Woodlands & Hill Brow Limited

Hill House

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Hill House is registered to provide accommodation with nursing care for to up to 60 older people who may experience dementia. Nursing care is provided to people across three floors. People who experience dementia are accommodated on one of two 'Safe' units which are located on the ground and first floors. At the time of the inspection there were 55 people living at the service.

At the last inspection, the service was rated Good.

Rating at this inspection

At this inspection we found the service remained good.

Why the service is rated good.

The provider had robust policies, processes and staff training in place to protect people from avoidable risks to their safety and welfare, including the risk of abuse. Staffing levels were appropriate to meet people's needs promptly and to support people safely. The provider ensured safe recruitment practices were followed. There were arrangements in place to ensure people received their medicines when they needed them, from trained staff.

There was a focus on staff development which created a desire for staff at all levels to continually improve; through: induction, training, professional development, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a range of healthy foods and their healthcare needs were met.

People and their relatives consistently told us the service was caring. The provider used creative ways for staff to build relationships with people. The provider's creation of leaflets for relatives had enabled them to develop their knowledge and understanding so they could support their loved ones living with dementia and through end of life care. The regular involvement of a person in staff recruitment made them feel they mattered. Staff went out of their way to facilitate contact between a person and their relatives living abroad. People and their relatives consistently told us people's privacy and dignity was upheld in the provision of their care. Relatives had derived great comfort from the provider's 'Life basket' initiative for use at the end of their loved one's life.

People continued to receive individualised care that was responsive to their needs. The needs of people living with dementia were well met by staff who were skilled in this area of care provision. People were provided with a range of activities to meet their needs for social stimulation. Peoples' feedback on the service was: sought, listened to and acted upon to improve the service for people.

There was a positive and open culture, with an emphasis upon continual development and improvement. There was good, clear, visible and inspiring management at all levels. When issues were brought to the registered manager's attention they took immediate action. Processes were in place to monitor and improve the quality of the service provided.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service is now outstanding.	**Outstanding** ☆
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service is now good.	**Good**

Hill House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service and provided a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 18 September 2017 and was unannounced. The inspection team consisted of two inspectors, a 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. At this inspection the expert by experience had experience of caring for older people.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with or received written feedback on the service from two GP's, a social worker and two specialist nurses. During the inspection we spoke with six people and nine relatives. We observed the care and support people received in the shared areas of the service, including the service of: breakfast, lunch and supper. We spoke with three nurses, five care staff, the training manager, the head chef, the head housekeeper, an activities coordinator, the registered manager, the general manager and the provider.

We reviewed records which included six people's care plans, four staff recruitment records, four staff supervision records and records relating to the management of the service. We observed a staff shift handover and part of a medicines administration round.

Good

Is the service safe?

Our findings

People and relatives consistently reported the service was safe. Their comments included: "I'm very confident about her safety the staff are very attentive." "I think they manage risks well." "Never a shortage, all regular staff." A relative told us about medicines, "Yes, it is all very well organised."

Staff continued to receive face to face training on safeguarding adults which they updated annually. Staff spoken with knew who to contact if they needed to report abuse and were confident that any abuse would be quickly spotted and addressed immediately. The provider tested staff's knowledge of safeguarding during their provider audits, to ensure they could keep people safe. Policies and procedures in relation to safeguarding were available for staff to refer to if required. Although the registered manager had not needed to raise any safeguarding alerts for people in the past year, they understood what to report and how to ensure people's safety.

Risks to people's safety were assessed using recognised tools and managed through thorough risk assessments which were reviewed and updated regularly. Staff had undertaken relevant training, which they refreshed regularly. Staff were updated on any emerging risks to people at the staff shift handover and relevant actions were taken. Records demonstrated that all relevant utility and fire safety checks had been completed as required. Relevant processes, policies and training were in place based on best practice to ensure risks to people were managed safely.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed. Staff told us, "I have never known whereby someone has had to wait for assistance, staff always go to assist immediately." When people used their call bells we saw that staff responded promptly. Comprehensive staff recruitment policies and procedures were in place and followed. Relevant pre-employment checks were completed in accordance with legal requirements, to ensure staff's suitability for their role. People were cared for by sufficient numbers of suitable staff to ensure their safety and meet their care needs in a timely manner.

