

LMB Hillcrest Home Limited

# Hillcrest Residential Home

## Inspection report

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West Yorkshire  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Hillcrest Residential Home on 16 October 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting. When we last inspected the service in February 2016 we found the provider was meeting the legal requirements in the areas that we looked at and rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Hillcrest Residential Home 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.

Hillcrest Residential Home is situated in the Armley suburb of Leeds. The service is a large detached property which has been adapted to accommodate 19 people, some of whom are living with a dementia. At the time of the inspection there were 13 people who used the service.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies around administering medicines were regularly checked.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained. However, we did note that some windows that were not secured as safely as they should be. This was pointed out to the provider who took immediate action to address this.

People told us there were enough staff on duty to meet their needs. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The home was clean and tidy. Communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. Staff had completed infection control training. However, we did note that pull cords from lights did not have a protective plastic covering so that they could be readily washed to prevent the spread of infection. The provider told us they would take immediate action to address this.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place. The registered manager told us some refresher training was a little overdue, however this training would be completed by the end of December 2018.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice. There were some mental capacity assessments and best interest decisions in the care records we looked at, however, these were not decision specific. We pointed this out the registered manager and provider who told us they would take immediate action to address this.

People had a choice of meals and staff supported people to maintain their health and attend routine health care appointments.

People who used the service told us that staff were kind and caring. Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People had access to a range of activities. The provider had recruited a staff member with a background in dementia and with their input intended to improve on the activities available for those people living with a dementia. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager, senior staff and the provider, to monitor and improve the quality of the service. Feedback was sought from people who used the service through meetings and surveys. This information was analysed and action plans produced when needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service has improved to good.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Hillcrest Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 comprehensive inspection took place on 16 October 2018 and was unannounced, which meant that the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted commissioners and other health and social care professionals who worked with the service to gain their views of the care provided by Hillcrest Residential Home.

The provider had 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 help plan for the inspection.

During the inspection we reviewed a range of records. This included two people's care records including care planning documentation and medicines records. We also looked at two staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with the provider, the registered manager, two deputy managers, a nurse who had been employed to take on the role of the deputy manager when the registered manager leaves their post and a care assistant. We spoke with six people who used the service and one relative. We spent time observing staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was not always safe. However, at this inspection we found the service had improved and awarded a rating of good.

People told us they felt the service was safe. One person told us, "I do feel safe here. Everyone is so kind and friendly." A relative told us, "I feel like I can go to bed at night and rest knowing that [person] is safe."

At our last inspection in February 2018 we found that a feature stained glass window on the staircase in the home posed a potential risk to people as this did not have any safety guard in place. At this inspection we found that the window was guarded to ensure people's safety.

We looked at records, which confirmed that health and safety checks of the building and equipment were carried out. During the inspection we walked around the service and found a small number of windows that were not secured as safely as they should be. We pointed this out to the provider who took immediate action to address this. We received confirmation after our inspection that all windows had been secured.

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. We did note some fire exit doors on the upper floors of the service which lead to an external staircase for people to use in the event of fire. Some people who used the service were living with a dementia and had bedrooms on the upper floors. As this area was not covered by staff at all times we raised concern that a person could access this door and come to harm. The provider told us those people living with a dementia who were accommodated on the upper floors had never tried to use these doors, however they would carry out a formal risk assessment immediately.

The registered provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records that we looked at were completed correctly with no gaps or anomalies.

The home was clean and tidy. Communal areas were well maintained. Appropriate personal protective equipment and hand washing facilities were available. However, we did note that pull cords from lights did not have a protective plastic covering so that they could be readily washed to prevent the spread of infection. The provider told us they would take immediate action to address this.

We spoke with people who used the service to determine if there were sufficient staff on duty to ensure people's needs were met. Comments made included, "Yes there are enough staff. I like to sit in my room and they do check on me" "They [staff] always make time for you and are there when I need them but, they are always busy doing something or other." The deputy manager told us there were three staff on duty during the day and two staff at night. They told us there was an on-call rota for night staff to contact senior staff should they need to.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I got told when I came here that this is the best home in Leeds and it is." A relative told us, "I see a different [name of person]. Since coming here, they are much improved."

Care staff were well supported in their role as the registered manager ensured staff received regular supervision and an annual appraisal. Supervisions provided staff with the opportunity to discuss any concerns or training needs. Staff we spoke with during the inspection told us they felt well supported by the registered manager, senior staff and the provider. Staff told us "The owner is so supportive and will ring up just to see how you are" and "Yes the manager is supportive. [Name of provider] has also helped and supported me both personally and at work."

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included safeguarding, first aid, infection control, moving and handling, medicines and fire training. The registered manager told us they were slightly behind with some annual refresher training but all staff would be up to date by December 2018. There was a list of training on the staff notice board that was taking place over the coming weeks. The registered manager told us new staff undertook the Care Certificate Induction and records were available to confirm this. The Care Certificate is an identified set of standards used by the care industry to help ensure care staff provide compassionate, safe and high-quality care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. Mental capacity assessments and best interest decision were available within care records we looked at, however, they were not decision specific. We pointed this out to the registered manager and provider who told us they would take immediate action to address this.

