Oak House Homecare Ltd

Hill View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Hill View is a residential care home providing personal care to up to 16 people. The service provides support to older people and people with dementia in one adapted building. At the time of our inspection there were 13 people using the service.

People's experience of using this service and what we found
There was a lack of provider oversight at the service. There was no evidence of learning and improvement actions from all the breaches of regulations found during the last CQC inspection. There had been no improvement to the monitoring of the service provided since the last inspection. There were delays in the provider acting promptly to ensure the environment people lived in and fire safety compliance was safe. This put people, their visitors and staff at an increased risk of harm.

The providers governance systems and monitoring had failed to identify areas that required improvement. Audits were not effective in identifying the issues found during this inspection. Fire policies, procedures and fire risk assessments contained out of date and conflicting information. Fire risks although known, were not minimised by quick proactive actions by the provider to make sure people were kept safe and that the service met the fire regulations. Health and safety audits had not identified that safety checks such as legionnaire water monitoring were not being undertaken.

There had been no improvement to the number of staff who worked at night since the last inspection. The provider could not evidence that the number of staff working at night were safe. They had failed to monitor the time it took the on-call staff at night to respond to requests for support. They did not monitor that the time it took on-call staff to respond, did not leave people in pain or discomfort for prolonged periods of time. A staff member who worked alone at night had not had all the necessary training to support people with medicines such as pain relief as and when needed. Potential new staff to the service underwent checks to make sure they were suitable to work with people. However, a lack of auditing of these records showed there were gaps in some staffs' employment history that had not been explored.

Staff were not following current government guidance around good infection control procedures. Staff were seen not wearing face masks in line with current guidance. People's feedback on the service provided via a survey, had not been collated to evidence an overall picture and establish any areas that needed improving.

Staff used their training knowledge to safeguard people wherever possible and support people to keep safe from poor care and abuse. If staff had any concerns about people, they knew where to report this both internally and outside of the service. Staff encouraged people to eat healthily and drink enough. People received their medicines as prescribed.

We have recommended that the provider and registered manager follows medicines best practice guidance.

Staff were kind, and knew people's individual needs, and preferences well. They also knew people's assessed risks and these risks were monitored by staff. Staff listened and respected people's concerns and suggestions. Staff gave people privacy, treated them with dignity and respect when supporting them, and helped maintain people's independence. Staff involved people and their relatives, when reviewing people's support and care requirements. Staff responded to people's changing care and support needs. Care plans were reviewed and updated when changes occurred.

Compliments about the service provided by staff had been received. Complaints were investigated and resolved wherever possible and actions were taken to reduce the risk of recurrence.

Staff had observations of their practice, supervisions, appraisals and ongoing support from the registered manager. This helped staff maintain and improve their skills to fulfil their role and responsibilities.

The registered manager led by example and had cultivated an open and honest staff team culture. The registered manager and staff team worked with other organisations, health and social care professionals to provide people with joined up care. However, records of this were not always detailed enough to demonstrate the conversations had and any actions taken.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 24 February 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve. However, they were unable to evidence that the CQC had received this action plan. At this inspection we found some improvements had been made, however there had been no improvement to the governance monitoring of the service and provider oversight. We also found a continued breach around staffing and a new breach of regulations around fire safety and a lack of legionnaires testing and the risk this posed to people, their visitors and staff. As such the provider continues to remain in breach of regulations.

At our last inspection we recommended that the registered manager access up to date guidance. We also recommended at our last inspection that the registered manager review best practice guidance around signage to help support people with dementia orientate themselves around the building. At this inspection we found there had been some improvements.

The service remains rated requires improvement. This service has been rated requires improvement for the two consecutive inspections in 2020 and 2022.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection following breaches of regulations found.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have

asked the provider to take at the end of this full report.

Enforcement
We have identified a continued breach in relation to a lack of provider oversight and poor governance and quality monitoring of the service and staffing at this inspection. We have also identified a new breach about safety to people, their visitors and staff.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

Hill View

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 Health and Social Care Act 2008.

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.

Inspection team
This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Hill View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hill View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and four relatives. We spoke with five members of staff including the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, two assistant managers and a member of care staff.

