Golfhill Limited

Hill House Nursing Home

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

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 41 people living at the home. The home offers both long stay and short stay respite care.
This inspection took place on 4 and 5 April 2018 the first day was unannounced.

Hill House Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Accommodation was provided over three floors.

The last inspection was carried out in January 2017 and the overall rating for the service was 'requires improvement.' The provider was in breach of two regulations. These related to 'safe care and treatment' (Regulation 12) and 'good governance' (Regulation 17). We issued requirement notices in relation to these breaches. We asked the provider for an action plan which they provided telling us how they were going to make the necessary improvements.

During this inspection we found improvements had been made.

A registered manager was in place. 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.

People told us staff treated them properly and they felt safe. One person said, "I feel safe and am happy here." People were protected as staff had received training about safeguarding and knew how to respond to any concerns. There were systems in place to protect people from abuse. There was an up to date safeguarding policy in place and contact details for the local safeguarding adult's team were displayed around the home.

Risk assessments were in place to help protect people from the risk of harm. People's risk assessments were reviewed regularly and provided guidance for staff in how to keep people safe and minimise the risks. Where people had been identified as at risk, records directed staff on the actions to take to reduce this risk. For example, some people were assessed as being at high risk of pressure damage to their skin and appropriate pressure relieving equipment was in place to minimise these risks.

People, relatives and health professionals were consistently positive about the caring approach of staff. Staff were kind, compassionate and caring toward the people they supported and spoke about people positively and with affection. The atmosphere in the home was calm and relaxed. People's privacy and dignity was respected by staff and people were encouraged to be as independent as possible, without compromising

their safety.

People, relatives and staff told us they thought there was enough staff available to meet people's needs in a timely manner. One person said, "When I ring the call bell I never have to wait long." People were supported by staff that had been safely recruited. Recruitment checks were in place and demonstrated that the staff employed had satisfactory skills and knowledge needed to care for people.

Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well. Where people may need restrictions on their liberty and freedom in order to keep them safe applications had been made to the local authority to make sure people were not unlawfully restricted.

Staff were knowledgeable about people's needs and how to meet those needs. Care records were person centred and written in a respectful, sensitive and personalised way. They were well-organised and included information about each person. However, we found that some improvements could be made to ensure that all care plans included accurate detailed guidance on specific health needs to ensure people received responsive care at all times. We made a recommendation about reviewing the accuracy of care plans.

Medicines were managed safely and in line with current regulations and guidance. Staff had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered and audited appropriately.

Quality assurance systems were in place to assess and monitor the service people received. Families were consulted so that their views could be gained. A survey of people's views was carried out in 2017 and showed people were very happy with the care delivery at the home. People told us they could raise concerns or complaints if they needed to because the registered manager and staff were always available and approachable and people were confident they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's rights were respected. Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

People were supported when required to have their health and nutritional needs met.

Is the service caring?

Good

The service was caring.

People received care and support from staff who promoted their independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were informed and actively involved in decisions about their care.

Relatives and friends were welcomed into the home without any restrictions on visits.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and documented within their care plan to reflect their individual needs and preferences. We made a recommendation about reviewing the accuracy of records.

People benefited from meaningful activities, which reflected their interests.

People received appropriate end of life care and support.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

People felt the registered manager was supportive and approachable and expressed confidence in the registered manager to address any concerns raised.

People benefited from staff that worked well together and were happy in their roles.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

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 checked 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 April 2018, the first day was unannounced. On the first day of the inspection the inspection team consisted of one adult social care inspector, a specialist nurse 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. The second day was conducted by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority quality and safeguarding teams. The provider had completed a Provider Information Return (PIR).The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the communal areas of the home and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care, to help us understand the experience of people who could not express their views to us.

We spoke with 17 people and five relatives. We also spoke with the registered manager, senior management support, deputy manager, head of care, admin manager, kitchen manager, cook, one registered nurse, seven care staff and the activities co-ordinators.

We looked around the building to see whether it was safe and met the needs of people living there. We also spent time looking at records, which included seven people's care records, four staff recruitment records and records relating to the management of the home.

Good

Is the service safe?

Our findings

At the last inspection in January 2017 we found the provider was in breach of regulation 12 (Safe care and treatment) because people were not always protected by the safe management of medicines, risks associated from not having enough to eat and drink or risks associated with the environment. During this inspection, we found improvements had been made.

People's medicines were managed safely. The provider had recently started using an electronic system for recording medicine administration. We saw this worked well and that staff had to check the supply of medicines using bar codes when administering these. This reduced the risk of the wrong medicine being administered. Staff told us the system worked well and they felt it had improved the way in which medicines were managed.

