Hillbro Nursing Home Limited

Hillbro Nursing Home

Inspection report

Holden Lane
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West Yorkshire
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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection was carried out on 16 October 2017 and was unannounced.

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

Hillbro accommodates a maximum of 42 people in one adapted building. At the time of our inspection there were 41 people living at the home.

There was a change of registration in December 2016, a new provider was registered. This was the first inspection of the new provider.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff knew how to recognise and report any concerns about people's safety and welfare. We found the correct safeguarding reporting procedures were not always followed and people's money was not always managed properly.

Overall there were enough staff deployed. We recommended staffing levels should be kept under review to make sure people always received appropriate care. All the required checks were done before new staff started work and this helped to protect people. Staff were trained to meet people's needs.

People who used the service did not have any concerns about the way their medicines were managed. However, we found some improvements were needed.

Individual risks to people's health and welfare were identified and managed. However, improvements were needed to the emergency evacuation procedures to ensure people's safety.

The home was clean and well maintained. Some parts of the home had recently been refurbished and we saw the provider had taken account of the needs of people who used the service.

We found people's capacity to consent to their care and treatment was assessed. However, when people lacked capacity the correct processes were not always followed to ensure those making decisions on their behalf had the legal powers to do so.

Most people told us they liked the food. People were offered a variety of food and drink which took account

of their likes and their medical, cultural and religious needs.

People were supported to meet their healthcare needs and had access to a range of healthcare professionals. People's needs were assessed. However, their care plans were not always detailed enough and this created a risk they would not consistently receive appropriate care which met their needs.

People were treated with respect and kindness and were supported to maintain their independence. People were given the opportunity to take part in a variety of social activities.

Information about complaints was displayed in the home. People told us the registered manager was approachable and listened to them. People were supported to share their views about the service in meeting and by means of surveys.

People told us they would recommend the service and some people told us they had already done so. People had confidence in the management team.

We found the providers quality monitoring systems were not always working as well as they should be. We were assured of the provider's commitment to making the required improvements.

We found four breaches of regulations in relation to the management of medicines, consent to care and treatment, person centred care planning and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People told us they felt the service was safe.

People's medicines were not always managed properly.

Overall there were enough staff however we recommended staffing levels should be kept under review to make sure people's needs were always met in a timely way.

Risks to individuals were identified and managed.

Improvements were needed to the emergency procedures.

The home was clean and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

People were asked for consent to care and treatment. However, when people were unable to give informed consent the correct processes were not always followed.

People were offered a variety of food and drink which took account of their needs and preferences.

People were supported to meet their health care needs and had access to the full ranges of NHS services.

The building was designed to take account of people's needs.

People were supported by staff who were trained and supported to meet their needs

Is the service caring?

Good

The service was caring.

Staff were kind and knew about the people they were caring for.

People's privacy and dignity were respected.

People were supported to do as much as they could for themselves.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were assessed.

Overall people were satisfied with the care and support provided. However, people's care plans were not always detailed enough which meant there was a risk they would not always receive the right care.

People were offered the opportunity to take part in a variety of social activities inside and outside the home.

People knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The providers systems for checking the quality and safety of the services people experienced were not always working as well as they should. We were assured the provider is committed to putting this right.

People were given the opportunity to share their views of the service. Everyone knew who the registered manager was. They said the registered manager listened and took notice of what they said.

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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 inspection took place on 16 October 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors, an assistant 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. On this occasion our expert's area of expertise was in services for people living with dementia.

During the inspection we spoke with four people who used the service, four relatives and a visitor. We spoke with one nurse, two care assistants, one senior care assistant, the cook, the administrator and two of the company directors. The registered manager was on leave at the time of our inspection. We looked at six people's care records, medication records and other records relating to the day the day running of the home such as staff files, training records, maintenance records, audits and meeting notes.

We observed care in the communal rooms and observed the meal service at lunch time. We looked around the home at the communal living rooms, toilets, bathrooms and a sample of people's bedrooms.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority contracts and safeguarding teams.

