

Harbour Healthcare Ltd

Hilltop Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 31 August and 1 September 2016. We had previously carried out an inspection on 28 April 2014 when we found the service to be compliant with all the regulations that were in force at the time.

Hilltop Hall is a care home situated close to Stockport town centre. The home is on a main bus route with a bus stop outside. There is ample parking for visitors' cars.

The home provides nursing and personal care for up to 54 people. At the time of our inspection, 28 people were living at the home. People who used the service had a wide range of needs, which included older people and some people who had a learning disability and mental health needs.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found six breaches in the Regulations relating to the management of medicines, recruitment practices, arrangements for the assessment of nursing residents prior to admission, the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS), staff training and quality assurance.

You can see what action we told the provider to take at the back of the full version of the report.

Medicines were not always managed safely. This was because the administration of medicines was not always as prescribed. We also checked controlled drugs within the service. We found the cupboard used to store them did not comply with the law

Recruitment processes and systems in place within the service were not robust enough to ensure vulnerable people were protected against the risk of unsuitable people working within the service.

The acting manager, who was not suitably qualified to undertake the task, was carrying out assessments undertaken prior to admission for people who required nursing care.

We were concerned that the service had only started to make applications for the authorisation of the deprivation of liberty to the local authority in February 2016. We were told that 12 applications had been made but none had been authorised by the local authority. Records relating to the submission of DoLS applications were seen to be incomplete so we could not be sure how many or when the applications had been made.

Although staff told us that they received regular basic training from the service the records we saw did not

support this. We saw that staff had not received regular supervision, which included the clinical supervision of all the nursing staff team.

The home had numerous quality assurance systems in place that showed areas where improvements were needed which in some cases remained outstanding. Not all the shortfalls we found had been identified in the services quality assurance systems particularly medication and recruitment.

Staff we spoke with told us that they had received training and understood their reporting responsibilities in relation to safeguarding and whistleblowing on the poor practice of colleagues. Staff told us they were confident that action would be taken by the provider should they raise any concerns. We saw that in relation to a recent incident that this was the case.

Risk assessments were in place in relation to the environment and for people who used the service.

We found the home to be clean and tidy throughout and systems were in place to help control and protect people from infection. The premises were spacious, well maintained and furnished to a good standard. Plans were in place to undertake decoration in some communal areas of the home.

People gave mixed responses to the food provided. We saw that people were offered a choice of food and encouraged to eat as much as possible.

People had access to healthcare professionals.

The atmosphere at the home was relaxed and the atmosphere was calm. Interactions between people who used the service and staff were seen to be warm, frequent and friendly.

Improvements were being made in relation to people's care records.

We saw that there were activities for people to join in. We were told that there were plans in place to further improve activities to include people going to activities outside the home.

The service had a complaints policy and procedure in place.

Due to a safeguarding allegation currently still under investigation the provider had put in place 24 hour management cover. This will continue until the investigation is concluded.

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.

Medicines were not always managed safely or stored securely within the service.

Recruitment processes and systems in place within the service were not robust enough to ensure vulnerable people were protected against the risk of unsuitable people working within the service.

Staff understood their responsibilities in relation to safeguarding and whistleblowing if they witnessed poor practice by colleagues.

Requires Improvement



Is the service effective?

The service was not always effective.

We found that the acting manager, who was not suitably qualified to do so, was carry out assessments for people who required nursing care before they were admitted to the home prior to the voluntary suspension of admissions by the provider.

We found that the service had only started to make applications to the local authority to deprive people of their liberty in February 2016. Twelve applications were said to have been made but none had been authorised by the local authorities concerned.

Although staff told us that they had access to basic training the staff training records that we saw did not support that this was the case. Staff had not received regular supervision, which included the lack of clinical supervision for nurses.

Requires Improvement



Is the service caring?

The service was caring.

The atmosphere at the home was relaxed and friendly.

Interactions between people who used the service were seen to

Good



be warm, frequent and friendly.

We observed that staff respected people's privacy and dignity.

Is the service responsive?

The service was responsive.

People had a care plan in place. Improvements were being made to the care planning system by introducing electronic records and more person centred plans.