Medicines were stored safely and securely. The staff undertook checks on the temperature and cleanliness of medicines storage and these were recorded. During the inspection, we observed medicines were administered correctly and in a safe way. Staff explained what they were doing, sought people's consent and made sure people had swallowed tablets and liquids before leaving them. Staff had received training in the safe administration of medicines and records confirmed this.

Some people were prescribed medicines to be given "when required" such as for the management of pain. We saw that guidance was available for staff to assist their decision-making about when this type of medicine should or could be used. One person took their own medicines. Their care plan contained a risk assessment and they were provided with secure storage for their medicines. Some people were prescribed topical applications, such as creams. Records showed that these had been applied consistently and as prescribed. However, not all creams or liquids had been dated on opening. This meant staff could not be sure that the cream or liquid was in date and safe to use. We spoke to the deputy manager about this who said they would address this immediately.

The provider undertook regular audits of medicines supplies and records to ensure action was taken where problems were identified, such as discrepancies in records. The electronic system also provided daily reports that identified missed medicines to enable the registered manager to investigate and rectify.

During the last inspection in January 2017, records relating to how much people were eating and drinking were either not maintained or incomplete. At this inspection we saw food and fluid monitoring charts were completed fully, and were up-to-date. The registered manager told us that since the last inspection they had worked with staff to improve the content and accuracy of records, including monitoring charts. They told us monitoring charts were regularly discussed during staff meetings. Minutes from staff meetings confirmed this.

People were protected from risks associated with the environment. At the last inspection in January 2017, staff were not carrying out checks of the water temperature. At this inspection, water temperature checks were part of a programme of health and safety environmental checks. Portable electrical equipment was

regularly checked and hoisting equipment and emergency lighting regularly serviced. There were up to date servicing and maintenance certificates in relation to gas safety, electrical installations, fire extinguishers and the fire alarm systems. There were personal emergency evacuation plans (PEEPs) in place to ensure people's safety in the event of a fire or other emergency at the home.

Risk assessments were in place to help protect people from the risk of harm. People's risk assessments were reviewed regularly and provided guidance for staff in how to keep people safe and minimise the risks. These included areas such as moving and handling, falls, pressure damage, nutrition, swallowing difficulties and the use of equipment such as bedrails. Where people had been identified as at risk, records directed staff on the actions to take to reduce this risk. For example, some people were assessed as being at high risk of pressure damage to their skin and appropriate pressure relieving equipment was in place to minimise these risks. Daily checks were carried out to make sure any equipment, such as air flow mattresses, were correctly set to make sure people received maximum benefit. This helped ensure staff provided care and assistance for people in a consistent safe way.

People told us they felt safe living at Hill House. Comments included, "I feel safe and am happy here", "I am well looked after and I am safe here" and "It's very pleasant here. I feel very safe." One relative told us, "This is an example of a good care home. I am confident that my wife is safe and well looked after." Although some people were unable to verbally express their views to us, we saw people looked relaxed and very comfortable with staff supporting them.

People were supported by staff that had received appropriate training and understood how to recognise and report signs of abuse or mistreatment. All staff we spoke with said they would not hesitate to raise any concerns and all were confident that action would be taken to keep people safe. One member of staff said, "I would report any concerns. It would definitely be sorted out." Safeguarding and whistleblowing policies and procedures were available for staff to access. The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety. Where concerns had been expressed about the home; for example if there had been safeguarding investigations, the registered manager had carried out, or co-operated fully with these.

People were supported by staff that had been safely recruited. Recruitment checks were in place and demonstrated that the staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two satisfactory references and a Disclosure and Barring Service (DBS) check. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. There was a skill mix of staff, which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver care safely. People, relatives and staff told us they thought there was enough staff available to meet people's needs in a timely manner. One person said, "When I ring the call bell I never have to wait long."

Senior staff analysed all accidents and incidents to look at where lessons could be learned and improvements made to people's care. For example, analysis showed one person was having an increase in the number of falls in their room at a particular time of day. The care they received had been changed to make sure they received attention at this time and with their permission they were moved to a room located in a busier area of the home to help reduce the risk.

People were protected from the risk of the spread of infection because staff had received training in

infection control and there were systems in place to minimise the risk. The home was kept clean by a dedicated team of domestic staff and all staff had access to personal protective equipment such as disposable gloves and aprons which we saw being used appropriately. Sanitising hand gel and hand washing facilities were available throughout the building.

The home had received a rating of five at its most recent food hygiene inspection undertaken by the local authority Environmental Health Department in November 2017. Five is the highest score available.