We asked the provider to complete 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. This was completed and returned to us in a prompt manner and we took the information provided into account when we made judgements in this report.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home, relatives and visitors told us they felt people were safe at Hillbro.

People told us they felt safe because: "They are all alright, they are not cruel to me, they treat me okay." "It's the way everything is handled; the staff seem to know how to do things. I have a beautiful room, a very special room. Sometimes staff are a bit tight and they are rushing around but I don't have to wait." "I feel comfortable here and feel secure in my own room, its lovely."

The relatives and visitor we spoke with told us people were safe because: "There are plenty of staff about, everyone gets help at mealtimes. Staff are very reassuring with the person's medication, explain it all to them." "There is no doubt that my relative is safe, the staff are all lovely, doing the job because they want to. My relative has been in another place, likes it here and is very calm which was not the case previously." "Staff are friendly, the manager is brilliant and the room is lovely. It's starting to feel like an extended family, there is an open door policy and they are very welcoming. There are lots of staff around and they are getting to know my relative, even in a short space of time they are getting to know my relative's likes and dislikes."

We saw there were safeguarding policies and procedures in place. The staff we spoke with confirmed they had received safeguarding training. They knew how to recognise abuse and how to report any concerns about people's safety and welfare. One staff member said, "I am confident to raise any concerns or issues with the senior nurse or the registered manager. The manager is very nice and accommodating with staff."

We saw the service was holding the bank card for one person and money for safekeeping. We found receipts had been attached to the finance records for any purchases which had been made. However, when we reconciled the records we found errors in arithmetic and there was not as much money as there should have been in their money bag. We went through the error with one of the providers, who agreed to look into this matter further when the registered manager was available. This demonstrated the providers quality monitoring systems were not robust and did not adequately protect people from the risk of financial abuse.

This was a breach of the Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider assured us they would reimburse any shortfall.

We saw some people's Medication Administration Records (MARs) did not contain a photograph so their identity could be confirmed before any medicines were given.

Generally we found the MARs had been consistently signed for medicines which were given at specified times during the day. However, where medicines were prescribed on an 'as required' basis the MARs were only being signed when medicines were administered. The nurses were not evidencing why the medicines had not been given. For example, entering a code for 'not required.'

We saw some protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. However, these were not in place for all 'as required' medicines. For example, we saw one person had been prescribed a medicine to treat anxiety there was no guidance for staff regarding when it might be necessary to give this medicine. In the absence of this guidance there was no assurance staff would have a consistent approach in administering this medicine.

We saw one person had been prescribed Corsadyl mouthwash there were no signatures on the medication administration record (MAR) chart to show this had been used as prescribed. We looked in this person's bedroom and saw a full bottle of Corsadyl which had been dispensed on 22 September 2017. We concluded the mouthwash had not been used as prescribed.

We found the recording of application of topical creams and lotions was poor. On one record staff had signed to confirm application on 6 September 2017 and the next confirmation of application was 6 October 2017. Another person had been prescribed pain relieving cream to be applied four times a day when needed. The MAR chart we looked at had started on 2 October 2017 and there were no staff signatures to confirm application or codes to show the person had been asked if they needed this treatment. This meant we could not be assured people were having creams or lotions applied as prescribed.

This was a breach of the Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored in a safe way.

Certain medicines are classified as controlled drugs because there are specific rules, set down in law, about how they are managed. We carried out a random stock check and found the medicines were correctly accounted for. We found controlled drugs were managed safely.

All the people and relatives we spoke to told us people received their medication when they should and were given pain relief when they needed it. One relative also told us the nurse suggested their relative's medication be reduced, this was discussed with the doctor who agreed and as a result their relative was now much more alert.

Most of the people and relatives we spoke with told us there were always enough staff on duty to meet people's needs. However, one person who lived at the home and a relative (not related to each other) told us there was sometimes a shortage of staff. They said this did not happen very often.