We reviewed a range of records, this included four people's care records. We looked at medicines' records and two staff files in relation to recruitment. A variety of records relating to the management of the service and fire safety were also reviewed, including incident records, complaints, compliments, quality assurance processes including audits and policies and procedures.

After the inspection
We contacted the fire service during this inspection to share our concerns. The Cambridgeshire Fire and Rescue Service shared with the CQC a copy of the report of the fire deficiencies found during their most recent visit. This visit was in response to the concerns shared by the CQC.

After the inspection the provider updated us with the work that had started around environmental fire safety risks.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● During this inspection the provider and registered manager could not demonstrate what prompt actions had been taken following deficiencies found during a fire safety officer visit to the service in November 2021. We raised our concerns about this to the provider and registered manager during this inspection. We also made the Cambridgeshire Fire and Rescue Service aware. After the inspection a fire safety officer revisited the service and again found fire deficiencies. These deficiencies put people, visitors to the service and staff at an increased risk of harm.

● An external company had also undertaken some fire safety work at the service in January 2022. A service report issued after the visit clearly explained that areas of the fire safety system did not meet fire safety regulations. The provider and registered manager could not demonstrate that all actions recommended had been completed in a timely manner to ensure the service was fire safe. After the inspection the provider contacted us to confirm they had scheduled work to improve fire safety. However, it was too soon for CQC to be assured of fire safety compliance.

● The providers fire risk assessments, policies and procedures contained out of date and conflicting information. This included whether night staff should evacuate people in the event of an emergency such as a fire. This increased the risk to people, their visitors and staff working at the service.

● The provider and registered manager confirmed they were not undertaking any legionnaires water checks. Legionella bacteria is commonly found in water. These checks would help make sure people were not at risk of harm. We made the provider and registered manager aware of our concerns and signposted them to the Health and Safety Executive (HSE) guidance.

Systems had not been established to assess, monitor and mitigate fire safety risks to people using the service. Work to make the service compliant with the fire safety regulations had not been carried out quickly enough. There was no evidence provided to demonstrate that legionnaires testing had taken place in line with HSE guidelines. This placed people at a continued risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager and staff team knew the people they supported well. They assessed and monitored people's known risks. Risks included being at risk of poor health due to specific health conditions, moving and handling support needs, being at risk of falls or being at risk of falling out of bed or getting trapped in bed rails.

● Staff had guidance to refer to on how to monitor and support people to help reduce their known risks. This information was documented in people's care records. A relative confirmed to us, "[Staff] understand my [family member] really well, they know [family member] is a very proud [person] and will not ask for help.

They have to prompt [family member] to ask for assistance." However, we found guidance in one person's care record was not accurate for their specific health condition.
● People had a personal emergency evacuation plan (PEEP) in place. This would guide staff on the assistance needed to help evacuate people safely in the event of an emergency such as a fire.
● People had the right equipment to help keep them safe. This included moving and handling equipment to help transfer people safely who needed this support from staff.

Staffing and recruitment

At our last inspection we found that there was a risk to people as staffing arrangements were not robust enough in the event of an emergency such as a fire. At this inspection the provider and registered manager could not evidence they monitored the on-call staff support system at night to make sure that people did not have to wait prolonged periods of time for support. The service continues to be in breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● During our last inspection we found there was only one member of staff working during the night. This had been identified as a risk should there be a need to evacuate people in the event of a fire at night. However, during this inspection, whilst people told us staff reacted promptly to their requests for assistance the provider could not demonstrate to us that they monitored the response time of on-call staff support. They also could not evidence that the three people who required two staff support with safe moving and handling, did not have to wait for prolonged periods of time for this support.
● The provider and registered manager could not demonstrate that they had formally calculated the time it took on-call staff to travel back to the service at night, when additional support was requested.
●Staff undertook an audit of the services dependency tool. The dependency tool is used to determine the level of need each person who resided at the service had. However, it was unclear how this then determined safe staffing numbers.

Whilst we found no evidence of people being harmed, the failure by the provider to be able to demonstrate robustly that staffing numbers were safe put people at risk. This is a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● New staff to the service had a series of checks completed on them to try to ensure they were of good character and suitable to be working with the people they supported. These checks included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, recruitment records did not always have any gaps in the staff members employment history explained. The registered manager said they would make this improvement.