We saw that there were a range of activities on offer and plans were in place to make further improvements.

The service had a complaints policy and procedure in place.

Good ●

Is the service well-led?

The service was not always well led.

The home did not have a manager who was registered with CQC. An acting manager was in place, said to be approachable, supportive, and was seen to be a visible presence within the service.

The service did have a number of quality assurance systems in place and some action had been taken to make improvements but they had not identified all the shortfalls we found during our inspection.

Requires Improvement ●

Hilltop Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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 was an unannounced inspection, which was undertaken by two adult social care inspectors and a pharmacist inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection. We also reviewed the information we held about the service including the last inspection report and notifications the provider had made to us.

During the inspection, we spoke with six people who used the service and three visitors. We also spoke with the managing director, the acting home manager, a peripatetic nurse on nights, a peripatetic nurse on days, a permanent and agency nurse on nights, a permanent nurse on days, a permanent and agency care worker on nights and four day care workers.

During our inspection, we carried out observations in public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for four people who were using the service and a number of medication records. We also looked at a range of records relating to how the service was managed; these included staff personnel files, staff training records as well as policies and procedures.

Is the service safe?

Our findings

We watched five people being given their medicines and saw that nurses gave medicines in a kind and safe way. A newly appointed nurse was being supervised to check they handled medicines safely. Another nurse told us they had recently completed a training course about medicines. One person was given their eye drops at a different time to their tablets, when they were alone, to protect their privacy and dignity.

People's allergy status was recorded to stop them being given a medicine that had previously harmed them, by mistake. We looked at the medicine charts belonging to 31 of the 48 people living in the home and found a few 'gaps' in the records of administration. This meant that the record did not show whether or not the person had received that dose of medicine.

The special instructions kept with each person's chart stated if a person needed all their liquids thickened to stop them choking. However, the consistency required was not recorded so people with swallowing difficulties were still at some risk of harm.

One person was not receiving the eye drops she had been prescribed upon returning from hospital. The nurse on duty acted to correct the error when we brought it to their attention. Another person's 'when required' medicine was out of stock. Another person had not been given an important medicine on two days in the previous week and no explanation was written on their medicine chart. Dose instructions were missing from a person's dispensed eye drops and staff had not queried this with the doctor or pharmacist. We were told that one person was prescribed oxygen but there was no record to this effect, or dose instructions, on their medicine chart. This meant the person may not be given oxygen in the way the doctor intended, putting their health at risk.

Medicines (including an oxygen cylinder) were kept safely. However, the cupboard used to store controlled drugs (medicines subject to tighter controls as they are liable to misuse) did not comply with the law.

Medicines in the refrigerator were stored at the right temperature but maximum and minimum temperature readings were not always recorded. The room temperature in one medicine storage room was above that recommended by drug manufacturers. If medicines are not kept at the right temperature they can become less effective or unsafe to use.

We checked the stock level of four controlled drugs with the records and found that the quantities were correct. However, staff had transferred one controlled drug to a different box, which is unsafe practise. We also noticed that some alterations in the controlled drugs register were unclear.

The Provider was in breach of Regulation 12 (2) (g), the proper and safe management of medicines, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the system for recruitment of staff was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters. We looked at six staff personnel

files. The staff files we looked at contained copies of identification documents including a photograph, contract of employment and information about terms and conditions of employment. We found that the provider kept copies of interview records, which provided evidence of applicants' knowledge and skills.

We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. However, we found that the application forms in three of the files we looked at did not detail a full employment history, including a written explanation for any employment gaps. We found two references where the dates of employment given by the referee did not match the dates the prospective staff had given. There was no record in the files of this having been discussed with the candidate or the person providing the reference. All the files we looked at contained at least two written references, however one file did not contain a reference from the person's last employer as is required.

There was a system for regularly checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC.) All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We noted that in two cases, prospective staff members had disclosed previous criminal convictions on their application forms. We found that risk assessments had not been completed prior to their appointment to decide if they were suitable to work in the agency and what measures needed to be put in place to ensure people who used the service were not put at risk.

