Alexander Park Homes Limited

The Bill House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
The Bill House is a residential care home in West Sussex providing personal care to 32 people living with a range of needs, including frailty of old age and dementia. The service can support up to 38 people.

People's experience of using this service and what we found
Concerns had been raised to CQC with regard to some aspects of medicines management. For example, the manager had been unaware of the need to have a member of staff on duty at night who was trained to administer medicines. The manager did not have a clear understanding of when to notify CQC of any abuse or alleged abuse, and this was clarified with them at inspection.

Nevertheless, The Bill House provided a safe, caring environment for people. One person told us they were happy living at the home and of the kindness of staff. Risks had been assessed and actions were taken to mitigate risks. Staffing levels were sufficient to meet people's needs and new staff were recruited safely. People received their medicines as prescribed.

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

A robust system of audits had been implemented to measure and monitor the care people received, and to drive improvements. People's diverse needs were recognised and catered for.

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

Rating at last inspection
The last rating for this service was Good, (published 18 December 2019).
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Why we inspected
We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Bill House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Bill House

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was undertaken by one inspector.

Service and service type
The Bill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. When they are registered, this means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We had received information of concern in relation to the

management of medicines. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and observed care to help us understand the experience of people who could not talk with us. We spoke with five members of staff including the manager, deputy manager, a team leader, and two care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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.

Using medicines safely

- Before the inspection, we had received information of concern relating to a member of staff who had signed Medication Administration Records (MAR) to confirm people had received their medicines, when they had not. There had been no impact on people living at the home. The issue had been investigated by the management team, and appropriate action was taken before we went to inspect.
- Another issue we discussed with the manager related to not having a member of staff who had been trained to administer medicines at night. This issue had been resolved before the inspection so now there was always a member of staff who had been trained to administer medicines at night if required. We were assured by the manager that no-one had required any medicines at night during the period in question when there was no medicines trained member of night staff on duty. The manager had not been aware of the need to have a staff member trained to administer medicines at night until it was raised by an inspector before the inspection.
- Medicines were now managed safely. The improvements that have been made need to be sustained and embedded over time. Medicines were ordered, stored, and disposed of safely.
- We observed a team leader administering medicines to people before lunch and this was completed appropriately.
- Time-specific medicines were given within stipulated timeframes. For example, one person received medicines to treat their Parkinson's disease. These were administered every four hours in line with the prescriber's instructions.
- Medicines to be taken as required (PRN) were administered according to the provider's PRN protocol.

Systems and processes to safeguard people from the risk of abuse

- The manager's understanding of when to notify CQC of any incidents of abuse or alleged abuse required clarification. At inspection we discussed the need to notify CQC of any abuse or alleged abuse, even if an incident did not meet the threshold of the local authority's criteria for further investigation. The manager confirmed they now understood when they should notify CQC.
- People were protected from the risk of abuse and harm.
- One person told us, "There's loads of people around, so I always feel safe".
- Staff had completed training in safeguarding adults. One staff member explained, "Safeguarding is protection about residents. Types of abuse might be sexual or financial. I would report any concerns to my senior or the manager or to CQC".
- The provider had a safeguarding policy which provided advice and guidance for staff which was followed.
- The manager told us that every day during staff handover meetings, information about people, including

any concerns, was shared; staff signed the handover sheet to confirm they had received this information and understood it.

Assessing risk, safety monitoring and management
● Risks to people were assessed as needed, to keep people safe and to mitigate the risk of harm.
● People's risks were assessed before they came to live at the home and the pre-admission assessment then informed the care plan.
● Risk assessments had been completed in a range of areas, such as falls, behaviours that challenged, and skin integrity. One person had sustained a fall and records showed observations that had been completed post-fall by staff to ensure there was no long-lasting injury. It was considered the person may have fallen as a result of the medicines they had been prescribed, so a referral was made to their GP for a review of their medicines.
● Another person had been identified as at risk of choking. A speech and language therapist had advised on their dietary needs and as a result this person received a soft textured diet. We observed the person was given lunch of pureed meat, carrots and mashed potato.
● Sensors placed on the top of bedrooms doors alerted staff when people left their bedrooms, so staff could offer support if needed.
● We asked a staff member how they would keep people safe. They said, "We keep an eye on them, especially people at risk of falls". The staff member explained the electronic care planning system and information held on a handset which informed them of people's risks and behaviours that challenged.