Systems and processes to safeguard people from the risk of abuse
● Staffs care, and support made people feel safe. A person told us, "I feel safe and at home," another person said, "I feel safe here."
● Staff had been trained and understood the importance of reporting any allegations of harm or poor care. They also demonstrated their understanding of where safeguarding concerns could be raised outside of the service. For example, with the local authority safeguarding team, the police and the CQC. A staff member said they would report any concerns they had, "Straight to my line manager and to the director."

Using medicines safely
●The registered manager had systems in place for the receipt, storage, administration and disposal of

medicines. However, we found not all medicines had been signed and dated when opened. This good practice would help ensure the medicines were not used when no longer effective. The registered manager told us they would make this improvement and remind staff of the importance of this.

We recommend that the provider and registered manager follows medicines best practice guidance.

● Staff were trained on how to manage and administer medicines safely. Their competency to do so was spot checked by senior members of staff. We saw staff administering people's medicines in a respectful and patient manner. The staff member encouraged people to take their medicines and this was done at the persons chosen pace. The staff member also respected people's choice to not have 'as required' medicines such as pain relief when the person chose not to.
● Staff had information to guide them on how much support a person needed to manage their medicines safely. This included 'as and when needed' medicines such as pain relief. This information to guide staff was documented in people's records. People told us staff administered their medicines safely. A relative confirmed, "[Family member] always has their medication, that is never a problem."
● People had medicine administration record (MAR) charts in place. We found these were completed by staff to demonstrate people received their medicines as the prescriber intended.

Preventing and controlling infection
● We were not assured that the provider was using PPE effectively and safely. On arriving at the service on the first day of inspection we saw that staff were not following current government guidance of wearing face masks. This was corrected immediately when we made the registered manager aware of the current guidance they should be working in line with.
● We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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.

During the inspection we signposted the provider to current government guidance to develop their approach about using PPE safely and effectively.

Visiting in care homes
● Staff encouraged and welcomed people's visitors to the service. We saw and we were told that visitors were encouraged to visit. A relative confirmed, "I am free to visit when I like although I am always respectful of mealtimes."

Learning lessons when things go wrong
● The registered manager and staff team discussed learning from incidents at handovers and team meetings. However, the provider could not demonstrate learning from the last CQC inspection.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff did not always record detailed enough information to evidence they had discussions with health professionals about people's well-being and evidence the actions taken. This included guidance as to whether a person needed to be assessed by the Speech and Language Therapist team about a softer diet. The registered manager told us they would speak to staff about their records.
- Staff worked together as a team to help make sure people received consistent, coordinated care and support. Staff referred people to health care professionals for advice and guidance to help maintain and promote their well-being. This included working closely with the GP and district nurse team. A relative said, "When [family member] was unwell, they told me very quickly and organised for [family member] to go to hospital."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found people's capacity to make particular decisions had not been assessed and recorded. At this inspection we found people had been assessed to establish whether they had the mental capacity to make decisions. Where a person had been assessed as lacking this mental capacity applications had been made to DoLs. As such they were no longer in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

● People's mental capacity to make certain decisions were assessed and documented within their care records to guide staff. However, one mental capacity assessment we saw had conflicting information due to a typo about whether the person did or did not lack mental capacity. This error had not been identified during audits of people's records. The registered manager told us they would make this improvement to reduce the risk of any confusion.
● Staff encouraged people to make their own choices wherever possible. For example, what they wanted to do, what they wanted to wear and what they wanted to eat. We saw staff asking people where they would like to eat their lunch and people's choices were encouraged and respected.
● Staff had been trained in how to support people and when it was appropriate to make decisions in a person's best interest. A staff member told us, "Do things in the best interest of the residents. What is safe for them but still giving them their dignity and independence."

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

At our last inspection we recommended the provider access and consider current guidance on NICE guidance for oral healthcare and act to update their practice. The provider had made improvements.