On the second day of our inspection, the area manager told us that an audit of all personnel files had been started to ensure all the required information was present. They showed us a form they would now use to record what information was needed and confirm when it was present in the personal files.

This was a breach of Regulation 19 (3) Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

We started our inspection at 7am on the first day of our inspection. This gave us the opportunity to check the night time staffing arrangements. We were aware that there had been allegations made about the care of a person during the night, which related to inappropriate moving and handling techniques. The home were therefore using additional agency to cover the night shifts at the home. When we arrived at the home, we found that the provider had temporarily put one of the organisation's peripatetic nurses (the organisation's support nurses), who was also a moving and handling trainer on nights, to help ensure that people were receiving good quality of care and were being moved and handled safely which included the use of equipment. There were also two nurses on duty, a permanent nurse and an additional agency nurse plus two agency care workers. This was above the normal staffing level.

Some people who lived at the service and relatives who we spoke with commented that the changes in staff made life difficult in terms of making and maintaining trusting relationships, continuity and communication. Records we saw confirmed that there had been a high turnover of staff. Day staff told us that there had been some improvement in staffing on days however, there was still some use of agency. They thought that when a regular experienced agency staff member came to work at the home they managed to support people well but if they had no experience of caring for people this sometimes caused problems, as they had to show the agency worker what to do which took them away from their tasks. Staff told us they were concerned, "Sometimes about staffing, too many agency but it balances out when we have permanent staff on," "Only one nurse on nights, it's not enough," "Staffing levels are not so good" and "We don't need a body we need

regular staff."

Records we saw requested from the service showed that there had been a high turnover of staff recently and the home's 'schedule reports' from 4 July 2016 to 28 August 2016 showed high levels of agency being used because of the recent safeguarding incident. The service operated an on call system. Each evening there was one of the management team available for staff to ring if they needed advice.

We attended the morning handover on the second day of our inspection. We saw that day staff attended the handover and listened to a verbal handover from the nurse in charge of the night shift about the care and support needs people had received throughout the night and any follow up action that needed to be carried out by the day staff. We looked at the handover sheets from 15.08.2016 to 31.08.2016. Records were not seen for the 29 and 30 August 2016. We saw on the remaining sheets that the hand over sheets were not always fully completed mainly by night staff. The records also showed that there was a high use of agency at night because of an ongoing safeguarding incident. However, we saw that there were times when there was no permanent member of staff on duty at night to ensure people received continuity of care.

We were told that the recruitment of permanent staff was underway and a new nurse had started to work at the home during our inspection visit.

Policies and procedures for safeguarding people from harm were in place and staff had access to safeguarding training. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff told us that they had received safeguarding training and were able to demonstrate they knew what action to take should they suspect or witness abuse taking place.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern in good faith. We had been made aware before our inspection of a whistle blowing allegation that had been made. The acting manager had taken further action on this matter and the allegation was been investigated through local authority safeguarding procedures. The provider was co-operating fully with the safeguarding investigation.

We spent time looking round the home. All areas of the home were very clean, with good quality modern furnishings. Throughout the building we saw that there were flowers, bright pictures, photographs and ornaments. All the bathroom and toilet areas were clean and hand sanitizers were available and in the entrance and reception areas. The grounds were extensive and well-kept. There was an outdoor patio area so that people could go outside when they wanted and plenty of outdoor seating. We walked around the home and saw it was generally well maintained. We found one bedroom where the window restrictor was not functioning and an old shower chair that could cause entrapment. These issues were addressed during our inspection.

Records we looked at showed there was a system in place for carrying out regular health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

Staff we spoke with told us that they had enough equipment, for example, hoists though we were informed that a second stand aid had been requested by staff and the managing director told us that this had been ordered. We were told by a nurse that there was enough pressure relieving equipment available for people and if any equipment was needed the provider would purchase it, for example, new individual slings were to be purchased for people as appropriate. We saw that footplates on wheelchairs were always used. A new

staff member told us, "I wasn't allowed to go near equipment until I had been trained."

We saw a record of an infection control assessment of the home carried out by a health protection nurse from Stockport MBC Health Protection and Control of Infection Unit on 3 August 2016. We saw that a number of areas for improvement were identified in the assessment. The record showed that an action plan from the home was to be sent to the unit by the end of September 2016 and the home would be assessed by them in December 2016.

