Golfhill Limited

Hill House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Hill House Nursing Home is registered to provide accommodation, personal and nursing care for up to 44 older people who may be living with a dementia. At the time of our inspection there were 38 people living at the home. The home offers both long stay and short stay respite care.

This inspection took place on 5, 12 & 13 January 2017, the first and second days of our inspection were unannounced. Two adult social care inspectors carried out this inspection. Hill House was previously inspected in November 2013, when it was found to be compliant with the regulations at that time.

Although Hill House did not have a registered manager at time of our inspection, a new manager had been appointed, and was being supported by the nominated individual. The previous manager had left in October 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People's medicines were not always managed safely. Medicine Administration Records (MARs) were not always completed accurately. This meant staff were unable to tell if people had received their medicines as prescribed. Where people were prescribed medicines to be given "when required" there was no guidance provided for staff as to when this should be used. Where people were prescribed topical medicines or creams, detailed guidance had not been provided and staff were not recording consistently within people's records these had been applied. People received their prescribed medicines when they needed them and in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. Staff had received training in the safe administration of medicines and records confirmed this.

People were not fully protected from the risks posed to them by environmental factors. Whilst some premises checks had been completed in a timely manner there were no recordings of water temperatures being carried out. Although the manager assured us taps were thermostatically controlled, these checks are important as they allow staff to monitor the temperature of the water to protect people from scalding when having a bath or shower. Whilst we did not find any taps where very hot water was being delivered, staff were not carrying out checks to ensure this was always the case.

There was insufficient oversight by the management team and nursing staff to ensure people's needs were being monitored on a day-to-day basis, as some records were either not maintained or were incomplete. Although people's care plans had been regularly reviewed, we found nursing staff did not consistently review people's daily notes as part of this process. This meant nursing staff were not reviewing all the information available to them and as such could not be sure that people were being adequately supported or receiving care appropriate to their needs.

We looked at the home's quality assurance and governance systems and found the provider did not have effective systems to assess and monitor the quality and safety of the services provided at the home. Although some systems were working well others had not identified the concerns we found during this inspection.

We raised our concerns with the manager; who told us they were in the process of undertaking a complete review of the home. The manager had already identified many of the concerns we identified as part of this inspection and they were in the process of developing an action plan with time scales to address these concerns.

People said they felt safe and well cared for at Hill House, their comments included "I do feel safe" and "I love it here." Relatives told us they did not have any concerns about people's safety. One relative said, "People are safe and well looked after here". A visiting healthcare professional said people always appeared to be happy and well cared for.

People were protected from abuse and harm. Staff received training in safeguarding vulnerable adults and demonstrated a good understanding of how to keep people safe. There was a comprehensive staff-training programme in place. This included safeguarding, first aid, pressure area care, infection control, moving and handling, and food hygiene. Some staff had received additional training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make choices and were involved in the care and support they received. Staff had an awareness of the MCA and DoLS and how to support people within their best interests.

People told us staff treated them with respect and maintained their dignity. Throughout the inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke about people with kindness and compassion. People and relatives told us they were involved in identifying their needs and developing the care provided. People's care plans were informative, detailed, and designed to help ensure people received personalised care.

People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. The home had a programme of organised activities that included arts and crafts, music sessions, exercise classes, card games, and quizzes.

People, relatives, and staff spoke highly of the management team and told us the home was well managed. Staffs described a culture of openness and transparency where people, relatives and staff, were able to provide feedback, raise concerns, and were confident they would be taken seriously.

The home had notified the Care Quality Commission of all significant events that had occurred in line with their legal responsibilities.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the home were not safe.

People's medicines were not always managed safely, as people could not be assured they would receive their medicines as prescribed.

Risks to people's safety were not always appropriately assessed or well managed.

People were protected from the risks of abuse as the provider had systems in place to recognise and respond to allegations.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Is the service effective?

Good

The home was effective.

People were supported to make decisions about their care by staff that had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were cared for by skilled and experienced staff who received regular training and supervision.