The number of senior care staff had been increased since the last inspection and there were now sufficient to allocate one to each staff shift. The general manager told us some senior care staff were undergoing medicines training to enable them to be an additional resource if required. They were also being trained to assist nurses in completing some of the increased levels of observations of people's health that were now required with the introduction of more clinical pathways and treatment plans. This would ensure there were a range of staff in senior roles trained to provide people's clinical care.

Medicines were administered by nurses whose medicines competency was regularly assessed. Appropriate arrangements were in place to receive, record, store and handle all medicines safely and securely. Protocols were in place for 'as required' medicines to ensure their safe use. Staff used recognised assessment tools to enable them to identify if a person was in pain but unable to express themselves. This ensured for example, that people living with dementia had their needs assessed and met in relation to pain relief. Staff were observed to administer a person's medicines safely and to then sign the medicine administration records.

Processes, policies and training were in place to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

People and their relatives consistently reported the service was effective. They said, "To my mind they are very well trained." "They speak to me about any decisions or concerns about her health." "It's the best food," and with regards to healthcare, "They (health care professionals) all visit."

Staff underwent a comprehensive induction with the support of skilled colleagues, which met the industry requirements for staff new to social care. They completed training in nine areas, before being offered the opportunity to undertake further training in specific conditions and professional qualifications. One member of staff said, "I have completed an NVQ three (national vocation qualification). We all complete mandatory training." Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal and professional revalidation support for nurses was in place, to ensure people received effective care.

The provider's policies and procedures referenced national guidelines, professional codes of conduct and local policies to ensure staff delivered peoples' care in accordance with current best practice. Since the last inspection the service had enrolled in the local clinical commissioning group's 'Red bag' initiative. This is used to transfer paperwork, medication and personal belongings when a person is admitted to hospital and stays with them before being returned to the home. Staff were applying national guidance and working with other providers to improve people's experience of hospital admission.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had undergone relevant training and were aware of their responsibilities under the MCA. DoLS applications had been appropriately made for people where required to protect their human rights. A GP confirmed staff had consulted them with regards to MCA assessments and best interest decisions for people.

A senior nurse continued to lead on nutrition, reviewing people's weights and Malnutrition Universal Screening Tool (MUST) scores monthly. MUST is a screening tool to identify adults who are nutritionally at risk. The head chef told us, "Each month I am provided with information regarding people who are a concern to the nursing staff. This enables me to ensure that their meals are fortified." Meals looked appetising and were well presented; people were seen to enjoy their food. If people did not like a meal, then they were able to request an alternative of their preference, which a relative confirmed.

Staff were heard at the shift handover to identify if people required any healthcare appointments to be made on their behalf, to ensure their healthcare needs were met promptly. A GP who visited weekly, reported there was good liaison with the service and they were always kept up to date about people's changing needs. The registered manager also met with the community matron regularly to ensure all of people's health care needs were met. There was evidence people had seen a range of professionals as required in relation to meeting their physical, psychological and social care needs.

Outstanding ☆

Is the service caring?

Our findings

People, their relatives and health professionals all told us that the service embodied an outstanding caring and empathic ethos, which translated into consistently excellent care being provided. A person said staff were, "Very caring, part of the family, they care so much." A relative told us staff were, "Very caring and helpful, nothing is too much trouble." Another relative commented, "I cannot fault the caring" and "You see carers hugging people." Written feedback received by the provider demonstrated how caring relatives felt the service was. One had written, 'The whole atmosphere at the house was full of friendliness, fun and love for all the residents.' A GP confirmed that "Staff are extremely caring and good advocates for people. They are interested in people."

Staff were heard to speak with people in a warm and friendly manner. We saw staff stop and chat with a person as they passed by; they straightened the person's hair and complimented them on their appearance. The person recognised the staff member and clearly enjoyed their interaction.