Records we reviewed showed that the service had a system for planning and monitoring the cleaning of all areas of the home. We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that staff wore appropriate PPE when carrying out personal care tasks. We looked at the infection control risk assessment which gave staff information and guidance on how to reduce or control any identified risks. Records showed that staff had received training in infection control. The laundry was housed in Hilltop Court, the sister home to Hilltop Hall situated on the same site. Complaints we reviewed showed that there had been a problem with clothes being misplaced. The manager told us that a new system for labelling people's clothes was being introduced which should reduce this.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a contingency plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included circumstances such as loss of facilities, for example, gas and electricity or bad weather. This means that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

We saw that appropriate environmental risk assessments had been put in place to promote the safety of people who used the service, visitors and staff in the home. These included fire, bathrooms, slips and trips, spillages, scalding, electrical appliances, moving and handling, hoists, medicines, control of hazardous substances, legionella and missing resident. All of the risk assessments had been reviewed and identified the hazard or risk, degree of risk, and the action that needed to be taken to reduce the risk.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. We saw that fire risk assessments were in place and records showed that staff had received training in fire safety awareness. We saw that following a recent site risk assessment plans were in place to carry out a fire alarm upgrade at Hilltop Hall week commencing 13 September 2016.

Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. PEEPs described the support people would need in the event of having to evacuate the building. We saw that these were kept in reception area in an 'emergency grab bag.' This was to be used in the event of a fire or other emergency that meant people needed to be evacuated from the building. We saw it contained high visibility tabards, a walkie talkie, peeps contingency plan, torches, whistles, note book and pen.

People's care records also contained risk assessments. For example, weight loss, risk of falls, pressure sores, nutrition, use of bed rails, moving and handling. These were reviewed monthly and updated when changes occurred. This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risks.

The service had an incident and accident reporting policy to guide staff on the action to take following an

accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it was RIDDOR reportable. RIDDOR is the reporting of injuries, diseases and dangerous occurrences. We saw that following one accident the person's care records had been reviewed and updated and a referral had been made to the person's G.P. for a review.

Is the service effective?

Our findings

We looked at the arrangements for carrying out assessments before a person started to use the service to ensure that the person's needs could be fully met by the service. We saw that people who used the service had a wide range of diverse needs, which included nursing, dementia, learning disability and mental health needs. We were told that since their recent appointment the acting manager, who was not a nurse, carried out a nursing needs assessment though they were not qualified to do so. This meant there was a risk to people in the transfer of their care from one service, for example, hospital to the home that vital information could be misunderstood or lost that could potentially put a nursing patient at risk.

The lack of a suitably qualified person undertaking nursing assessments before a person moved into the service is a breach of Regulation 9 (3) (a) (b) (c) Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked to see if staff received the induction, training, support and supervision they required to carry out their roles effectively. The manager told us that from September 2016 the service planned to start new staff on the 'Care Standards Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This was a twelve week induction which included an introduction to the home, information about the individual staff member's role and policies and procedures. The manager told us that staff currently undertake an induction when they start working at the home. Records we reviewed showed this included fire safety, introduction to the building, health and safety, security, safeguarding policies and procedures, risk assessments, incident reporting and completion of mandatory training and staff handbook. Records we looked at contained a checklist, which had been signed and dated by the staff member and a manager to indicate that they had completed each topic.

Staff we spoke with told us that they received regular on-going training, records that we saw did not evidence that this was the case. Staff training is required to ensure that staff have the skills they needed and are competent to carry out their roles and responsibilities effectively and safely. The acting manager told us that previous staff training records could not be found and so staff were in the process of undertaking training again. We saw a training record that showed only 62.4% of the basic training available had been completed. We saw a second record that showed when the training was planned to take place. Training included fire safety, first aid, safeguarding, moving and handling, food hygiene/nutrition, infection control, MCA and DoLS, dementia care and dignity. We looked at a random sample of four files and found there were certificates in place for training that had taken place. The staff training records that we saw for the staff team did not correctly identify the current staff working at the home

Supervision records identified that staff had not received regular supervision. The records also showed that nurses at the home had not received any clinical supervision so far this year. Supervision sessions give staff the opportunity to raise any concerns they have, share ideas to improve the service and appraise the staff members competence.