People were supported by staff who were knowledgeable about people's care and support needs.

People's healthcare needs were monitored and referrals made when necessary.

Is the service caring?

Good

The home was caring.

People were supported by staff who promoted their Independence and respected their dignity.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Requires Improvement

Some aspects of the home were not responsive.

There were not effective systems to monitor and review people's care records

People felt comfortable to make a complaint and there was a variety of ways for people to make suggestions and share ideas.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was a programme of activities and social events meaning people were well occupied and stimulated.

Is the service well-led?

Requires Improvement

Some aspects of the home were not well-led.

There had not been a registered manager in post since October 2016. A new manager had been appointed, however they had not started the process to be registered with the Care Quality Commission.

The provider did not have an effective quality assurance system in place to assess and monitor the quality of care being provided.

Records were not well maintained.

People felt the management team were approachable and their opinions were taken into consideration.

Staff felt they received a good level of support and could contribute to the running of the home.

Hill House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on the 5, 12 & 13 January 2017; the first and second days of our inspection were unannounced. Two adult social care inspectors carried out this inspection. Hill House was previously inspected in November 2013, when it was found to be compliant with the regulations relevant at that time. Prior to the inspection, we reviewed the information held about the home. This included previous inspection reports and notifications we had received. A notification is information about important events, which the home is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection, we spoke with nine people individually and met with most people who used the home. On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

We looked at the care records for seven people to check they were receiving their care as planned. We also looked at how the home managed people's medicines. We reviewed the staff recruitment, training and supervision files for three staff. We reviewed the quality of the care and support the home provided, as well as records relating to the management of the home. We spoke with six members of staff, three registered nurses, the manager, and two senior managers. We looked around the home, including some people's bedrooms with their permission, as well as the grounds. We also spoke with five relatives of people currently supported by the home. Following the inspection, we sought and received feedback from three health and social care professionals who had regular contact with the home.

Requires Improvement

Is the service safe?

Our findings

There was some good practice in relation to the management of medicines. However, we found improvements were needed in relation to record keeping, ordering, and receipt of some medicines. For example, one person had not received a nutritional supplement, which had been prescribed seven days prior to our inspection. This was because the medicine had been requested but there was no system in place to check if medicines ordered outside of the usual monthly cycle had been received and were being administered.

Records did not always clearly indicate the reason why people had not received their medicines as prescribed. This was because staff were using non-standard codes on Medicine Administration Records (MARs).

Some people were prescribed medicines to be given "when required" such as for the management of pain. Care plans and medicine records lacked guidance for staff to assist their decision-making about when this type of medicine should or could be used. This information is necessary where people may not be able to verbalise how they are feeling, and provides staff with information/guidance, such as symptoms a person may display if they were in pain. Having a protocol in place would help reduce the risk of medicines being given when they may not be needed.

Some people were prescribed topical applications, such as creams, ointments, and gels. However, there were no body maps or detailed information on where to apply these or why they had been prescribed. This meant staff could not be sure if people had their topical applications applied as prescribed by their GP. A member of staff said this information was recorded in the daily care notes. However, when we checked we found staff were not always recording the application of topical creams, as they should do.

We looked at how the home managed people's nutritional and hydration needs. We found no evidence people were receiving insufficient food and fluid. However, records relating to how much people were eating and drinking were either not maintained or incomplete. For instance, entries included, "ate most of dinner", "drink given," "eaten half of meal," "refused lunch," and "sips taken." We raised our concerns with the manager and deputy who assured us that people were receiving adequate food and fluids. We found there was insufficient oversight by nursing staff and the management team to ensure people's needs were being monitored on a day-to-day basis, as records were either not maintained or incomplete.

People were not fully protected from the risks posed to them by environmental factors. Whilst some premises checks had been completed in a timely manner there were no recordings of water temperatures being carried out. Although the manager assured us taps were thermostatically controlled, these checks are important as they allow staff to monitor the temperature of the water to protect people from scalding when having a bath or shower. Whilst we did not find any taps where very hot water was being delivered, staff were not carrying out checks to ensure this was always the case.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct.

