Care Quality Commission

Bupa Care Homes (ANS) Limited

Hillside Nursing Centre

Inspection report

Hillside Avenue,
Huyton,
Liverpool,
L36 8DU
Tel: 0151 443 0271
Website: legalcareservices@bupa.com

Date of inspection visit: 08 January 2015
Date of publication: 27/04/2015

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

Overall summary

This was an unannounced inspection, carried out on 08 January 2015.

Hillside Nursing Centre is a purpose built care home over two floors, which provides accommodation for up to 119 people. All bedrooms have en-suite facilities. Access to the upper floor is via a passenger lift or stairs. Local shops and other amenities are a short distance away from the service and there are good public transport links close by.

At the time of our inspection there were 43 people living at the service.

The service has 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.

The last inspection of Hillside Care Centre was carried out in June 2014 and we found that the service was not meeting all the regulations that were assessed.

Summary of findings

People told us they felt safe at the service and that staff treated them well. Family members raised no concerns about the safety of their relatives and they said they would speak up if they had any concerns at all. Staff were able to describe the different types of abuse and the signs which indicate abuse may have occurred. Staff also knew what their responsibilities were for protecting people from abuse and for reporting any concerns they had.

Although people had a care plan for their assessed needs they did not reflect people's wishes about how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person they were for and other important people such as family members and relevant health and social care professionals.

People told us there was always enough staff around to provide them with the care and support they needed. We saw that staff responded promptly to people's calls for assistance and that people had all the equipment they needed to help with their mobility and comfort.

Safe recruitment practices were followed to ensure staff were suitable to work with people in a care setting. There were sufficient qualified, skilled and experienced staff on duty to meet people's needs. Staff were available when people needed them and people told us that they had confidence in the ability of staff.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. People were referred onto to the appropriate service when concerns about their health or wellbeing were noted. Medication was managed safely and people received their medication at the right times.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Records we saw and discussions held with the registered manager showed how they ensured decisions were made in people's best interests.

Staff received an appropriate level of support from their line manager and they were encouraged to discuss matters relating to their work and training needs. Staff completed an induction when they first started work at the service. Following on from their induction staff received ongoing training in key topics relevant to the work they carried out and the needs of people who used the service.

The premises were accessible, clean, and safe. Emergency procedures were in place and staff were familiar with them. Staff felt confident about dealing with emergency situations such as if a person's health suddenly deteriorated or if there was a fire in the building.

The service was managed by a person who was described as being approachable and supportive. The quality of the service was regularly checked and improvements were made based on the findings of the checks and from seeking people's views about the service.

Summary of findings

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 was safe.

People felt safe at the home. Staff knew how to recognise abuse and how to respond if they discovered abuse had occurred.

Risks to people's health safety and welfare were identified and managed. Staff were confident about dealing with emergency situations. Procedures were in place for the safe management of people's medicines and we found that medicines were managed safely.

The process for recruiting new staff was safe and thorough. People were cared for and supported by the right amount of staff who had received training appropriate to the work they carried out.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they had a care plan for their identified needs.

The registered manager and staff had sufficient knowledge and understanding of the Mental Capacity Act 2005 and decisions were made in people's best interests.

Staff were knowledgeable about people's dietary need and people received the support they needed to eat and drink.

Is the service caring?

Good

The service was caring.

People told us that staff provided them with good care and that they were kind and compassionate in their approach.

Staff spent time chatting with people and their conversations indicated that staff had taken time to get to know people.

People were treated with respect and their privacy was respected. People were supported and encouraged to make their own choices and decisions and staff encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

People were provided with equipment they needed to help with their mobility, comfort and independence.

There was a complaints system in place and information about how to complain was accessible to all. Complaints were listened to and promptly dealt with.

Summary of findings

Is the service well-led?

Good

The service was well led.

The service had a manager who was registered with CQC. People commented that the manager was approachable and supportive.

Systems which were in place to assess and monitor the quality of the service had brought about improvements to the service people received.

People who used the service and their family members were given the opportunity to comment about the service and their comments were listened to and acted upon.

Hillside Nursing Centre

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.

We visited the service on 08 January 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. The specialist advisor and expert by experience had experience of working with people who were living with dementia and working within the legislative framework of the Mental Capacity Act 2005.