● People had an oral health assessment tool to guide staff on the individual support a person needed to maintain good oral health. A person told us, "The [staff] help me to clean my teeth." A relative confirmed, "I arrange appointments for [family member] at the dentist."
● The registered manager and senior staff assessed people's care and support needs prior to them moving into the service. This helped make sure staff were skilled enough to meet the person's needs. People and where appropriate their relatives or advocates were involved in the assessment process. A relative said, "[Staff] know [family member] really well, they visited [family member] at home before they came in and got a good picture of [family members] background and previous interests."
● People's care records detailed their wishes and choices on how they wanted to be supported by staff, what their known risks were and how they would like to be addressed.

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

At our last inspection we recommended the provider access best practice guidance to develop the signage within the service to meet the needs of people living with dementia. The provider had made some improvements with the signage.

● We saw some signage within the service to help people to orientate themselves around the building. People's bedrooms had their preferred names on the doors, and we saw signage for some communal areas within the service.
● People's rooms had been personalised to make them feel more like home.

Staff support: induction, training, skills and experience
● Staff had been trained in various subjects. Staff told us training helped them support people effectively. A staff member told us about their equality and diversity training. They said, "Everyone has their (human) rights and [people] are all equal."
● Staffs induction training included shadow shifts where they worked alongside another staff member and worked through The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However, we found that not all staff had been encouraged to undertake important training such as safe medicines

administration in a timely manner. The registered manager told us this would be corrected after this inspection.

● The registered manager supported staff with spot checks, supervisions and appraisals. Staff told us they felt supported by the registered manager and the staff team. A staff member said, "I feel supported, the (registered) manager is very approachable."

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

● Staff monitored people's weight and were seen encouraging people to eat and drink. Staff catered for people's individual dietary needs such as softer food options. This helped promote people's well-being.

● The menu board only showed one menu choice available. However, staff told us they asked people if they wanted something different. People told us they were happy with the food. A person said, "I have no complaints about the food," and another confirmed, "I like the food." However, one person told us they preferred fresh vegetables and we fed this back to the registered manager.

● Staff had set the dining room tables with tablecloths and condiments to make the mealtime experience more pleasurable. Where people needed adapted cutlery to maintain their independence this was available. We saw staff supporting people who needed assistance in a kind, patient, and respectful way.

Requires Improvement

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The providers systems had not made the necessary improvements around safety, including fire safety, in a quick enough timeframe to reduce the risk of harm to people. This meant that people were not always treated in a respectful, caring and safe manner.
- The registered manager and staff team treated people with kindness and compassion. People were happy with the care and support they received from staff. A person told us, "Humanity-wise this home comes top of the class. If you want a cup of tea at 02.00am, you get it."
- Staff interactions with the people they supported demonstrated their compassion. A person confirmed to us, "It is a lovely place to end my days. The staff all have senses of humour, they cope with anything." A relative confirmed, "They treat them like kings and queens."

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

- Staff encouraged people wherever possible to be involved in and make decisions about their care and support needs. Relatives of people were also involved where appropriate. A relative told us, "The communication is good, [staff] always phone if there is a problem."
- Staff recorded whether people were unable to sign their care records and we saw where people had signed to agree the care and support staff were to give them. A person said, "[Staff] ask me every month if there is anything I would like to change about my care."
- The registered manager and staff team signposted people and their relatives to external support agencies such as advocacy services when needed. An advocate is an independent person who support people when needed to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and respected people's privacy and dignity by carrying out personal care support behind closed doors. Staff were not heard discussing people's care and support needs in front of other people.
- Staff encouraged people to remain as independent as possible. A person told us about how they decided what they wanted to do, and when they wanted to do it and staff respected this. They said, "I enjoy it here, you can go to bed when you want and get up when you want."

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

End of life care and support

● The registered manager and staff team would support people in line with their wishes, with their end of life care at the service wherever possible. The registered manager and staff team would work with staff from a local hospice, the GP and district nurses to try to make sure people had a dignified a death as possible.

● The registered manager told us that end of life training was one of the set of standards staff had to complete as part of The Care Certificate induction.

● Where people had made their end of life wishes known, such as a wish to be resuscitated or not resuscitated, this information was documented in people's care records. However, a relative told us that staff had not had that discussion with them or their family member yet to make their wishes known. We made the registered manager aware of this.

