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North Hill House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Hill House is a 'care home' that provides personal and nursing care plus accommodation for a maximum of 35 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection 34 people were living at the service.

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

Since the last inspection improvements had been made to the way medicines were being managed. Improvements had been made to the recording of when people's medicines were given, stock control, medicines audits and medicines care plans. There was a system to record and act on any errors. We were assured records and systems were being maintained for the safe management of medicines. Improvements had been made to the way people's care and support were being reported. A review of all care planning systems had taken place. Improvements had been made in all areas of care planning, delivery and review. Staff had a clear understanding of individual needs and responses. We were assured risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

Since the last inspection improvements had been made to governance systems. The management structure had been reviewed and changes made. There were individual responsibilities to ensure a more cohesive overview of the service. The managers had reflected on previous failings and responded by using the collective skill set of the management team to improve all areas. At this inspection we found the assessing and monitoring of the safety and quality of the service had significantly improved. There was now a robust auditing system for the provider and manager to have oversight of the service. We were assured governance systems were effective in the management of the service.

Staff were recruited safely. Staffing levels had been reviewed and significantly increased. This meant people were receiving care and support in a timely manner. Staff were visible in all areas of the service throughout the inspection. Call bells were responded to promptly. The increase in staffing levels meant there was no reliance on the use of agency staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff from the risk of infection. Arrangements were in place to support visitors and residents to see each other in a safe area of the home. Staff changed into uniform in the service and changed prior to leaving to help with infection control.

The service had suitable safeguarding systems in place, and staff knew how to recognise and what to do if they suspected abuse was occurring.

Rating at last inspection and update

The service was previously rated Requires Improvement for the key questions of Effective, and Well Led (report published 13 March 2019). Two breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. They were repeated breaches from the previous inspection, although we found the seriousness and risks associated with the breaches had been reduced.

Following the March 2019 inspection, we met with the provider to discuss the shortcomings of the service and how they would be addressed. The provider completed an action plan to show what they would do and by when to improve. We returned and inspected the service on 02 March 2020. At that inspection we found improvements had been made and the provider had complied with some of the breaches in regulation. The service was rated Requires Improvement for the key questions of Safe, Responsive and Well Led (report published 01 April 2020). Two breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection enough improvement had been made and the breaches of regulation had been met.

Why we inspected

The inspection was carried out to follow up on the action we told the provider to take at the last inspections. As a result, we carried out this focused inspection to review the key questions of Safe, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the caring and effective key questions and therefore we did not inspect those key questions. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North Hill on our website at www.cqc.org.uk.

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 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 ●

North Hill House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

We announced the inspection 24 hours prior to the visit. This was because we wanted to ensure the registered provider would be available.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

North Hill is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service is owned by a sole provider and as the 'registered person', the provider is responsible for the day to day running of the service. 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.

Notice of inspection

The inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed

information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Most people were unable to tell us about their experiences of living at the service, so we observed how people spent their time and how staff interacted with them. We spoke with two care staff, the head housekeeper, the clinical lead and the manager.

We reviewed a range of records. This included four people's care records and a sample of medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one relative. We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, Using medicines safely

At our inspection in March 2020 the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. Medicines were not robustly managed. Medicines records did not provide enough information, guidance or direction for staff in how to provide specific caring interventions. For example, there was no guidance for staff included in the care plan regarding continence care for catheter use for individuals. This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Improvements had been made to how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of losing weight, choking, had specific dietary needs, at risk of falling, or needed support using equipment.
- When people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support. We discussed the inclusion of additional information, for example what technique to use when a person displayed anxiety. Staff agreed to review this and add additional direction to support person centred care.
- Where people were assessed as being at risk of pressure damage to their skin, skin integrity care plans were in place. These care plans gave clear instructions for staff as to how often people should be re-positioned to help prevent skin damage. Records showed these checks were being carried out in line with people's individual assessed needs.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was a system in place to ensure such devices were set correctly and monitored for the person using them, and in accordance with their current weight.
- Risk assessments were completed to support people where they were at risk of losing weight. Records showed, where people were at risk, their weight was regularly checked, and appropriate action taken if there were changes to their weight.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks were in place.
- Improvements had been made to the way medicines were being managed. Improvements had been made

for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.

- People received their medicines safely and on time. Staff were trained in medicines management and there was a clinical lead to ensure safe practice. Nurses were responsible to report any errors on following shifts. This enabled any errors to be identified quickly and responded to.
- Medicines were audited regularly with action taken to make ongoing improvements. This had included new storage facilities. Staff told us changes in the medicines systems had improved and they felt it was a safer system.
- Improvements had been made to record and follow health professional's guidance. For example, catheter care and managing the risks of choking.