Good

Is the service effective?

Our findings

People were cared for and supported by staff a skilled and knowledgeable staff team. One person told us they thought staff were well trained, "They always know what to do." A visitor commented staff were "very good" and they had "no complaints" about them.

Staff received training in core subjects such as manual handling, health and safety, first aid, safeguarding adults and fire safety. They also received training specific to the needs of people living at the home such as epilepsy, diabetes and dementia. Staff told us the level and range of training they received kept them up to date with good practice. For example, nurses regularly updated their clinical practice as required for their professional development. Staff confirmed they received enough training for their role and told us they worked well together as a team.

Newly employed staff were required to complete an induction before starting work. This included, training identified as necessary for people living at the home and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The Care Certificate qualification was in use for the induction of new staff. These are minimum standards that should be covered as part of induction training of new care workers.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Staff received regular supervision and annual appraisals. Staff told us supervision gave them opportunity to discuss all aspects of their role and professional development with their manager. The registered manager assessed staffs' knowledge by observing staff practice and recording
what they found. The registered manager also carried out the registered nurses' medicines competency checks and regularly supervised their clinical practice. Staff told us they felt supported and valued by the home's management team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and that DoLS applications were made where appropriate. We found the home was taking appropriate action to protect people's rights. Staff were aware of people's right to refuse support and how they made or communicated decisions. Staff

were clear about seeking people's consent for care and we saw this happening throughout the day.

Some people living at Hill House were living with dementia. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been undertaken of their capacity to do so. If it was decided the person lacked capacity, decisions were made on the person's behalf in their 'best interests' and with the appropriate people involved. For example, one person had been falling. This was discussed with the person's family and a decision made in their best interests to have an alarm mat placed next to them to help avoid injury.

We saw that DoLS applications to deprive people of their liberty had been made to the local authority with regard to people remaining at the home or leaving the home unescorted, the use of bed rails, sensor alarm mats and specialist chairs. At the time of the inspection decisions had not been made about these by the local authority due to a backlog in applications. The applications had been made correctly to ensure people's rights were protected.

People were supported to eat and drink enough and were provided with nutritious meals to support them in maintaining a balanced diet. People and relatives told us they enjoyed the food provided. One person told us, "The food is good, we can always ask for more."

People were able to have their meals in the dining room, lounge or in their own room if they wished. 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. The cook 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.

Nutritional and hydration needs were assessed and documented. Staff recorded and monitored people's weight, so they could identify if the person required additional supplements or high calorific meals. Any special diets required were provided for. Where people had lost significant amounts of weight, staff sought help and advice from health professionals, such as their GP or dietician. Food and fluid charts enabled staff to record how much people were eating and drinking and we saw these had been completed.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals, for example opticians, GP's and chiropodists. We saw these appointments were recorded in the person's care plan along with the outcomes. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. Feedback we received from health and social care professionals showed they had a high regard for the staff at the home and felt they provided safe and effective care for people. 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.

Adaptations had been made to the interior of the building, signage and decoration had been added to meet people's needs and promote independence. Consideration had been given to the décor and furnishings to help ensure people felt comfortable and familiar in their surroundings.

Good

Is the service caring?

Our findings

People, relatives and health professionals were consistently positive about the caring approach of staff. Staff were seen to be kind, compassionate and caring toward the people they supported and spoke about people positively and with affection. One person said, "I couldn't wish for better care. I feel safe and am happy here." A relative told us, "I have great confidence in the staff. My wife has one to one care each day and the carer really loves her, treating her with respect and dignity." Another relative commented, "Staff have been amazing and consider all of her needs."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff showed concern for people's well-being and responded promptly when people needed assistance. We saw that when staff walked through communal areas they said hello to people and commented about the day or what they were doing. The smiles and laughter we heard indicated people enjoyed these interactions, which created a pleasant and homely atmosphere.

Staff had a good knowledge of people they cared for. They were able to tell us about individual's likes and dislikes, which matched what people told us and what was recorded in care records. Care records contained personal histories so staff were aware of people's backgrounds before they came to live at the home. This enabled staff to plan the persons care to meet their needs. Throughout the inspection it was evident the staff knew people well. Staff told us they had time to get to know people and were able to sit and chat with people as well as attending to other care tasks.

People's privacy and dignity was respected by staff. Personal care was provided in private and we saw staff knocked on people's bedroom doors and awaited a response before they entered.