People and relatives told us people did not have to wait very long for care. All the people we spoke to told us their call bells worked and were accessible. Some of the relatives we spoke to confirmed this but others were not aware. One relative showed us where the bell was attached to their relative via a clip and told us the call bell is "always next to my relative."

Staff told us there were generally enough staff on duty. One said, "Sometimes we are short staffed but we manage. We do get really good support from the manager and the nurse in charge but sometimes we are rushed." Another said, "The rotas are normally completed with 8 or 9 carers but obviously we can't control sickness and things like that. We are in a rush sometimes but like I said this all depends on how many staff there are, like today we're fully staffed so this isn't a problem."

We recommended the provider keep staffing levels under review to ensure there are always enough staff deployed to meet people's needs in a timely way.

We looked at two staff files and saw all the required checks had been completed before they started work. This included a criminal records check with the Disclosure and Barring Service (DBS). This helped to protect people from the risk of being cared for by staff unsuitable to work with vulnerable adults.

When we looked at the accident records we saw one person had fallen 12 times since December 2016. We looked at their care plan and saw they had been assessed as being at high risk of falling. A motion sensor had been fitted in their bedroom to alert staff when they moving so they could go and offer assistance. The care plan also stated this person needed supervision when 'wandering.' When we spoke with staff they knew the person was at risk and needed to be observed. One staff member said, "We're all aware he's a high falls risk but we make sure he's comfortable and not struggling. This is discussed in handovers as well.' This assured us staff were aware of what they needed to do to manage risks to people's safety and welfare.

We saw there was a Personal Emergency Evacuation Plans (PEEPs) file in place. This contained information about how to evacuate people who used the service safely in an emergency. At the time of our visit there were 41 people using the service, however, there were only 39 PEEPs in the file. We brought this to the attention of one of the providers who printed one of the missing PEEPs off of the computer. The other missing PEEPs had not been completed even though the person had been living at the service for approximately three weeks. This meant in an emergency this important information would not have been available. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had taken part in fire drills and knew what to do in the event of an emergency.

The people and relatives we spoke with told us the accommodation was of a good standard, clean and hygienic. They were particularly happy with the new lounge and dining room. Some felt the original lounge and dining room needed a refurbishment.

We found the home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The laundry had been moved to the ground floor following the recent refurbishment, providing a much larger facility. We saw people's clothing had been washed, ironed and placed on clothing rails ready to be returned to their rooms. Everyone had an individual linen bag with their room number on for items which need to be returned to their drawers. The laundry assistant told us this system worked well and we saw very few items in the 'lost property box.'

We saw at the last food standards agency inspection of the kitchen they had awarded the home 5 stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

We looked around the building and saw all of the communal spaces and some bedrooms, bathrooms and toilets. There was a visitor's lounge in the front hallway, a lounge with adjoining dining area, a newly extended and refurbished lounge/diner and a conservatory. All three of these areas led onto outside areas which people could easily access. The conservatory led onto the sensory garden which had a variety of seating, water feature, pagoda and a greenhouse. There were two shared bedrooms with the rest being

singles. Some of the bedrooms had en-suite toilets, baths or showers.

The recent refurbishment on the ground floor had provided a light, bright and comfortable lounge/diner. Doorways had been widened to allow easy access for wheelchair users and new toilet facilities had been equipped with ceiling tracking for people who need the use of a hoist to transfer. This showed a lot of thought had been put into the design of these areas to provide people with good quality accommodation.

The provider had service contracts with external suppliers to make sure equipment and installations were serviced and maintained and the premises were safe. These covered areas such as lifts, hoists, gas, water, electricity, heating and fire safety systems. A fire risk assessment had been carried out in August 2017 and there was an action plan in place which showed action was being taken to address the required improvements. The action plan had been rated using a Red, Amber and Green (RAG) score with high risk items rated as Red. This helped to ensure the work was completed in order of priority.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

When we looked at care records a number of these indicated people had DoLS in place. However, when we checked there was only one person with an active DoLS which was in date. We looked at the DoLS authorisation and saw there was one condition, which was to inform the person's GP. We looked at the care plan to check if this condition had been enacted, but could find no record to support this. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider confirmed the condition had been met.