The lack of evidence to show appropriate training supervision and appraisal of staff had taken place to

enable them to effectively support people who use the service was a breach of Regulation 18 (2) (a) (c) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. One care record we reviewed contained assessments of the person's capacity and indicated whether the person could consent to various aspects of their care and treatment. This included a description and assessment of a person's capacity around the task or any intervention they required. Another care record we reviewed contained a capacity assessment that was not fully completed and was not signed or dated by the person who had undertaken it.

We were told that twelve applications had been submitted, however, the DOLS matrix record we saw showed five of the applications did not show the date they had been submitted. The record notes that an email confirmation had been received from the local authority for six people but that date of the email had not been recorded. We were told that there was an 18 week delay in authorisation with the local authorities concerned.

We saw that the home had policies and procedures in place to help guide staff in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. Staff who we asked were not able to confidently demonstrate their responsibilities under this legislation and this was confirmed in the minutes of a recent staff meeting.

This was a breach of Regulation 13 (7) Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meals were prepared at Hilltop Court and transferred to Hilltop Hall. At the last environmental health inspection of the kitchen in March 2016 the service was awarded a five star rating which meant that cooks followed safe practices of ordering, storing, cooking and serving food.

People gave us a mixed reaction to the food. One person said, "The food is beautiful you can't knock it. You get a three course meal," "The food is alright" and "I would like some spicy foods."

During our inspection, we observed that the dining areas were nicely set out, with drinks provided on all tables. We saw that each table had a tablecloth, serviettes and a daily menu, to inform people what they could choose from that day.

We saw that the peripatetic nurse was carrying out an assessment in the ground floor dining room. This assessment was to review the dining experience of people who used the service and to check if any improvements needed to be made. We observed lunch upstairs where people required additional support. We saw that people enjoyed their meal and were offered choice and encouraged by staff to eat as much as they could. We saw that the main meal of the day was served at tea time.

We looked at how people were supported to eat and drink. We saw people had appropriate nutritional care plans and risks assessments in place which provided staff with information about people's nutritional needs and how best to support them. We saw that where any risks had been identified food and fluid monitoring charts were being used and had been completed fully. This helped to ensure staff had accurate information about what people were eating and drinking and helped to ensure people get the nutrition they needed to keep them healthy.

Information on peoples care records showed that they had access to health care professionals as and when they needed.

Is the service caring?

Our findings

One person told us, "The staff are kind and mean well. They can't do enough for you. They go out of their way to please me." A person on respite said, "The staff are lovely they can't do enough for you." A visitor said, "The girls are lovely, always smiling."

No one was up when we arrived at the home and the pace to get people up for their breakfast was relaxed and unhurried. The atmosphere was calm and friendly and there were frequent and friendly interactions between people who used the service and the staff supporting them.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw that the staff worked hard to keep conversations with people going in a good humoured way which encouraged laughter.

We observed that staff respected people's privacy and dignity. Staff knocked on people's doors before entering and doors were closed when people were being supported with personal care needs.

People looked well cared for. Some women enjoyed manicures and having their nails painted. One person said, "I love having my nails done." The acting manager told us a hairdresser attends the home once every fortnight. They were visiting at the time of our inspection. A staff member was a seamstress and remodel clothes for people to wear.

People's rooms were highly personalised with their own belongings and there were themed corridors to help with orientation around the home. One person said, "I have got a smashing room and I am very happy here."

The acting manager told us that people's religious needs were respected. They said that religious services were held within the home. We saw a poster displayed in reception informing people that the next religious service was planned for the 5 September. The activities co-ordinator told us that the religious service was well attended and people sang three hymns that they had chosen.

There was a leaflet in the reception area advertising a local advocacy service. The leaflet included contact details. This meant that people could contact an external agency for support if they needed to. We saw that people's care records were kept in offices and spaces that could be locked when not in use. This meant that records were confidentially stored.