Staff greeted people respectfully and used people's preferred names when supporting them. People were well presented, with groomed hair; clean clothes, and clean and painted nails. One relative told us how staff made sure their loved one looked nice, "The staff do her makeup for her as she likes to have makeup on." During the inspection the hairdresser was visiting. This was an enjoyable activity for several people and obviously impacted on people's self esteem in a positive way.

We saw people were encouraged to be as independent as possible, without compromising their safety. Staff told us how they promoted people's independence, such as giving people the opportunity to do as much of their own personal care as possible, such as washing, whilst also ensuring people's hygiene and personal care needs were met.

People were supported by staff that understood people's communication requirements. Care records contained communication profiles to assist staff in understanding and communicating with people. Staff demonstrated a depth of understanding about people's individual communication requirements and looked for ways to help reduce communication barriers. For example, one person was profoundly deaf and used British Sign Language to communicate. When they were admitted to the home the provider arranged training for some staff to learn basic sign language. Staff told us this had really helped them to communicate

with the person. They told us, "We use a combination of signs and gestures and we seem to communicate quite well."

People and their relatives were involved in decisions about their care. There were regular reviews where people could express their views and make changes to their care plans. People's individual needs were identified and respected. A relative told us, "I am involved in my wife's care. My wife is happy here. I am confident that her needs are met." The staff do her makeup for her as she likes to have makeup on"

People's rooms were personalised which made them individual to the person. People's needs with respect to their religion or cultural beliefs were met and staff understood those needs. People had access to services in the community so they could practice their faith. For people who were unable to attend church, the provider had trained as a Eucharistic Minister so people could receive communion at the home. A church service was also held once a month for people to attend. Staff received equality and diversity training to help them provide for people's individual needs.

Relatives and friends were welcomed in the home and were able to visit without any restrictions. One relative said, "We visit most days, we are always made to feel welcome." Another told us, "it feels like one big happy family here." The home had access to a computer and the internet and people were able to use these facilities to keep in contact with their relatives and friends.

Good

Is the service responsive?

Our findings

At the last inspection in January 2017 we rated this key question as requires improvement this was because some people's care plans were not as person centred or informative as they could be. During this inspection we found improvements had been made, however further improvements were needed.

Some people's care records did not contain detailed guidance on specific health needs to ensure people received responsive care at all times. For example, one person's care plan instructed staff to 'ensure the person was drinking sufficient amounts; the care plan did not indicate what that amount should be. Another person's records informed staff the person should drink two litres of fluid a day but in another section of their records, one litre of fluid a day.

We recommend the provider review care records to ensure they contain sufficient accurate information to ensure care delivery is robust and person centred at all times.

The home was responsive to people's needs. Before people moved to the home an assessment was undertaken of their needs and preferences, to help ensure they could be met by the home. Following the assessment, staff prepared detailed care plans when the person moved into the home. People and their representatives were involved in planning their care and support.

Since the last inspection new electronic records had been introduced. Feedback from staff was that these were working well and staff were positive about the change. Care records were person centred and written in a respectful, sensitive and personalised way. They were well-organised and included information about each person. For example, information about individual's health conditions and how these should be monitored, their mobility needs, level of communication and cognition, their emotional and social needs, dietary requirements and their likes and dislikes. People's personal history and important family details were included in care records, giving staff a real sense of each individual.

The home kept a paper copy of electronic care records as well, which were easily accessed by staff, agency staff and visiting professionals; ensuring important information was readily available. Daily notes and care recording charts were completed by staff each day and reflected the care plans and showed that people had received care which met their needs. These records included information about food and fluid intake, personal care and repositioning for people who were at risk of developing pressure damage.

People were enabled to make their own decisions regarding their care and support needs as far as possible. Relatives told us they felt staff gave people time to make sure their wishes were respected. We saw examples where people chose what they wanted to eat and drink and where they wanted to spend their time. People were able to express what they wanted to do and staff provided the support people needed to enable them to do it.

Staff demonstrated a good understanding of the specific needs and preferences of the people they supported and clearly knew people well. Staff told us they had opportunities to read care plans and there

was enough information in them to enable them to provide the care people required. Handovers between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017.

We looked at how the service shared information with people to support their rights and help them with decisions and choices. Communication and information needs were identified during the pre-admission process and communication plans indicated people's strengths as well as areas where they needed support. Where people had needs related to a disability, the provider and staff did everything possible to help the person communicate. For example, when a profoundly deaf person moved into the home the provider arranged for a number of staff to attend British Sign Language training to help staff communicate with the person.