In some of the care files we looked at we saw relatives had signed consent forms in relation to care/treatment and photograph's. However, there was no evidence in the care files to show these relatives had the legal authority to make these decisions. For relatives or representatives to make decisions on someone else's behalf they need to have Lasting Power of Attorney (LPA) orders in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. If these are not in place the 'best interest' process needs to be followed to support the decision making process. This was a breach of the Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people and all of the relatives we spoke with told us staff asked for consent before administering care. They said staff explained things properly and gave people time to absorb the information. We observed staff doing this at lunch time before putting protective aprons on and while helping people to eat. We also observed staff helping someone to move with the aid of a hoist. They explained what was happening as they lowered the person into an armchair and removed the sling. One person said, "They are very good at explaining things to me, sometimes I get confused, they always ask for consent."

Most of the comments about the food at Hillbro were positive the only negative comment was that there was not enough variety in the choice of sandwiches. One person commented on how well their diabetes was managed, this was echoed by their relative. They told us the chef made special puddings for people with diabetes.

Other comments from people who used the service included: "The food is okay, I like it and I get enough." "The food is gorgeous, very nice, they do lovely roast dinners." "The food is very good, both cooks are good."

One relative said, "The food is good, there are varied choices, traditional, Italian etc." Another relative said, "The food is simple but lovely and it is warm enough." A third relative said, "My relative is eating more now that they were at home. When they came here from the hospital they weighed eight stone and now they weigh nine and a half stone." Another relative we spoke with told us their relative had also put on weight since moving into the home.

People told they had a choice of food and were always offered an alternative if they did not like the food on the menu. During the morning of our inspection we saw staff asking people what they wanted to eat at lunchtime. When lunch was served we saw one person had changed their mind and they were offered an alternative.

At lunchtime we saw people enjoyed their food and most people ate all their meal. We saw people were offered second helpings.

There was not enough room at the dining tables for everyone to eat there and some people ate in the adjoining lounge. One person told us they chose to eat in the lounge in preference to the dining room. Some people had their meals in the original lounge or in their bedrooms.

There were plenty of staff serving lunch, two people in the dining room needed help to eat. One was helped by staff, the other by their relative. We saw staff encouraged people to eat; one person who was asleep was woken by staff and offered a cup of coffee before being helped with their meal. We saw one person had a pureed diet and this was nicely presented with each component set out separately on the plate.

All the people we spoke with and most of the relatives told us people were given plenty to drink. One relative was not sure if their relative was actively encouraged to drink even though they always had a drink in front of them. Other people told us they were encouraged to drink. A visitor who told us they visited most days and at different times said, "Staff are always encouraging people to drink, people are always helped and encouraged to drink and this happens in the evening as well."

We saw people were offered plenty of fluids. For example, in the space of 20 minutes while we were speaking with a person they were offered a cup of tea and a glass of juice. All the people we spoke with in their rooms had jugs or juice or water and they told us they were topped up regularly. One person said, "They bring me a drink when I want one." Another person said, "They tell me to drink plenty, they bring me a jug of juice every day. I am diabetic, the nurse came to check me recently and everything was okay."

A relative said, "There is always enough water in her room and she likes her tea served in a china cup so they bring her tea in one of her own cups." Another relative said, "It can be difficult to get my relative to drink but they are keeping an eye on it." A third relative said, "My relative always has a drink in front of them and is always being offered drinks."

All the people and relatives we spoke with told us people could see the doctor when needed and had access to other healthcare professionals. One person said, "'I had the doctor last week to check I was okay, he gave me a thorough check."