People said they felt safe and well cared for at Hill House, their comments included "I do feel safe," "I love it here" and "The staff are loving and friendly." Relatives told us they did not have any concerns about people's safety. One relative said, "People are safe and well looked after here". A visiting healthcare professional said people always appear to be happy and well cared for. We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from the risk of abuse and harm. Staff had received training in safeguarding adults and whistleblowing. Staff demonstrated a good understanding of how to keep people safe and how and who they would report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm, were displayed in the staff office. This contained telephone numbers for the local authority and the Care Quality Commission. Staff told us they felt comfortable and confident in raising concerns with the manager. Staff knew which external agencies should be contacted should they need to do so. Recruitment procedures were robust and records demonstrated the provider had carried out checks to help ensure staff employed, were suitable to work with people who use care and support services. These included checking applicant's identities, obtaining references and carrying out DBS checks (police checks).

People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. One person said, "I have a bell in my room, the staff are pretty good at answering the bell when I ring" A relative said, "They do get busy sometimes, but generally there are enough when we visit." On the day of the inspection, there were 38 people living at the home. There were eight healthcare assistants on duty, who were support by two deputy managers who were also registered nurses. The manager and a number of ancillary staff such as housekeepers, chef, kitchen, laundry and administration assistants and a maintenance person were also on duty. The manager told us staffing levels were determined according to people's needs and they adjusted the rota accordingly. Staff confirmed when people's care needs increased, for instance, if they were unwell, staffing levels were increased to ensure people's care needs were met safely. During the night, one registered nurse and four healthcare assistants supported people.

Risks to people's health and safety had been assessed and regularly reviewed. People's care plans contained detailed risk assessments and management plans, which covered a range of issues in relation to people's needs. For example, risks associated with skin care, poor nutrition and mobility had all been assessed. Risk assessments contained information about the person's level of risk, indicators that might mean the person was unwell or at an increased risk and action, staff should take in order to minimise these risks. For instance, one person's skin integrity had been assessed as being at increased risk. This person had a specialist pressure reliving mattress in place and staff had been instructed to support them to change position every two hours, which we saw happening.

The manager and staff carried out a range of health and safety checks on a weekly and monthly basis. For example, fire alarms, fire doors, emergency lighting, equipment, and infection control. Records showed that equipment used within the home was regularly serviced to help ensure it remained safe to use.

Accidents and incidents were recorded and reviewed by the manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment was safe. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to help ensure that people were kept safe in the event of a fire or other emergency. Staff were trained in first aid and first aid boxes where easily accessible around the home.

Good

Is the service effective?

Our findings

People told us they enjoyed the meals provided by the home. Comments included, "the food is lovely", "Not bad, they come around with drinks and plenty of water." One person said, "The food is very good, always hot and they even make crispy chips." A relative said, "Mum gets plenty of food and cups of tea regularly."

People were able to have their meals in the dining room, the lounge or in their own room if they wished. People who did not wish to have the main meal could choose an alternative. We observed the lunchtime meal; people sat in small groups and staff sat with people providing assistance where necessary. Where people needed assistance, this was provided in an unhurried manner. Where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

Where people received support with liquid nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) tube, guidance was clearly recorded within people's care plans. For example, one person's care plan contained guidance and instruction about the person's nutritional programme, the relevant equipment and how to support the person effectively to maintain their health and wellbeing. There was information about when to flush the equipment and guidance on how to do this correctly to help ensure the person received effective care in accordance with their assessed needs.

The chef and kitchen assistants told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and there was a list of people's dietary requirements in the kitchen. We heard staff offering people choices during meal times and tea, coffee, and soft drinks were freely available.

People and their relatives spoke positively about the care and support they received at Hill House. People told us they were well cared for, and had confidence in the staff supporting them. Comments included, "I am very happy here" and "the staff are very caring." One person's relative said, "The staff are approachable, and go out of their way to make sure [person's name] is comfortable and has everything she needs.