Staffing and recruitment
● Staffing levels were sufficient to meet people's care and support needs.
● For example, five care staff and a team leader were on duty during the day, with the addition of the manager and deputy manager.
● Staff felt there were enough staff and commented that the management team were flexible with staff working patterns. Referring to the number of staff on duty, one staff member said, "On the whole yes. If someone calls in sick it can be difficult, but we all work together".
● The manager told us they were constantly recruiting staff. They explained, "We need to have more staff when we take in new residents".
● New staff were recruited safely. We looked at the recruitment records for two members of staff. These included an application form and full employment history, a check with the Disclosure and Barring Service to confirm their suitability to work in a care setting, and two references.

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

Learning lessons when things go wrong

● Lessons were learned when things went wrong.
● We discussed the concerns that had arisen as a result of a member of staff not administering medicines correctly. As a result, staff training for medicines had been reviewed and regular spot checks and competency assessments had been implemented.
● The manager told us, "You learn from your mistakes, reflect on them, and move on".

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care that was personalised to meet their needs.
- We observed staff supporting people in various parts of the home. At the time of the inspection, a hairdresser was visiting and people were having their hair done. Staff were complimentary about people's hairstyles, and it had been several months since some people had been able to have their hair professionally styled due to coronavirus restrictions across the country. People were visibly pleased with the results and had enjoyed being looked after by the hairdresser.
- People's needs and preferences were recorded in their care plans. Activities were organised on a daily basis according to what people wanted to do, and provided mental stimulation which was particularly important for people living with dementia. One person enjoyed going out into the garden and told us they were looking forward to the fine weather so they could go out more.
- The manager had a good understanding of their responsibilities under duty of candour. They explained, "It's about being open and honest, you don't protect anyone by lying. We want to know what isn't right and how we can improve things with visitors, relatives and CQC".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The managers and staff understood their responsibilities, and strived to provide a safe, caring home for people.
- The manager was in the process of registering with CQC. They explained their vision for the home and said, "I'd like to know the place is well led, for inspections to be good, for service users to have a safe and happy environment as much as possible. I want staff to work together and to build on team spirit".
- Staff told us of the changes that had occurred since the last manager had left and the new manager had come into post. One staff member said, "The manager and deputy manager are good and there is very good communication with staff. [Named deputy manager] used to be a carer, so she knows exactly what it's like". Another staff member told us, "The management have helped tremendously and I feel really supported. There's a nice, family feeling here and good teamwork. I feel listened to now".
- People who lived at the home, and staff who supported them, were treated equally. One staff member told us how difficult it had been during lockdown, when no visitors had been allowed into the home. They told us, "We are people's families now, since the pandemic".

● Some staff did not have English as their first language. One staff member told us how kind other staff had been to them, explaining things more slowly and in a way they could understand. They added that when they had personal issues which had affected their work, the manager was, "very kind and supportive".

Continuous learning and improving care

● A robust system of audits had been implemented to monitor and measure the service provided, and to drive improvements.

● Audits had been completed in Infection Prevention and Control (IPC), and included actions to be taken. One member of staff was the IPC lead and had received additional training in order to complement their understanding of this topic. Other audits had been completed for the environment, medicines, and health and safety.

● Before the new manager came into post, a food safety visit had identified some issues. The manager had worked with kitchen staff to address the concerns and to make improvements.

● Incidents and accidents were recorded, with actions identified to prevent reoccurrence.

● A tracker identified when people's Deprivation of Liberty Safeguards needed to be reviewed and renewed. This ensured that any restrictions placed on people's liberty were regularly monitored.

Working in partnership with others

● The service worked in partnership with others.

● Effective relationships had been built with health and social care professionals.

● The manager told us of a local managers' group on WhatsApp. An idea generated was for laminated pictures to be hung in people's rooms. On the reverse of the picture, people's preferences had been recorded and provided an accessible, quick reference for visiting professionals, such as district nurses and GPs.