Relatives told us staff contacted them if their relative's needs changed. For example, one told us the nurse had phoned them to tell them their relative had a blister on their foot, was starting with a chest infection

and the doctor had been out and prescribed anti-biotics. They told us staff looked after their relative's blister well.

In the care plans we looked at we saw people who used the service had been see by GP's, community psychiatric nurses, opticians, tissue viability nurses and speech and language therapists.

All the people and relatives we spoke with told us staff knew how to look after people properly and had enough training to deliver their care well.

New staff had a period on induction training which included shadowing a more experienced member of staff. Care staff were required to complete 14 e-learning modules as part of their induction and these were updated annually. The topics covered included safeguarding adults, conflict resolution, equality diversity and human rights, dignity in care, mental health, dementia and learning disabilities.

Ten staff members were overdue for moving and handling training however we saw training had been booked over the next 12 weeks for moving and handling, emergency first aid and challenging behaviour with breakaway training.

The provider told us supervisions were usually conducted at three monthly intervals and appraisals were annual. However one staff member told us, "I do have supervisions around every six months and appraisals around the same time. I'm happy how these are done." The electronic records showed 21 staff were overdue appraisals at the time of our inspection. However, the service also kept paper records of appraisals and they were unable to show clearly what the position was in relation to staff appraisals. This was discussed with the provider and they assured us they would address it. Staff told us they felt well supported in their roles and had access to the training they needed to carry out their duties.

In the new lounge and dining room the lighting was good which aids mobility and can enhance people's mood. By contrast the original lounge and dining area looked a bit gloomy. However, the provider told us they planned to refurbish this area.

The home was well decorated in most places and the furniture was comfortable. Signage was good to help people living with dementia find their way around. People's bedrooms had photographs and names on the doors and inside they were cosy and personalised. There were dementia friendly resources such as memory boxes outside people's rooms. The enclosed dementia garden had no kerbs and different seating areas and false grass had been provided to create and pleasant and safe space for people. The conservatory leading onto the garden had an old fashioned phone box and sweet barrow. It was a lovely room with good décor and lighting. A relative told us they sometimes sat in the conservatory and had lunch with their relative.

This showed the provider had taken account of the needs of people who used the service when decorating and adapting the building.

Good

Is the service caring?

Our findings

Everyone told us the staff were caring, kind and respectful. No one had any concerns about the staff and told us staff encouraged people to maintain their independence. The relatives and visitor we spoke with told us people always looked well-groomed and cared for.

Most of the people we spoke with said they didn't know if staff knocked on bedroom doors and waited for a response before going in. However, everyone said staff respected their privacy. One person said, "I always have a woman to help me that's how they respect my privacy." Two relatives told us staff protected their loved one's privacy when providing personal care.

We observed care interactions which were for the most part kind, respectful and person centred. However, when staff were offering people biscuits during the afternoon tea service we observed one member of staff choose and hand a biscuit to one person while allowing other people to choose for themselves.

We observed medication being given out in a discreet manner showing respect for privacy. People's dignity was respected for example when a staff member was helping someone eat they spilt food on their chin and the staff member wiped it off. We saw people at lunch whose food was cut up for them and the fork put in their hand to encourage independence. Staff were patient with people who seemed comfortable in their company.

People told us staff supported them to be as independent as possible. One person said, "Staff are okay, kind to me, treat me well. They respect my independence because they always bring me the food I have chosen and keep me using my frame." Another person said, "They respect my independence because when they are helping me have a shower they let me wash myself as much as I can and then they do my back. They keep the door shut and I always have a woman to help me." A third person said, "Most of the staff are absolutely wonderful. Sometimes they are noisy and I like it quiet. They are very kind, patient and friendly. They keep it very private when they take me to the toilet because they are comfortable, I feel comfortable. They respect my independence, ask me what I want to wear and encourage me to do what I can for myself."

People told us they could have a bath/shower when they wanted and get up and go to bed when they wanted.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Wardrobes and drawers were tidy and people's clothing had been looked after. This showed staff respected people and their belongings.