People told us staff responded to their needs promptly. People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists and GPs. People's care plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For instance, records showed where people had needed the specialist advice of dietician's or speech and language therapy (SALT); referrals had been made in a timely manner. A visiting health care professional told us they had no concerns about the care provided by the home, and staff made referrals quickly when people's needs changed.

People were supported by staff who were knowledgeable about their needs and wishes and had the skills to support them. Records showed new staff undertook a detailed induction programme, which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and

support.
There was a comprehensive staff-training programme in place and staff we spoke with confirmed they received regular training in a variety of topics. These included dementia care, first aid, infection control, moving and handling, and food hygiene. Other more specialist training included palliative care [care of the terminally ill], wound care, and tissue viability [pressure area care] were provided as part of the registered nurses' individual competency learning and development programme. The manager also carried out the registered nurses' medicines competency checks and regularly supervised their clinical practice.

Staff received regular supervision and annual appraisals with a named supervisor. Staff told us supervision gave them opportunity to discuss all aspects of their role and professional development with their line manager. The manager and deputies assessed staffs' knowledge by observing staff practice and recording what they found. Staff told us they felt supported and valued by the home's management team.

The manager and staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff demonstrated a good understanding of the principles of consent and that people have the right to refuse to consent. One staff member told us, "We always give people options and ask them what they would like. If someone refuses, we accept that, we may return later to see if they've changed their mind but we respect their decision."

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. Some of the people who lived at Hill House were living with a dementia, which affected their ability to make some decisions. People told us they were involved in their care, and had access to their records. Records showed the manager had assessed people's abilities and carried out mental capacity assessments. Where decisions had been made in people's best interests, decisions were specific and made in consultation with appropriate people, such as relatives. This meant that the home was working in line with the principles of the act.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. The home had a keypad system in operation, which prevented people who would be unsafe, from leaving the home without support. However, not everyone living at the home had been assessed as unsafe to leave. These people were given the keypad number to the front door, ensuring that their legal rights were protected and they were not deprived of their liberty.

At the time of our inspection, the deputy manager told us 14 DoLS applications had been made to the local authority. Due to the large number of applications being processed by the local authority, no authorisations had been approved.

Good

Is the service caring?

Our findings

People told us they were happy living at Hill House. One person said, "I love it here, the staff go out of their way to get you what you want." Another person said, "The staff are really kind and caring, especially [name of nurse], they will do anything for you." Relatives told us they were happy with the care and support people received. One relative said, "Everyone is approachable and it's very obvious they care about the people they look after."

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and affection. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. People responded well to staff and we observed a lot of smiles, laughter, and affection between staff and people they supported. People told us they were happy with the care and support they received. One person said, "I love it, I'm comfortable, it's warm and all the staff are loving and friendly." Staff told us they enjoyed working at the home. Comments included "I enjoy coming to work its great here," and "There's a real sense of team work."

People's care plans were clear about what each person could do for themselves and how staff should provide support. People's preferences were obtained and recorded during their pre-admission assessment. People's care plans included what was important to them. One relative said, "The staff are very good, [person's name] is always clean and tidy. The staff will do her nails and hair, which is important to her." Staff described people in a positive manner and were knowledgeable about people's life histories and important family contacts. For instance, staff were able to tell us about people's preferences, what people liked to eat, what they liked to do, when they liked to get up and go to bed.

People told us staff treated them with respect, maintained their dignity and were mindful of their need for privacy. We observed staff knocking on doors and waiting for people to confirm they could enter. Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission and consent to assist people, offering reassurance and explaining to them what they were doing. Relatives confirmed that when personal care was delivered this was completed in a way that maintained their relative's privacy and dignity. People told us staff encouraged them to remain as independent as possible, and when they needed extra support this was provided in a considerate way, which did not make them feel rushed.