The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We saw that snacks were provided at other times. The registered manager told us there was no dietician involvement at the time of the inspection as all people were maintaining a healthy weight. People told us they enjoyed the food that was provided. Comments included, "The cook is marvellous and the food is great" "The food is quite good. I had the casserole and dumplings today and that was nice."

A professional wrote and told us that during their visits they found, "The menu and food always looked and smelled appetising and I saw drinks and snacks or fruit being offered in between meals. Mealtimes were



flexible with breakfast being offered quite late to allow for late risers."

We saw records to confirm that people had visited or had received visits from the district nurse, optician, chiropodist and their doctor. The registered manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us they were very happy and that the staff were very caring. Comments included, "They [staff] are nice and friendly" and "The staff are very nice. Anything you want they are there to help you." A relative told us, "Each and every one of the staff are amazing. As soon as I walk in they [staff] make me a cuppa."

Professionals wrote and told us, 'I found this home to offer a homely atmosphere with long serving staff' and 'I have placed people within the care home and I feel that the staff are very caring and there is a culture of really getting to know people in the home and good person-centred practice.'

Observations throughout the inspection showed staff were caring and respected people's privacy. Staff were extremely polite, friendly and caring in their approach to people. Staff were patient when speaking with people and took time to make sure that people understood what was being said. When one person who used the service became upset and anxious we saw how staff got down on bended knee so they could make eye contact and provide comfort. We saw how this brought about reassurance for the person and they smiled. We saw staff were affectionate with people and provided them with the support they wanted and needed.

The deputy manager told us dignity was very important. They showed us their dignity display at the entrance to the service which included, comments written by people who used the service about what dignity meant to them.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. One person who used the service gave us a cheeky wink as they joked and made conversation with the provider. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity and respect and this promoted their well-being.

We saw that people could move freely and safely around the service and could choose where to sit and spend their recreational time. People could choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an ongoing basis. People's lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living. On the day of the inspection a representative from the catholic church visited to give those people who wanted communion.

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

Information on advocacy was available for anyone who required this. At the time of the inspection there was one person who used the advocacy service.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

People told us they felt the service provided personalised care. One person told us, "Whenever and whatever I need they [staff] are always on hand." A relative told us, "I picked Hillcrest and I've not looked back. This is an amazing service with great staff. [Name of person] has improved."

Before people started using the service a detailed assessment of their support needs and preferences was carried out. Where a support need was identified a care plan was drawn up based on the help they needed and how they wanted this to be provided. For example, one person had an 'eating and drinking' plan in place with detailed guidance to staff on the type of support they needed and how their specialist diet could be provided. Another person had a plan in place setting out the support they wanted with personal care as well as the things they would like to do for themselves. Care plans included people's personal preferences, likes and dislikes. A monthly review of people's care, achievements and health was completed.

People and their relatives said communication with the service was good, and that staff responded quickly to any changes people wanted in their support. A relative we spoke with said, "They keep me up to date with everything that is going on."

We asked people and staff what activities and outings had people taken part in. This included skittles, reminiscing, puzzles, chair exercises, nail care and singers and musicians coming into the service (usually monthly) to entertain people. The provider acknowledged that activities were limited for those people living with a dementia and had recently employed a person with a background in dementia. People had not been on any recent trips out.

The deputy manager told us they were busy planning for Christmas and that a Christmas party had been arranged for people and their families. A travelling theatre company were to visit the home on 15 December 2018 and people and their families would be able to watch the pantomime Puss in Boots in the comfort of the service.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. People and the relative we spoke with during the inspection told us they would feel comfortable in speaking with staff if they had any concerns. One person said, "I could speak to any of them [staff] if I was worried but, I have nothing to complain about."

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of good. At this inspection, we found the service continued to be well led.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had resigned and was leaving mid-November. The deputy manager had been appointed as the new manager of the service and was to apply to the Care Quality Commission to become the new registered manager.

People who used the service spoke highly of the registered manager, deputy manager and provider. One person said, "The manager and staff are lovely." A relative said, "I can speak to [name of manager and name of provider] at any time."

Staff spoke very positively about the culture, values and leadership of the service. One member of staff said, "This is a lovely place to work. They [people who use the service] always come first."

The provider, registered manager and other senior staff carried out many quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included regular checks of care plans, health and safety and medicines. Records confirmed that where audits identified issues action was quickly taken to address them.

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service. Meetings for people who used the service and relatives had also taken place. However, these meetings were not always well attended. The deputy manager told us meetings were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

Surveys were sent out to people who used the service, relatives and visiting professionals to seek their views on the care and service provided. We looked at the results of the last audit undertaken in November 2017 which were very positive and complimentary.

The registered manager understood their role and responsibilities, and could describe the notifications they were required to make to the Care Quality Commission and these had been received where needed.