During our inspection we spoke with 12 people who used the service and 10 family members. We also spoke with eight care staff and the registered manager. We looked at four people's care records and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

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.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted local commissioners of the service and district nursing teams who supported some people who used the service to obtain their views about it.

Good

Is the service safe?

Our findings

At our last inspection in June 2014 we were concerned about people's safety. We asked the provider to send us an action plan outlining how they would make improvements. These were to be completed by the end of November 2014. At this visit we found our concerns had been appropriately addressed.

People told us they had no concerns about their safety and that they were treated well. People commented, ". I feel safe here". "No worries at all" and "I'm treated fine and I feel very safe". Family members raised no concerns about their relative's safety and they told us they would not hesitate to raise any concerns they had. Family member's told us they felt their relatives were safe, their comments included, "They are safe and never seemed intimidated or are roughly handled". "He displays no fear or anxiety. Very safe and relaxed".

People told us they always had a working nurse call bell and that staff responded to them quickly. We saw that a nurse call bell was available in each person's bedroom and all communal areas including toilets and bathrooms. We saw records which showed that checks were carried out daily to ensure people had a call bell which was working and accessible. During our visit we activated a random selection of nurse call bells across the service and found that they were in good working order and responded to in a timely way. We also saw that call bells were in easy reach of people when in their rooms. Communal bathrooms were free from items which had the potential to cause people harm and store cupboards containing hazardous products were locked to prevent people from entering.

We saw a good amount of staff on each of the units. People who used the service and their family members told us they had no concerns about the staffing levels. People told us there was enough staff to meet their needs and that they felt safe with staff. One person commented; "I feel safe in their hands". Discussions held with staff and records we viewed showed that the staffing arrangements across the service had been consistent and appropriate to the needs of people who used the service. We found that the units were staffed by appropriately skilled and experienced staff. For example, the nursing units were led by qualified nurses and records showed that they were registered with the Nursing and Midwifery Council (NMC).

Procedures set out by the provider and the relevant local authority for reporting actual or suspected abuse of a person were in place and accessible to staff. We also saw records which showed staff had completed up to date safeguarding adults training. Discussions held with staff showed they had learnt from the training and were familiar with the procedures for reporting abuse. For example, staff knew what abuse meant and they were able to describe the different types of abuse and signs which may indicate abuse had taken place. Staff said if they had any concerns they would report them straight away. Records showed that safeguarding concerns had been raised with the appropriate agency for investigation and that CQC were notified of these. We saw evidence that staff had assisted as required in safeguarding investigations and that they had taken the appropriate action to ensure people were protected against any further risk of harm.

Risks to people's health, safety and welfare had been assessed and a risk management plan was in place for people who were at risk of things such as, falls, developing pressure wounds and malnutrition. The area of risk and potential hazard was identified in the risk management plan along with a description of the action staff needed to take to minimise the risk of harm to people who used the service and others. This meant staff had information they needed to enable them to safely provide people with the care and support they needed.

Staff told us they had received training in health and safety matters and records confirmed this. Training included fire safety and moving and handling. We saw emergency equipment such as firefighting equipment and first aid boxes located around the service and staff were able to tell us where to find emergency equipment.

A staff recruitment and selection policy and procedure was in place. We viewed recruitment records for four staff and found that information and checks required by law for recruiting new staff were obtained. Staff confirmed that they had completed an application form, attended interview prior to starting work. This ensured staff were fit and suitable to work in a care setting.

People told us they had received their medication on time. One person living with diabetes told us; "I never miss my injection and staff monitor my blood sugar". We saw that people's medication was stored securely on each of the units in areas which were clean and well ventilated. We saw that staff had access to medication procedures, guidance

Good

Is the service safe?

and advice leaflets. Medication was only administered by staff that had completed the relevant training and we saw records which confirmed this. Each person who required medication had their own medication administration record (MAR) which was held on the unit were they lived. MARs showed that people had received their prescribed medication at the correct times. We saw that staff had access to important information about people's medication, including known allergies, what the medication was for and any possible side effects. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines.