The provider found creative ways to ensure staff were inspired to offer compassionate care. They continued to use a 'This is me' form to gather information about the preferences and personal life history of people living with dementia. However, they had developed this and introduced 'Memory frame pictures' for people's bedroom doors. These were a celebration of people's lives through the use of both pictures and writing. Their purpose was to increase the knowledge of staff about people and to further develop personalised care for people, through staff's detailed knowledge of them. When we read them, we gained a real sense of 'who' each person was behind the bedroom door, their history, strengths and identity as a person. Staff had been consulted and involved in their creation, which enabled them to learn more about the person and their life history. Relatives had provided written feedback to the provider on how positively they viewed the pictures and how they had enjoyed the memories evoked by contributing to them. One relative had commented, 'They should help staff to get to know residents and to provide discussion points with their relatives.' This was a creative way of staff developing their relationships with people whilst producing a personal item to remind people of who they are and to inform staff about them.

Staff worked in partnership with people's relatives to provide them with support and information about their family member's conditions. For example, they had developed a leaflet entitled 'The Journey of Dementia.' The purpose of the leaflet was to support them to recognise the characteristics associated with the progression of dementia, their loved ones care and support needs and their role in meeting them. In addition to educating relatives, the leaflet provided re-assurance through information about how the care provided at Hill House could support their loved one through their journey. Relative's written feedback to the provider on the leaflet was very positive and included 'It is so very helpful to realise that what I have seen in my (loved one) and continue to see is 'usual' and that you folks know what to do.' Relatives felt that the leaflet had improved their understanding and given them practical guidance. A second leaflet on palliative care had just been developed, to provide relatives with guidance with regards to what to expect at the end of their loved one's life. The production of these leaflets had enabled relatives to increase their knowledge and understanding in order to give them the confidence to support their loved ones through living with dementia and end of life care.

The provider's visible person centred culture, enabled people to use their strengths and to express their views. For example, a person was regularly involved in interviewing staff, to ensure people's views were represented on the interview panel. Their relative had fedback to the provider, 'My (loved one's) view is respected and very much taken into account', and, 'I think including (loved one) in this way makes (loved one) still feel valued. The person's social worker wrote and confirmed, 'I think it's a great example of promoting the strengths of a resident, and that it is mutually beneficial for them.' This person's views had been sought, valued and listened to and their active contribution to the staff recruitment decision making process, made them feel they mattered.

Staff were creative and dedicated to ensure people kept in contact with people who were important to them. The head chef told us how a person's relative had been receiving email updates about the person's well-being since they had moved abroad. They said, "When I was on shift the other day, I face-timed his (relative) and took my mobile phone to his room. This allowed him to speak to his (relatives). I have arranged with his family that I will do this on a fortnightly basis which (person) is over the moon with." The person's relative had contacted the provider to say how grateful they were for this kindness, they had written, 'I'm delighted and have no doubt in my mind that this has had a positive impact on (loved ones) wellbeing.' This staff member had gone out of their way to facilitate this face to face contact which had great personal meaning for the individual.

People and their relatives consistently told us people's privacy and dignity were upheld in the provision of their care. A person told us, "They never embarrass you. Yes the doors are closed and curtains drawn." A relative confirmed, "They are very discreet and polite." Staff underwent face to face training in dignity and diversity which they updated annually. Staff were observed to knock and wait before entering people's bedrooms. We noted people's personal care was provided in private.

The service consistently demonstrated an outstanding provision of personalised, dignified and empathic care for people at the end of their lives. People's end of life wishes and preferences had been discussed with them where appropriate and documented in their 'Advanced Care Plan'. The GP identified those approaching the end of their life, to ensure relevant medicines and care were in place for people when required. Thirteen staff had undertaken palliative care training and there was an 'End of life' care team to lead on the provision of people's palliative care. There was a bedroom provided in the service for relatives to be able stay overnight at the end of their loved one's life, to enable them to be near them.