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

● Due to a lack of provider response and swift action around environmental risk such as fire safety, this placed people at an increased risk of harm. After the inspection the provider updated us with the work that had started around environmental fire safety risks.

● People had personalised care from staff that met their needs and preferences. People's care records included appropriate information to guide staff. Staff knew the people they cared for well. However, one person had guidance for the incorrect health condition within their records.

● People and their relatives spoke positively about the registered manager and staff team. A person said, "I can talk to the (registered) manager whenever I want."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Staff made sure people's care records documented any sensory impairments such as hearing or sight loss. Information was available to guide staff on how best to communicate with people to help aid people's understanding.

● The registered manager told us how staff supported people with different communication needs. People's survey to feedback on the service had pictorial prompts. Staff read out information to people when requested and information could be made available in large print. The registered manager told us the new

computerised care planning system could be available as an audio record when needed.

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

● Religious services from the local community attended the service for people who chose to take part. Staff encouraged people to maintain their hobbies and interests. A relative told us, "My [family member] still does crosswords every day and [family member] is able to watch all sports on his television. They know [family members] likes and dislikes and their hobbies and interests."

● Staff made people feel important and people told us how they spent their time at the service. A person said, "In summer I sit in the garden and I exercise every day twice a day, I walk up the corridor and back. When it is your birthday [staff] make you a birthday cake and the [staff] will make a cake...[Staff] make us milk shakes and give us ice lollies."

● The service had pets that people could help look after and interact with. A person told us about the kitten next to them in the lounge, informing us that the kitten was fast asleep. Another person said, "Baggy (the cat) likes to sleep on my bed, he is very friendly."

Improving care quality in response to complaints or concerns

● The registered manager had a system in place to deal with any complaints received. We saw staff had received compliments about the service, they provided to people at Hill View. We also saw that a complaint had been recorded and investigated. A local authority safeguarding referral had been made and a notification made to the CQC.

● The registered manager and staff team made sure the complaints process was on a communal notice board for people and their visitors to read. People and their relatives told us they had no complaints about the service provided. A person confirmed with us, "It's all right here, I've got no complaints." A relative said, "If I had a problem I would go to the (registered) manager, she is very approachable."

Inadequate

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we found the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to monitor and improve the quality and safety of the service provided. At this inspection we found no improvements and so the provider is still in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●There was a lack of lessons learnt and actions taken in a timely manner following the last CQC inspection. Areas found during the last inspection that required improvement, such as environmental fire safety, and improvements needed to ensure the monitoring of the service provided was robust, had not been actioned.
● There was a continued significant lack of provider oversight at the service. The provider had not taken swift enough action around fire safety to make sure that people, their visitors and staff were not placed at an increased risk of harm. A Cambridgeshire Fire and Rescue service visit in November 2021 found fire deficiencies. The provider could not evidence that enough improvement had been made quickly to ensure safety at the service. The Cambridgeshire Fire and Rescue, following concerns reported to them by the CQC undertook a follow up visit on 14 November 2022 and again found fire deficiencies.
● The provider had failed to take all necessary action following an external companies fire service visit on 20 January 2022. Their report clearly stated that there were areas of the service that were not compliant with fire safety regulations. Whilst the provider, after the inspection has informed the CQC of the fire safety work now to be carried out, this work was not actioned in a prompt enough timeframe.
● The providers internal fire risk assessment dated 28 September 2022 rated the fire risk to people, their visitors and staff as low risk. This document had failed to reference or factor in the risk found by external fire safety visits.
● The providers internal fire procedure was dated 09 September 2016 and not updated until this inspection on request of the CQC. This gave out of date information about how night staff, should evacuate people in the event of an emergency such as a fire. There was only one staff member working between 22.00pm and 07.30am, and three people who currently required two staff support. The fire procedure made no mention of on-call staff being called to support, how long this could take or what other risk they considered like the staff member not being able to call for help. This document was updated after concerns were raised during this inspection.
● Following on from the last inspection the provider told us they had not made any improvements to the

number of staff who worked at night between 22.00pm and 07.30am. We asked them for evidence that staffing numbers at night did not put people at risk of poor care or harm. The provider had no formal evidence that monitored how long it took for on-call staff to arrive at the service when needed. One staff member working alone at night had not been trained at Hill View to administer people's medicines. As 12 out of 13 people were prescribed 'as required' medicines this meant that on-call staff, who did not reside at the location, would need to be called out to support this. This lack of monitoring increased the risk of people being in discomfort or pain for prolonged periods of time.