We were told that no-one at the home was receiving end of life care at the time of our inspection. We were not clear what end of life training had been carried out at the home though we were made aware that Six Steps training was planned for the appropriate staff at a local hospice. End of life training aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death.

Is the service responsive?

Our findings

We saw that the new electronic care planning system had been introduced on the top floor. Plans were in place for the new electronic care plan system to be added to the ground floor. iPads were also being introduced to allow staff to access and record information as required. A nurse we spoke with told us that they had started to review documentation and amend it to ensure it gave all the information required to support people effectively and showed us details of this. We saw that plans were in place to make records more person centred.

Care records we reviewed contained assessments of people's health and social care needs. We saw these included information about medicines, allergies, mobility, nutrition, falls, moving and handling, continence, communication, likes and dislikes, interests and hobbies, capacity and consent.

We saw these assessments had been used to develop care records that included care plans and risk assessments to guide staff on how best to support people. We looked at four people's care records. We found they included information about how to promote people's independence. The records we looked at gave sufficient detail to guide staff on how to provide support to people in a way that met their needs and preferences. We saw that people and where appropriate their relatives or friends had been involved in developing the care records. Care records we looked at had been reviewed regularly and had been updated when people's support needs had changed.

We spoke with the activities organiser for the service. They told us they worked with some people within a group and others who were bedbound on a 1:1 basis. Theme days were also carried out, for example, celebrating the Queen's birthday, Valentine's Day, Easter and St Patrick's day. On St Patrick's day activities included a quiz, Irish music and watching the 'Quiet Man' on television. We were told that entertainers also came into the home.

We saw that activities on offer were advertised on a poster in the reception area. These included, chair exercises, sensory activity, bread making, garden time, singalong, board games, manicure and a quiz. Records of activities people had participated in were maintained and the budget for activities had recently been increased. Plans were in place to make 'Skype' available for people whose family were unavailable to visit because of distance and also to create a cinema room.

Records we reviewed showed that the service had held three meetings for residents in the last two months. We saw that issues discussed included changes people would like to make, redecorating plans, concerns, menu planning, activities and how to complain. The manager told us the service had an action plan of how the issues would be dealt with. We saw this included ensuring weekend activities were offered and developing new menus. The acting home manager told us there was a relatives meeting planned for 5 September 2016. We saw a poster advertising the meeting was displayed in reception. We also saw that there was a comments box in the reception area that people could use to raise concerns or share ideas about ways to improve the service.

We found the service had a policy and procedure, which told people how they could complain and what the service would do about their complaint. We also saw posters about how to make a complaint were displayed in communal areas of the home. These gave people contact details of senior managers from the organisation and information about CQC and the local authority quality team. It also told people what they could do if they were unhappy with how the service had dealt with their complaint. Records we saw showed that there was a system for recording complaints and any action taken. We saw that written responses were given which included information on what the persons could do if they were not satisfied with the way their complaint had been dealt with. We saw that one complaint about someone not receiving enough fluids had resulted in the persons care plan being updated and staff being asked to offer drinks every half hour and monitor and record how much fluid the person was drinking.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. The service had a number of systems of daily, weekly and monthly audits. For example, the manager undertook a daily walk round of the home. Records we reviewed showed this included cleanliness of the building, availability of PPE, bathroom stocks of sanitizer and soap, breakfast experience, health and safety and staff dress. We saw that any issues found were recorded and then a handover was given to staff, which also included who needed to do what to resolve the issues.

The manager told us that each day one person is named as resident of the day. On that day the person's care records were reviewed, bedroom cleaned, including mattress, flooring and all furniture was moved to allow deep cleaning. We found that records were kept to indicate all tasks had been completed. The acting manager told us that they had identified three main priorities for the home, which included improvements in the arrangements for MCA and DoLS training, introducing electronic care records on the ground floor and to upgrade parts of the home. This included plans to paint the downstairs lounge, purchase new seating and replace the upstairs flooring.

We saw that the acting manager had started to complete monthly health and safety audits at the service, which included admissions and discharges, pressure sores, hospital admissions and safeguarding concerns. Some areas of the audits for June and July had not been fully completed so we were unclear whether they were incomplete or there was nothing to report in relation to clinical needs.