People told us they were involved in creating their care plans and making decisions about their care and support. One person said, "They usually discuss it [care plan] with me. If they are going to make any changes, I have an opportunity to say what I think." People told us they made choices every day about what they wanted to do and how they spent their time. One person said, "I can spend my day how I choose, I like to sit in the lounge, but if I'm not feeling too bright I can stay in my room, it's my choice."

Relatives and visitors were free to visit at any time and told us they were always made to feel welcome. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones in communal areas or the person's own bedroom. People's bedrooms were personalised and furnished with

things that were meaningful to them. For instance, photographs of family members, treasured pictures from their childhood, favourite ornaments, or pieces of furniture.

Requires Improvement

Is the service responsive?

Our findings

People's care plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Care plans provided staff with detailed information on people's likes, dislikes, personal preferences, personal care needs, and medical history. For example, the care plan of one person who required assistance from staff with dressing, described in detail how the person wished to be supported and what they liked to wear. However, not all care plans we saw contained the same level of detail. For instance, we saw another person's care plan stated they required assistance with personal care but did not contain any guidance for staff on how to assist this person with their personal care needs. We raised this with the manager who told us they were aware that some people's care plans were not as person centred or informative as they could be and told us they had a plan in place to address this.

The deputy manager told us each person's care plan had been regularly reviewed to ensure they accurately reflected the person's current care needs. However, we found nursing staff did not consistently review people's daily notes as part of this review process. This meant nursing staff were not reviewing all the information available to them and as such could not be assured that people were being adequately supported or receiving care appropriate to their needs. We raised this with the manager who told us this had been identified and was in the process of being addressed. This meant the system in place for monitoring and reviewing people's care were ineffective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were involved in identifying their needs and developing the care provided. The manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a care plan, which was further developed with the person, after they had moved in and staff had got to know them.

Each person had two care plans; one, was held in the nurses' office, which contained confidential information including medical reports, assessments, and nurses' progress notes, and another held in their room which contained a 'summary of needs' as well as any charts that needed to be completed by staff. The 'summary of needs' was designed to provide care staff with a shortened version of the person's main care plan, and provided useful information about the person's needs.

Where people's care plans identified they needed support to manage long-term health conditions staff sought professional advice and guidance. We saw this had been incorporated into the person's plan of care. For instance, one person had a tracheostomy in place. A tracheostomy in an incision in the windpipe, which allows a person to breath without the use of their nose or mouth. Records showed this person had a specific tracheostomy care plan in place. This provided staff with detailed guidance in relation to how the person should be positioned, infection control procedures, care of the tracheostomy site, and suctioning. Emergency tracheostomy equipment was available, should this be needed. Nursing staff we spoke with confirmed they had received clinical training, were knowledgeable and able to describe in detail the care

this person required.

Staff spoke compassionately about people and demonstrated a good understanding of people's needs and preferences. For instance, staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.
Staff told us how one person loved to watch cricket and listen to classical music. When we looked in this person's care plan it was clear the member of staff knew them well.

People told us they were actively involved in planning and developing their care and support. Most of the people we spoke with said they were aware of their care plan and had been asked how they felt about the care and support they received. People were given the opportunity to sign their care plans if they wished to do so. One person told us a staff member had sat with them and discussed what they had written in the care plan. Afterwards they had signed to say they had read and agreed its contents. Relatives told us staff actively encouraged their involvement in people's care and kept them fully informed of any changes.

People were supported to follow their interests and take part in social activities. Each person's care plan contained a 'life story book', which included a list of their known interests, and staff supported people on a daily basis to take part in things they liked to do. The home employed an 'activity lead', this person was responsible for the home's activity programme. People spoke very highly of the level of activity and entertainment provided by the home. One person said, "There is always something going on." and another person who was unable to leave their room said, "The activity lady comes to see me every day, she brought me some paints today which I love."

The home produced a weekly activities programme, which was displayed on the home's notice board and informed people about upcoming events. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, pet therapy, card games and quizzes. Activities were designed to encourage social interaction, provide mental stimulation and promote people's well-being.