The service was clean and hygienic. Domestic staff followed cleaning schedules and there were systems in place to check on the standard of hygiene and cleanliness at the service. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff using PPE when carrying out tasks which posed a risk of the spread of infection. Separate bins were in place for the disposal of clinical and domestic waste and contracts were in place for the removal of waste from the service. Staff told us they had completed infection control training and we saw records which confirmed this. Staff had access to infection control procedures and they demonstrated through discussion that they were knowledgeable about their responsibilities for managing the spread of infection. Regular audits were carried out to monitor infection control practices within the service. We saw a certificate of excellence awarded by an external body and this showed the service had achieved 91% out of 100% in infection prevention and control.

Good

Is the service effective?

Our findings

People told us they liked the staff and that they were good at their job. Their comments included, "They are all smashing and seem to know what they are doing". And "I trust them one hundred per cent".

Each person who used the service had a care file which contained a care plan for their assessed needs. We looked at four people's care files in detail. Care plans were not personalised, for example they all contained similar brief statements such as 'assist with washing' 'assist to use toilet' and 'assist with transfers. People's preferred routines and choices about how they wished their care and support to be provided was not recorded in their care plans, and they did not include the desired outcome for the individual. A person centred approach to care planning ensures people are provided with care and support, to achieve outcomes that give them the best opportunity to lead the life that they want.

We saw that a care plan was in place for people who needed support with eating and drinking. Records showed that people had had their weight, food and fluid intake monitored as required and that referrals were made to dieticians and speech and language therapists when a concern was noted. We visited the main kitchen and saw that the chef had important information about people's diet such as food textures, allergies and people's food likes and dislikes. We observed the lunchtime meal being served and found that the mealtime was relaxed and unrushed and we saw that staff assisted people appropriately. People were served with a meal which they had chosen earlier that morning. People told us it was usual for the staff to ask them each morning what meals they would like for the day. Staff told us that people with memory loss often forgot what meal they had ordered and if they declined their chosen meal they were offered an alternative. People were offered drinks and snacks in between main meals and those who occupied their rooms were supplied with drinks which were replenished throughout the day.

We met with the training manager of the service and viewed staff training records. This showed that staff had completed induction training when they first started work at the service and that their competency was checked at regular intervals throughout the induction. Records also showed that following competency checks additional training was provided to staff if they required it. Staff told us that following completion of their induction they were provided with on going training relevant to their roles and the needs of the people who used the service. Records showed that training completed by staff included health and safety, moving and handling, first aid, dementia care and diabetes. Comments made by staff included, "I learnt a lot during the first few weeks and received good support" and "We are always doing training of some kind". Staff told us they were well supported and that they had had regular formal one to one meetings with their manager. Records also confirmed this. These meetings provided staff with an opportunity to discuss the care and support needs of people who used the service, training needs and other matters relating to their work.

Charts were in place and completed for people as a way of monitoring aspects of their health care. For example, skin integrity and wounds. Discussions held with staff showed they knew the purpose of monitoring people's health and they were knowledgeable about the signs which would indicate a concern. Records showed that were a concern about a person's health was noted staff had taken appropriate action, for example by contacting the persons GP or other health services. People were supported and encouraged to attend regular appointments with their dentists, chiropodists and opticians and a record of contact with these were maintained along with the details of any follow up appointments.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager understood the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Some people who used the service were unable to make important decisions about their care due to them living with dementia. We saw that an application for a Deprivation of Liberty (DoLS) had been made for a number of people who used the service and copies of the DoLS applications were held in people's care files.

Good

Is the service caring?

Our findings

People told us they received good care and that the staff were respectful and polite. People also told us they got on well with staff and that the staff knew them well. People's comments included; "I get on very well with the staff". "I enjoy our little chats". "Staff are great. I love it here. I do not need to ask they just do it. They are caring" and "They treat me with kindness, always". Family members told us they had not concerns about the care their relatives received. They told us that their relatives were treated with respect and that when they visited they were always made to feel welcome.

We saw that people received care and support in an inclusive and dignified way. For example, we saw staff explaining to people the task they were about to carry out and seeking their permission before providing care and support. People received personal care in the privacy of their rooms and bathrooms and we saw staff knocking on doors before entering rooms which people occupied. People told us staff always knocked before entering their rooms.

People told us they liked their rooms and that they were comfortable warm and clean. We saw people's rooms were personalised with ornaments, pictures and family photographs. Some people also had pieces of furniture which they said they had brought in from their previous home. One person told us they had a lot of family photographs in their room and that they were very important to them.