Records we reviewed showed that each month the manager and the area manager reviewed the records of all health and safety, maintenance and equipment checks to ensure checks had been completed and to ensure any action needed had been taken.

We saw that the care quality lead for the provider had carried out a 'Key Outcomes Audit' of the service on 8 August 2016. This audit looked at care and support, the environment, staffing and management and leadership. All four areas were given an adequate rating by the care quality lead. It was unclear when the last quality assurance review involving people who used the service, relatives and visitors, staff and relevant health and social care professionals had been carried out. However, we were told by the regional manager that plans were in place to carry out a review in the near future.

We saw the provider had a service improvement plan in place for Hilltop Hall Nursing Home, which had been updated on 16 August 2016. This was a detailed document that confirmed that the training statistics at the home had not achieved the minimum percentage, that care plans need to be more person centred and that staff surveys were to be sent out. We saw that many areas of this action plan had been achieved, however not all the areas we found that needed improvement were identified on the plan.

At this inspection, we found five breaches in the Regulations, which are the fundamental standards and

found that records were not always up to date or fully completed. This meant that the homes audit and quality assurance systems were not always sufficiently robust in finding areas of service delivery that needed to be improved.

The lack of effective health and safety and quality assurance systems is a breach of Regulation 17 (1) (2) (a) (b) (c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager in place. At the time of our inspection, there was no registered manager in place at Hilltop Hall Nursing Home. A registered manager is a person who has registered with the CQC 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.

A recent application to register a manager with CQC had been refused. The managing director informed us that interviews were being held to find a manager who was a qualified nurse with experience of being a registered manager and an appointment was likely to be made in the near future. We were aware that the organisation's care quality lead was supporting the acting manager but was on leave at the time of our inspection.

In the absence of the care quality lead and due to a recent safeguarding allegation that was under investigation, the provider had taken action to provide additional management support to ensure that there was a senior manager available at the service at all times. We saw a rota to support this arrangement dated from Friday 26.08.2016 to Friday 09.09.2016, which included the providers, the managing director, two peripatetic nurses and on return from leave the care quality lead. We saw that there was an action plan in place to be completed by the management team during this period.

Because of these circumstances surrounding the allegation, the provider in the interim period had agreed to a voluntary suspension on admissions and the local authority had suspended admissions to the home. We saw a record of a quality monitoring visit undertaken by Stockport MBC on 27 and 28 July 2016.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents, safeguarding allegations and DoLS authorisations as they are required to do. Notifications allow us to see if appropriate action had been taken by the service to ensure people are kept safe. However, we found that two recent safeguarding concerns had not been notified to CQC. During our inspection, we discussed this with the acting manager and confirmed with them that a notification needed to be made. Following our inspection, we received both notifications.

Staff we talked with spoke positively about the management team. They said that they were approachable and supportive. Staff members spoke positively about working at Hilltop Hall and with the exception of one staff member they said they thought managers were approachable and supportive. They said, "If we identify anything, by the time we come back on duty it's sorted" and "You get listened to by the top."

Records we reviewed showed that the service held regular staff meetings. We saw that notes were kept of these meetings and that staff could raise any issues they wanted. Issues discussed at recent meeting included use of PPE, clothes going missing and cleanliness of the building. Staff members spoke positively about working at Hilltop Hall. Staff members said, "I love it here" and "The team have pulled together."

We saw a letter that had been received from a relative of someone who had lived at the home. It said, "I cannot speak highly enough of the excellent care and service that staff and members of management

provide. They are professional, caring, understanding, supportive and patient." A person who used the service said, "Honest and truly it is a wonderful place."

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with the unsafe assessment of people with nursing needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with the deprivation of liberty safeguards.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with unsafe or unsuitable medicines management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who used the service and others were not protected by the services quality assurance systems.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 19 HSCA RA Regulations 2014 Fit and

personal care

Treatment of disease, disorder or injury

proper persons employed

People who use services were not protected against the risks associated with the unsafe recruitment of staff.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

People who use services were not protected against the risks associated with the lack of staff training and supervision.