The end of life care team had recently devised a 'Life basket' for the use of relatives at this time. This contained items designed to provide comfort and practicality. It contained items such as a CD player and music if required, a soft comforting blanket, a bible, a discreet notice requesting not to be disturbed, an end of life care leaflet and toiletries for example. A relative had fedback to the provider on the basket, 'Quite apart from the useful items and informative leaflets it contained, its very existence was a great comfort because it showed us that you knew what you were doing, had done it many times before, and helped give us confidence and strength as we went through my (loved ones) final days. Although death is a normal life event, for us it was the first time and this was another way in which you had thought of everything.' Another relative had fedback, 'This so helped at a time when you are so desperately looking for peace.' Relatives had derived great comfort from this initiative and through it felt better able themselves to support their loved one.

Good

Is the service responsive?

Our findings

People consistently told us the service was responsive to their needs. Their feedback included: "We discuss (loved ones) care together," "I have been involved all along", and, "They understand her needs." With regards to social stimulation people said, "The activities are excellent, we go out often and there is always something going on", and, "They have offered one to one activities." People also told us they were informed of how to make a complaint and that any issues they raised were listened to. Their comments included, "They have meetings here, you can bring up anything. Yes they listen and take note of any issues."

The registered manager undertook all people's pre-assessments, to assure themselves that the service was suitable for the person's needs. People's records documented if they were able to express their preferences and where they could not their relatives had been consulted. Care plans were holistic, covering all aspects of people's care needs and were personalised to the individual. Care plans identified the expected outcome of the intervention for the person from their planned care. People's care plans promoted their independence, by providing staff with written guidance about the tasks people could manage for themselves. Care plans were reviewed monthly by the named nurse responsible for the person's care, people and their relatives were involved.

All staff across the service continued to be offered dementia training which was delivered face to face by a dementia specialist, in order to develop their knowledge and understanding. Staff understood the behaviours and needs of people living with dementia. We observed staff positively support a person, calmly diverting their attention from a situation and offering them alternative strategies to calm them. The needs of people living with dementia were well met by skilled staff.

There was a full activities schedule across the week for people in both the nursing and dementia care units. In addition to a range of activities, staff took people out into the community using the minibus, for example, to the pub and café's and a range of entertainers and visitors came into the service. This included ponies, photos showed how much people had enjoyed them. In addition to celebrating people's birthdays, special events were commemorated for example, a couple's wedding anniversary. Each month the service had a theme, last month involved world travel and different staff enacted dances and singing from their cultures for people. Staff also provided foods from different cultures for people to try. People's needs for social stimulation were well met.

The provider's monthly analysis of complaints and compliments demonstrated what complaints had been received and the action taken to address them in order to improve the service. For example, a complaint had been received regarding the laundry; relevant action had been taken to ensure there was not a repetition, which the housekeeper confirmed. Complaints were monitored and acted upon to improve the service for people.

Good

Is the service well-led?

Our findings

At our previous inspection on 28 and 29 September 2015 we rated the service requires improvement in this key area. We found the quality of record keeping in relation to some medicines and fluid charts needed to be more robust to ensure people's safety. At this inspection we found improvements had been made. People's records documented their daily 'target' fluid intake to ensure staff had guidance with regards to the amount people needed to remain hydrated. The fluid chart had been revised, to ensure there was a clear record of people's intake. The quality of record keeping in relation to medicines was accurate and robust for people's safety. The service was now rated good in this key area.

People and their relatives told us communication in the service was open. Their comments included, "I would say, very open", and, "Couldn't be better." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Their comments included; "Love it here, everybody gets on and we work as a team,", and, "I was made welcome when I first came here to work, it's a lovely home and we can do our job well because of that."

The provider continued to hold monthly coffee mornings with groups of staff, including night staff to monitor the culture of the service and to enable them to provide their feedback. Staff told us they were encouraged to bring up new ideas and suggestions. Records showed staff had raised an issue at one of these meetings and in response the provider had arranged additional training to address this. People were cared for by staff who felt listened to and supported in their role.

The provider continued to involve themselves in projects to improve people's experience of the service provided. They were currently part of an external 'Infection prevention and control quality assurance programme.' The purpose of which was to review the effectiveness of their infection control audit processes and to identify any potential areas for improvement for people.