● Some people required two members of staff to mobilise safely, although required only one member of staff to support them with their care needs whilst in bed. However, we found there were occasions where the night staff member had to call the on-call staff for support when a person had a fall. The provider had failed to ensure regular monitoring of the calls made for support to ensure this procedure continued to be effective, so people were not exposed to pro-longed periods of discomfort.

● There was a lack of provider oversight to ensure that staff were following up to date government guidance. On arrival to our first site visit, staff were seen not wearing face masks. This is not in line with current government guidance. The registered manager was signposted to this guidance and it was immediately rectified. However, this failure put people, visitors to the service and staff at an increased risk of contracting infections.

● The provider could not evidence that legionnaires testing to ensure the hot and cold water was safe at the service had been tested in line with HSE guidance. The provider and registered manager told us this testing did not happen. This had also not been identified during the health and safety audit undertaken by staff. This increased the risk of harm to people.

● The provider did not have oversight of the service as governance monitoring and audits had not identified all areas that required improvement. This included fire policies, procedures and risk assessments that were out of date, had conflicting information and did not identify all the risks or the correct risk levels.

● Staff recruitment records had not been audited to establish that gaps in two staff's recruitment records had been explored. One gap was for three years. Thorough recruitment checks are important to establish that the potential new staff member was suitable to work with the people they supported.

● Staff audits of people's care records had not identified that guidance for staff for one person, was for the wrong health condition. This demonstrated to us that audits of these records needed to be more thorough and robust.

Whilst we found no evidence of people being harmed, the risk to people were significant. There was a significant lack of provider oversight of the service provided and the providers governance systems had failed to identified areas that required improvement. This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager and staff team were spoken about positively by people and their visitors. They told us communication was good and the registered manager and staff team were approachable. A person said about the care they received, "I can't think of any improvements they could make." Another person confirmed, "I couldn't better it. I know all the [staff] by name."

● The registered manager and staff team were enthusiastic about supporting people to have as meaningful a life as possible. People were treated as individuals and their preferences respected. A staff member confirmed that the culture and values of the service was, "I love it. I can come every day with a smile on my face and provide care. We are a family."

● Staff felt supported and had the opportunity to feed back about the service provided in supervisions,

appraisals and staff meetings. Staff told us they felt listened to and that the registered manager was approachable. A staff member said, "I like that it is a small service and I see everyone every day."
● People were asked to feedback on the service provided. The registered manager was not able to evidence the overall result of the survey as they had not formally collated the responses.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood the legal requirement to notify the CQC about specific incidents they were required to. Records showed they had notified the CQC of events they were obliged to.
● Notifications of these incidents documented that people and their relatives were informed of incidents such as safeguarding in line with the duty of candour.

Working in partnership with others
● The registered manager and staff team worked with health and social care professionals and other organisations such as GP's, social workers and district nurses. This helped promote and maintain people's well-being. However, records of conversations held about people's health concerns were not always detailed enough. The registered manager told us they would make this improvement.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate fire safety risks to people using the service. Work to make the service compliant with the fire safety regulations had not been carried out quickly enough. There was no evidence provided to demonstrate that legionnaires testing had taken place in line with HSE guidelines. This placed people at a continued risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Whilst we found no evidence of people being harmed, the failure by the provider to be able to demonstrate robustly and formally that staffing numbers were safe put people at risk. This is a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Whilst we found no evidence of people being harmed, the risk to people was significant. There was a significant lack of provider oversight of the service provided and the providers governance systems had failed to identified areas that required improvement. This is a continued breach of Regulation 17 (Good governance) of the Health and Social (Regulated Activities) Regulations 2014

The enforcement action we took:

We have served a warning notice on Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have asked the provider to make these improvements by 14 February 2023.