Staffing and recruitment

- The service had increased staffing levels since the last inspection. There were now two nurses on most shifts. There was no reliance on using agency staff to fill gaps. Staff told us they had the time to spend with people on a one to one basis. They told us they were not rushed and had time to spend quality time with people. We observed staff supporting people one a one to one basis throughout the inspection.
- Recruitment processes were followed and included pre-employment checks from the Disclosure and Barring Service (Police) before new staff started work. Suitable references were in place prior to commencing work at North Hill.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems and complaints procedures in place and notified us and the local authority safeguarding team with any concerns.
- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff felt any concerns they reported would be taken seriously.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the manager had oversight of these to identify any trends or

patterns. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

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 requires improvement. At this inspection this key question has improved to good. 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

At our inspection in March 2020 the provider had failed to have in place a suitable system for recording people's care needs. One person needing end of life care did not have a care plan in place, so staff did not have the necessary information and guidance to support the person. There were three formats of care plans being used which meant there was inconsistency in service delivery. This was a breach of part of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to care planning systems. This included using one format. The care plan was clear, easy to navigate to essential information and up to date. Nursing and care staff had been supported to record information using this system and it was found to be effective.
- Additional reporting systems had been put in place. This included, 'red books' in each person's room. They held forms for staff to complete in instances where monitoring was required. For example, turn charts held in the skin bundles section to support the monitoring of pressure care, and food and fluid records to monitor people's dietary needs. Staff told us they were easier to use and accessible in the rooms.
- There were now two nurses on duty Monday to Friday. This had supported staff to monitor care plans, carry out reviews and monitor care.

Meeting people's communication needs

Since 2016 onwards 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.

- People's communication needs were identified, recorded and highlighted in care plans. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences. For example, they told us two people with speech issues used thumbs up or down. One person with sight issues used a torch to support them.

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

- The service had reviewed how to respond to people's need to maintain relationships with their families, friends and others. This had been managed by providing a safe area in the conservatory part of the dining room. The visits were planned and managed effectively with appropriate levels of Personal Protective Equipment [PPE]. The use of information technology had supported contact through video calls.
- The service was part of the pilot for Covid-19 testing. This enabled visitors to enter the service following a negative test. There was a dedicated activity phone to arrange this process. Once the appointment and test had been completed an agreed time was arranged. People told us this had helped their wellbeing by being able to see their loved ones.
- Since the last inspection there were two staff responsible for activities. This now included four hours on Saturdays and Sundays. The lunch club had commenced again with social distancing. Some quizzes were taking place as well as some fund raising. Activity coordinators also spent one to one time with people in their rooms, which we observed during the inspection.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection. However, there had been a review of how the service supported people at the end of their lives. Systems were in place for seeking peoples wishes. Contacts for specific wishes in respect of religion or significant people they wish to contact were collected. Care plans now included specific reference to choices at the end of a person's life.
- As people neared the end of their life the service sought support from GPs and district nurses. Since Covid-19, relatives had been provided with the appropriate PPE to enable them to visit their loved ones at the end of their live.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. A relative told us, "I feel that any concerns are really listened to and acted on. I do have piece of mind."
- People knew how to make complaints should they need to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who used complaints received as an opportunity to improve the service.
- Action had been taken following concerns as to the security of the building. There is now Closed-Circuit Television [CCTV] in place to the external perimeter of the building.

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 Required Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our inspections in January 2019 and March 2020 the provider had failed to establish satisfactory governance arrangements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made in the management structure of the service. The registered provider had worked with members of the nursing, care, catering and housekeeping teams to coordinate a more effective management team. Designated responsibilities had been cascaded for example, clinical lead to focus on clinical issues and team building and deputy charge nurse to focus on care planning. The registered provider supported catering and housekeeping as well as having a general overview of the service.
- Resources had been made available to improve all aspects of the service. This included improvements to internal decoration, replacement of furniture and carpets. Staffing levels had been significantly increased resulting in less reliance on agency staff. There had been no need for agency support for the past six months. Staff told us the morale had improved and they felt valued by the management team. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service
- At this inspection we found systems to assess and monitor the safety and quality of the service had significantly improved. This is evidenced in the safe and responsive sections of the report. There was a robust auditing system in place for the provider and senior staff. This enabled effective oversight of the service and had become embedded in everyday practice. For example, a robust care plan auditing system and effective communication systems.
- The management team were very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Audits showed all incidences and accidents were followed up.

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

- People were living in a service that supported their well-being as the environment had improved since the previous inspections and was more person-centred and suitable for the needs of people living there. For example, decoration varied in colour in different parts of the service. It helped to support people living with dementia to navigate around the service.
- The service had acted to improve hospital discharge information. This was to ensure discharges to the service were appropriate and there were assurances the service would be able to manage the persons needs safely and effectively.
- Staff told us they knew what was expected of them. There was better communication at all levels.
- The service's policies were being regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people. A health professional told us the service was responsive to guidance and support when requested.

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 ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The registered provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control, in relation to Covid-19.
- The provider had notified CQC of any incidents in line with the regulations.

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

- Staff told us relatives and families were being kept informed with updates, so they were aware of how their family member had been spending their time. A member of staff told us; "It's really important we keep relatives up to date because they are really anxious." A relative told us, "They have been excellent in keeping me updated about [relative]. It's been especially important since Covid."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- Improvements had been made to support service improvement. For example, learning had been made from reflection on previous inspections where breaches of regulations had shown patterns and trends. Actions taken meant that this inspection shows all breaches had been met.
- The service's systems and structure had been reviewed and action taken to improve all areas.
- Improvements had been made in staff engagement through more effective communication systems. For example, where it had been identified staff briefings were not always being read, quick 'flash' meetings had helped to address this. Staff felt shift handovers had improved with time to discuss issues.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.