The provider had recently signed up as an iCare ambassador company. This involves identifying care staff to act as ambassadors to inspire and motivate people to understand more about working in social care. They will be visiting local establishments to undertake talks on working within care. This will encourage staff to enter care who have the right aptitude and skills to care for people.

The provider had continued to build upon their previous development of treatment flow charts; with the introduction of clinical management pathways. New pathways had just been introduced in relation to cardiopulmonary disease and delirium. The purpose of which was to describe for staff: the condition, the long term care actions, clinical signs and symptoms that indicated deterioration and the required actions. The pathways ensured people received proactive and consistent care, based on best practice with the objective of treating the condition effectively and therefore reducing the likelihood of complications and hospital admission for people. Records for two people who had historically been regularly hospitalised for urinary tract infections (UTI's) demonstrated that since the last inspection the use of the provider's UTI treatment flow chart had reduced the need for them to receive antibiotics unnecessarily. The use of the charts and pathways had resulted in positive outcomes for people.

The service had been awarded a certificate of excellence by the local authority, for their commitment to both achieving and maintaining excellent standards of food hygiene. The provider's standard of care in this area for people had been externally recognised and validated.

Since the last inspection there had been a change in the registered manager for the service. 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. The general manager told us the registered manager was, "Very skilled and nurtures her staff. She is there for them and a fantastic role model."

People and their relatives provided positive feedback on the management of the service. A person told us it was, "Very well managed." A relative said: "Management has an open door policy. One of the very best. Management are hands on."

The registered manager told us they got out at lunchtime to speak with people which we observed took place. They said that they and the deputy manager worked alternate weekends to enable relatives to meet with management, which a relative confirmed.

The provider had a strong focus on the development of their management team. The registered manager and the deputy were completing management qualifications to further develop their knowledge and leadership skills. Three other nurses were also undertaking management level qualifications, to support their leadership skills and development, in order to improve the care people received.

We found two filing cabinets located in public areas which contained peoples' confidential information were not locked as required and therefore could potentially be accessed by unauthorised personnel. One cabinet lock had been broken during the preceding weekend and was repaired on the morning of the inspection and the keys to the second cabinet were located.

We observed that a staff member did not 'lock' the keyboard of a computer, located in a public area, when they left it. We were then able to access emails in the period prior to the computer shutting down. There was the potential that unauthorised personnel could have gained access. The registered manager took immediate action when these matters were brought to their attention.

The latest inspection report rating for the location was not displayed on the provider's website as required, nor was it displayed within the service. We brought this to the attention of the general manager who told us it had been displayed in the reception and on the website, but that there had been some recent works on the website which may have resulted in it being taken down. They took immediate action to ensure this legal requirement was met by the end of the inspection.

A range of aspects of the service were audited monthly. These included for example: medicines, hospital admissions, infection rates, falls, safeguarding's, complaints, pressure ulcers, care plans and MUST scores. There was a monthly analysis of the length of time call bells to be answered. Staff were provided with the results from audits to enable them to understand how the service was performing and to inform them of any actions required. We saw from the medicines audit that when an action had been identified it had been completed to ensure people received safe care.

The provider completed a six monthly audit of the service and sought feedback from staff and relatives. Where any areas for improvement had been identified, there was an action recorded. For example, they had

suggested reviewing the staff handover sheet to include more information about people and this had been done, to ensure staff had access to all relevant information.

People's views were sought through the monthly resident's committee meeting and the six monthly residents and relative's meetings. At the monthly committee meeting people were consulted about staffing and the menus for example. Records showed people and relatives had been asked for their feedback on the management of the service at the last resident's and relatives meeting and their views were acted upon.

Relatives were offered the opportunity to complete a service questionnaire six monthly covering the areas of: the manager, deputy manager, keyworker, communication and feedback. Results from the April 2017 survey showed relatives scored all areas apart from feedback as 100%; feedback was rated as 93%. This demonstrated relatives rated the service provided very highly.