People and relatives were aware of how to make a complaint, and felt able to raise concerns if something was not right. People we spoke with were confident their concerns would be taken seriously. One person said they would speak to the manager or nurse if they were unhappy. Another said, "I'm confident that if I ever had to raise a concern the nursing staff would be deal with it."

People were provided with a copy of the home's complaint procedure when they moved in and we saw a copy was displayed within the main reception area. This clearly informed people how and who to make a complaint. It also gave people guidance along with contact numbers for people they could call if they were unhappy. We reviewed the home's complaint file and saw that where people had raised concerns these had been investigated in line with the home's policy and procedures.

Requires Improvement

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act (2008) that the manager of a home like Hill House is registered with the Care Quality Commission (CQC). When we visited, a registered manager was not in place. There had not been a registered manager in post since October 2016. A new manager had been appointed, and was being supported by the nominated individual. The manager told us they intended to submit an application with the Commission to become the registered manager of Hill House, at the time of the inspection a validated application had not been received.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality of the services provided at Hill House. We found a number of audits were regularly being completed by the home's senior management team. These included audits in relation to care plans, medicines, weight loss, pressure area care, infection prevention and control, mattresses, activities, food safety, staffing, and accident and incidents.

Although some systems were working well others had not identified concerns we found during this inspection. For instance, quality assurance systems had failed to ensure people's medicines were managed safely. Medicine audits were taking place; however, staff had not identified that people's Medicine Administration Records (MARs) were not always completed accurately or completed in full, or that care planning in relation to some medicines was not detailed enough. In addition checks should have identified that hot water testing was not taking place; that care plan reviews were not considering all relevant information and that care planning documentation were not complete.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we raised our concerns with the manager, they told us they were in the process of undertaking a complete review of the home. The manager had already identified many of the concerns we identified as part of this inspection and they were in the process of developing an action plan with time scales to address these concerns

People and their relatives told us the home was well managed and described the management team as open, honest and approachable. One person said, "I feel safe here the staff are lovely and you can trust them." A relative said, "We're very happy, it's always clean, the staff are friendly, and people look well cared for." Staff we spoke with had a real sense of pride in their work and spoke passionately about providing good quality care. Staff were positive about the support they received and told us they felt valued.

People were provided with a copy of the home's service user guide when they moved into Hill House so they were clear about the service provided. The reception area contained useful information for people and relatives, for instance, copies of the homes complaint procedure, compliments and information about what people should expect form a good care home.

The manager and staff had a clear understanding of the vision for the home. Staff described a culture of openness and transparency where people and staff, were able to provide feedback and raise concerns. We saw the home also encouraged people and their relatives to rate the home via an independent website www.carehome.co.uk.

The manager was receptive to suggestions for instance we noted the systems in place for staff to communicate changes in people's needs through handover meetings although very detailed were not recorded. We shared our observations with manager who told us handover would be recorded in future.

Staff meetings were held regularly, staff told us that they were able to share ideas and express any concerns. We saw copies of the minutes from these meeting were freely available to staff who were unable to attend. Staff and relatives described the manager as open, honest, caring, and approachable. Healthcare professionals told us the manager was very visible within in the home and although new, had a good working knowledge of people who lived and worked there.

The manager told us they kept their knowledge of care management and legislation up to date by using the internet and attending training sessions. They were aware of their responsibilities under Regulation 20 of the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

The manager shared with us copies of the home's policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, staff recruitment and whistle blowing. All of the policies we looked at had been reviewed regularly and the next policy review date was planned.

Records were stored securely and well organised. When we asked to see any records, the manager was able to locate them promptly.

The home had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected by the safe management of medicines. People were not being protected from risks associated with the environment. Regulation 12 (2)(f) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not ensuring people were protected by having systems and processes to effectively assess monitor and improve the quality and safety of the services provided. Records were not accurate, complete, or well maintained. Regulation 17 (1) (2) (a) (b) (c)