We found staff had developed positive relationships with people who used the service and their relatives. People told us staff knew their likes and dislikes. The relative of one person who had only been at the home a few weeks told us they were surprised at how quickly staff had gotten to know their relatives likes and dislikes.

A relative told us, "Staff are really friendly and helpful, they even ask about me and the grandchildren and invite them to activities, especially the ones with animals. They respect my relative's choices and mental capacity."
Another relative said, "'Staff are lovely, cannot fault them. As a family we visit every day and we all think the same, we are happy with how things are going. They encourage our relative to have a bath/shower even though they are not keen. My relative does not complain at all about their personal care. All their clothes match and they sit in their favourite place."

We saw some of the care plans for people who used the service contained 'Life history' information and details of their interests and hobbies. However, this important information was not available for everyone.

Wi-Fi was available throughout the building. The provider told us one of the reasons this had been installed was to enable people to use 'Skype' to keep in touch with their relatives and friends.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the management team, staff, people and visitors demonstrated that discrimination was not a feature of the service. Equal opportunity policies were in place and values instilled in relation to fairness, diversity and discrimination. Staff were informed of these during induction training and received training in equality and diversity. We saw examples of this in the day to day delivery of care, for example when we spoke with the chef they told us how they catered for people's cultural and religious dietary preferences.

Requires Improvement

Is the service responsive?

Our findings

Most of the relatives we spoke with told us they had been involved in planning their relatives care. One person who lived at the home told us staff asked them about how they wanted their care and support delivered. All the people we spoke with told us they got the help they needed during the day and at night.

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, mobility, sleep, skin integrity, communication, mental health and social care. However, in the case of one person who had moved into the home two weeks before our inspection we found most of their care plans had not been written. The daily care notes showed the person needed support with aspects of their personal care and with managing behaviours which challenged. There were no care plans in place to inform staff how best to support the person with these aspects of their care. This created a risk the person would not receive appropriate care and treatment.

In other people's records we found the care plans were not detailed and did not always reflect the care people were receiving. For example, one person's daily care records indicated they were using continence pads, however, their continence care plan did not reflect this. In the same care plan we read if the person wanted to go out staff should use distraction techniques, however, there was no information about what these techniques may have been.

A visitor we spoke with told us they had noted when they had visited at the weekend their relative was more drowsy than usual. We saw one of their medicines had recently been increased. One of the side effects of this medication was that it could make people sleepy. There were no details in the care plans about the medicines people were taking and the possible side effects.

We saw some people had been prescribed dressings for wounds/sores. We saw wound care plans had been put in place but these lacked detail and did not give details about the frequency dressings needed to be replaced.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with told us they had enough to do at Hillbro. Generally, relatives felt there was enough for people to do. One relative told us their relative liked certain music so the home bought in some CDs and DVDs for them.

We saw there was an activities programme on display in the front entrance. This gave details of 'in-house' activities arranged by staff and vising entertainers. For example, singers, a pantomime and a visit from the Donkey sanctuary had all been booked to visit. Trips out were also organised to local events, the home had a minibus. One relative told us about a planned trip to the pantomime and an Elvis tribute night.

Activities included a motivational exercise plus reminiscence quiz which took place three times a week. During our inspection we observed the motivational activity and saw the person facilitating the activity was very good at involving people.

We saw some people who used the service, by choice, were paying a domiciliary care service to provide them with additional activities in the community.

None of the people we spoke to had made a complaint. They told us they would know who to talk to if they were unhappy about any aspect of the service.

Relatives had not made complaints but had raised concerns which had been dealt with. For example one relative told us they had raised a concern about their relative's mobility and as a result their relative had received support from a physiotherapist.

We saw information about how to make a complaint was on display in the home.

Requires Improvement

Is the service well-led?

Our findings

The provider's quality monitoring systems were not always effective. For example, no audits were taking place to check the records of monies held for people who used the service were accurate and correct. We reconciled one person's records and found errors in arithmetic had been made. We found the person had less money than they should have. We discussed this with the provider who assured us they would investigate it.

