met people's needs. For example, one person was unable to use the call bell with their fingers. The provider had obtained a pressure activated device to alert staff which the person could activate with their leg.

- People were supported by a consistent staff team who knew them well and understood how they preferred their care to be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected from social isolation. People told us there was a good range of activities available which they enjoyed. They commented, "We do activities in the afternoon. There's something every day.... We had lunch outside last Friday.... They celebrate every special day. St David's Day we had a party with flags and Welsh Cakes. On Scottish Day (Burn's Night) we had Haggis", "They have lots of activities. Now and again we've had children from local schools come in." A relative told us, "They do have varied entertainments. There's a lot of things going on, bingo and balloon tennis and various musical presentations that are always enjoyable."

- People who preferred not to participate in group activities had the opportunity to spend time one-to-one with the activities co-ordinator.

- Staff who had visited different countries shared their experiences and photographs of different cultures with people. This helped to make people feel they mattered. One person told us, "I did enjoy it. It was very nice of him to do that."

- The provider supported people to maintain relationships with the people that mattered to them. One person told us, "I have quite a few visitors." Relatives told us, "The staff are very welcoming. I have a good relationship with the staff and the other residents that I come across" and "I feel like I can visit whenever I like and the staff always greet me nicely."

Meeting people's communication needs

Since 2016, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given

information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider recorded details of people's preferred methods of communicating. Staff understood people's individual communication needs. We observed that staff communicated effectively with people. Relatives told us, "They will try to formulate their questions so [the person] can answer Yes or No" and "They are always alert and ready to accommodate [the person]. They will always talk directly to [the person]. They make eye contact, they make an effort to communicate."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a complaint and felt their views would be listened to. One person told us, "You're not frightened to go to them [if you have a concern]; these people, they're very nice." A relative who had made a complaint told us the problem was resolved to their satisfaction; the person's quality of care had improved as a result.
- The provider had a complaints policy which gave details of how people were able to raise a concern and how they could expect this to be dealt with. This information was displayed in communal areas as a reminder to people and their relatives.
- The registered manager kept a record of complaints and conducted reviews of concerns to check for any themes or repeated concerns.

End of life care and support

- The service had received many thank you messages from relatives regarding the support received by their family member at the end of their life. A relative had commented, "I can't thank you enough for the care you provided to [the person] and the support you have given us as a family."
- Staff had been well-trained in providing end of life care. End of life care plans were discussed with people and their relatives and contained information regarding where the person would like to be cared for and their future wishes.
- Staff effectively managed people's pain and knew how to make people comfortable as they were nearing the end of their life. This meant that staff were able to meet the wishes of people who wished to stay at Hill House rather than be admitted to hospital.

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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and staff understood the importance of involving the person and their relatives in the care planning process as an aid to providing personalised care.
- People's care plans were person-centred and contained lots of information about their personal history, likes and dislikes.
- The registered manager was experienced and passionate about providing good quality care. She had a good understanding of what was required to meet the regulations and her responsibility to be open and transparent when accidents or incidents occurred.
- Staff felt comfortable approaching the registered manager for guidance and support. Records showed that any concerns were shared with the staff team as a whole to promote learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff fully understood their role and responsibility to protect people from harm and provide high quality care. Staff assessed the risks relating to the health, safety and welfare of people; these risks were well managed and monitored.
- The provider had established systems to assess and monitor the quality of care people received. The registered manager and administrative staff conducted a variety of daily, weekly and monthly checks to make sure that people's care plans were accurate; staff training and supervision were up to date and that staff were providing care in accordance with people's care plans.
- The registered manager had notified the CQC of significant events that happened in the service in a timely way. This meant we were able to monitor events at the service and check that the provider took appropriate action when necessary.
- The provider was in the process of moving people's records from paper to an electronic system. We looked at both and they were detailed and up to date as were staff records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People were involved in making decisions about their care and when necessary were supported by staff and relatives to do so. The provider produced a monthly newsletter for people which had information about the service and details about the provider's plans for the service.

- The provider held regular staff meetings where the registered manager shared plans for the service and best practice with staff.
- The provider had established good working relationships with the local GP surgery, a local volunteer group, local schools and other provider's which helped people to feel part of the wider community.