People said they had a range of activities they could be involved in. Some people told us they did not always participate but knew the activities were available if they wished and their choice to not participate was respected. The home employed two activity co-ordinators to provide support with activities. They had developed a weekly activities programme based on people's interests, preferences and abilities. The programme was flexible depending on people's mood and interest on the day. Regular activities included quizzes, word games, arts and crafts and visiting entertainers including singers, music for health and musicians. People were also visited by owls and pet therapy. We saw people enjoying pet therapy on the day of the inspection. Staff made sure that animals were taken to people who could not or did not want to, leave their rooms so that they could be involved in the activity and benefit from pet therapy.

As well as group activities staff spent time with people individually. One staff member told us they would sit and chat with people in their rooms, read to them, give people manicures and help people with their hobbies such as, knitting. The activities co-ordinator told us they often took people out individually to go shopping, walking around the gardens or out to local events.

People had the opportunity to go on group outings. To enable people to live happy, fulfilled, active lives, the provider had employed the services of an organisation that provided fully managed excursions for older people living in care homes. Regular trips were organised to local places of interest such as; garden centres and local attractions.

There was a noticeboard for people to read about upcoming events including activities in the home and outings available for people to join in with. We saw handicrafts were on display around the home and people drew our attention to them and admired the creative skills of the people who had worked on them.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We reviewed people's care records relating to their end of life care wishes and preferences. Where people had chosen to have this conversation their end of life wishes had been recorded. Staff worked closely with GP's, palliative care team and the local hospice to ensure people had rapid access to support, equipment and medicines as necessary.

The provider had a complaints procedure in place and people said they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff should they have

any concerns. All felt sure any concerns would be listened to and resolved. We reviewed the recorded complaints and saw that they were all responded to quickly, and actions were taken to resolve any issues.

Good

Is the service well-led?

Our findings

At the last inspection, monthly audits of care records had failed to identify and address the concerns we found in relation to risks. At this inspection we found improvements had been made to people's records and the auditing system.

The registered manager took a hands on approach within the home and had good knowledge of the staff and the people who lived at the home. There were clear lines of accountability within the management structure. A senior manager and deputy manager supported the registered manager. The provider was also a visual presence within the home and visited frequently to make sure high standards of care were maintained.

People, their relatives, staff and professionals expressed confidence in the registered manager, they described them as approachable, open and supportive. People told us, "The manager is always around, she comes into my room to say hello and check I am ok with everything." One member of staff said, "[Manager's name] is really approachable. She is really keen to make sure practice is up-to-date and evidence based. She is very open to learning opportunities for staff."

The registered manager was committed to a culture of openness and transparency within the home. The registered manager encouraged people, relatives and staff to talk to them about any concerns or issues they had. The registered manager said they operated an 'open door' policy so anyone could speak to the management team when they needed to. We were told staffs' aims and aspiration for Hill House was to have a home that was a clean, safe comfortable and homely environment that treated everyone with dignity, respect, sensitivity and kindness. We saw that these values were demonstrated by each member of staff throughout the inspection.

Staff said they were well supported and the team worked well together. Staff knew what was required of them and they understood their roles and responsibilities. Staff confirmed they had resources and support available and if they needed 'advice' it was given in a way that was constructive. One member of staff said the registered manager was "extremely supportive" and had made a real difference. Regular staff meetings were held where staff had the opportunity to discuss new ideas and receive information from the management team. Records of staff meetings were available so that staff not able to attend were aware of what had been discussed.

The management team had a number of ways to measure and improve the quality of the service for the benefit of the people who lived there. For example, surveys were sent to relatives and residents annually. The last survey in 2017 was positive and comments included, "The nursing staff and carers are all so very caring and approachable", "Excellent so loving and caring" and "The food is excellent." Regular meetings were held to enable people and their relatives to share their experience, thoughts and ideas and to hear about planned changes at the home.

People reported they felt the staff were professional, knew them well and respected their wishes. Relatives

felt able to visit at any time and were happy with the service provided.

The home had effective quality assurance systems for assessing, monitoring and improving the quality of the service. Comprehensive checks of the home had been carried out by the management team and staff in areas such as cleanliness of premises, safeguarding incidents, medicine administration and care documentation. There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Care documentation and other records associated with the running of the home were up to date and well maintained.

The registered manager worked in partnership with other organisations to make sure they were following current good practice, providing a quality service and that people in their care were safe. These included social services, general practitioners and other healthcare professionals. There was also good links with the local community, such as, visits by local school children and monthly church visits.

The registered manager was aware of their responsibilities to notify CQC about certain events, such as deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the home and how these incidents were being dealt with.

Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 registered providers have a legal duty to display the ratings of CQC inspections prominently in both the care home and on their websites. The current CQC rating was displayed in the home's reception area and on the provider's website.