During the inspection we identified other areas where the providers systems for monitoring quality and managing risks were not operated effectively. These are detailed throughout the report and included concerns about the management of medicines, emergency procedures, consent to care and treatment, record keeping and person centred care planning.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded positively to the concerns we identified during the inspection. We were assured they were committed to taking appropriate action to make the necessary improvements. We have seen evidence the provider responds positively to feedback. During this inspection we found that recommendations for good practice made during the inspection of another one of their services had been implemented at Hillbro.

There were some audits being completed which were effective. For example, when individual room checks were made a list of repairs had been generated. This list was given to the handyperson who signed any repairs off when they had been completed.

We saw following mattress audits, covers had been sent to be washed or had been replaced. Wheelchair audits were completed every month to ensure they were kept in good condition.

We saw accidents and incident were recorded, investigated and analysed to look for trends and patterns. We saw action was taken to reduce the risk of recurrence, for example one person had been provided with a new chair.

People who used the service, relatives and staff were given the opportunity to share their views of the service by way of questionnaires and meetings.

People who lived at the home had been asked to complete questionnaires in January 2017. Only six had been completed and overall the feedback was positive. However, the provider did not have an action plan in place to show how they there going to respond to the areas where people felt the service could be improved.

The provider had issued questionnaires to relatives of people who used the service in October 2017. At the

time of our inspection they had only received three responses. Some comments received included, "You are doing your best to retain staff but unfortunately you still use agency, major weakness." "'Brilliant, thank you." "Please make sure residents are wearing their own clothes'. The provider told us they had extended the deadline after which they would analyse the results and put an action plan in place.

Relatives and residents meetings were held. We saw the notes of a meeting in March 2017 where the topics discussed included the refurbishment plans. None of the people we spoke with who lived at the home could recall attending these meetings. One relative told us they had attended a meeting and had requested changes to the tea time menu to include a hot meal. This had been done. This showed us the provider acted on feedback from people.

People told us they thought the home was well run. Comments included, "There are no problems here, you are looked after well. It feels relaxed here." "Everything runs smoothly whatever they are doing it goes quite nicely. They look after those who can hardly do anything and are difficult to work with and they manage it all very well." "They are very nice people here. The family are a very good family all of them grandparents, mother and father and the two sons, they are always asking if you are alright."

Everyone we spoke with knew who the manager was. They said the manager was approachable and listened to them. Comments included, "The manager is good and mucks in wherever needed, the staff all know their jobs, all good at their roles. I have no complaints, even the cook makes time to come and discuss the food with my relative and me. If my relative has been poorly they will make them some scrambled eggs and toast." "Everything seems coordinated; they all work well together as a team. I have never seen anything to concern me. The manager is very approachable."

People told us they would recommend the home. One person said, "It's comfortable, clean and homely. Nice food. The staff are very jolly and friendly." Two relatives told us they had already recommended the home. One said, "I have already recommended the home. The place is lovely, staff are great and the care is very good. I have seen all sorts in my working life (care work) and the staff here are very patient with challenging behaviour." Another said, "I would tell people about the client group here and how well my relative is getting on. My relative's room is personalised. They are good with dementia and medical needs here. The food is good and so are the trips."

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 were at risk of receiving care and treatment which was not appropriate because the care plans were not person centred. Regulation 9(1)

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	When people lacked capacity to give informed consent the correct procedures were not always followed. Regulation 11 (1)

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	Medicines were not always managed properly. Regulation 12(2)(g)

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	Systems for monitoring the quality and safety of the services provided were not always operated effectively. Regulation 17(1)(2)(a) Systems to identify, assess and mitigate risks to the health, safety and welfare of people who use the service and others were not always operated effectively. Regulation 17 (1)(2)(b) Accurate records were not always maintained.

Regulation 17(1)(2)(c)