Relationships between staff and people who used the service appeared to be positive. We saw that staff sat next to people in the lounges and dining areas and engaged in discussions of interest. We saw that staff regularly visited people who preferred to spend time alone in their rooms and we saw that staff enquired about people's wellbeing and asked them if they needed anything. Staff reassured and comforted people who appeared anxious or upset, for example we saw that a member of staff sat next to a person who was tearful. The member of staff remained with the person until the person's mood improved.

People had access to equipment, aids and adaptations to help with their independence, comfort and mobility. We saw that staff ensured people had easy access to walking aids such as frames and sticks and they assisted people to use them appropriately. People told us they often helped with small chores such as setting the table for meals and making their bed. One person told us it was very important for them to have some independence and they said the staff respected and encouraged this. Another person also told us they liked their independence and that they get out and about a lot.

We saw that staff offered people choices about things such as what they wanted to eat, were they sat, who they spent time with and when they got up and went to bed. One person told us they spent a lot of time visiting their friend on another unit and that this was very important to them. Another person told us they got up and go to bed when they choose. We saw that some people had chosen to sleep in until later in the morning.

A brochure about the service was available at the main reception area and people who used the service and their family members told us they had been provided with a brochure. It included information about the services and facilities which people should expect and details about the management and staffing structure within the service. Information about how people can comment and complain about the service was also included. We also saw that people had access to information about independent advocacy services and we saw an example of one person who had been provided with support to access the service. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Good

Is the service responsive?

Our findings

People who used the service told us that they received all the care and support they needed and that staff responded quickly to their requests for assistance. People's comments included; "They do it straight away if they're not busy". Other comments people made included, "They come right away". "I never wait too long, they are usually very quick" and "They call a doctor if I need one". One person explained to us that they had been involved in their care from the beginning and had discussed their care plans on a regular basis. The person said that their care plans would change, for example when there was a change in their medication.

We saw that people who were at risk falls were appropriately supervised by staff at all times. For example, staff monitored people around the service and they provided one to one support to people who needed it. Staff acknowledged people's requests for assistance and where possible they attended to people straight way. Where this was not possible staff gave people an explanation and assured them that they would get the help they needed.

The service worked well with other agencies to make sure people received the care and support they needed. People's care and support was reviewed each month with their involvement and where appropriate the involvement of others such as family members, or relevant health and social care professionals, such as social workers and healthcare professionals. This showed that there was a multi-disciplinary approach to meeting people's needs. We also saw from records that staff responded appropriately to changes in people's needs and that they had made referrals to relevant services for support and advice when required.

People told us there was plenty to do and that they enjoyed the activities which were on offer at the service.

One person commented, "I never get bored". The service had an activities co-ordinator, who we met with during the inspection. They facilitated activities and events within the service. Some of the people told us about the activities they had taken part in such as bingo, craft, dancing and sing-alongs. One person told us they had particularly enjoyed a recent show at a local theatre organised by staff. Other people told us their family members took them out. We heard about events that had taken place within the service including birthday parties and other seasonal celebrations. Throughout our visit we saw people sitting in the lounges with the television on, or talking with staff, other people and visitors. There was a relaxed, pleasant atmosphere in the service.

The provider had a complaints procedure which was made available to people. People told us they would be happy to raise any concerns they had and they felt they would be listened to and action would be taken in response. One person who used the service told us they had made a complaint about the service three days prior to our visit and we saw details of the complaint held in the person's file. We discussed the complaint with registered manager and they told us that they were in the process of carrying out an investigation into the complaint. However, details of the complaint and the investigation were not recorded in the service's central complaints log. Prior to leaving the service the manager showed us that they had updated the log with information about the complaint and how it was being investigated.

People had been given the opportunity to comment about their experiences of the service. We saw that on an ongoing basis people and their family members were provided with a customer feedback survey which invited them to comment about the quality of the service they received. People were also invited to put forward any suggestions for improvements and that they were acted upon.

Good

Is the service well-led?

Our findings

At our last inspection in June 2014 we were concerned because quality monitoring processes within the service failed to identify risks to people's health and safety. We asked the provider to send us an action plan outlining how they would make improvements. These were to be completed by the end of November 2014. At this visit we found our concerns had been appropriately addressed.

There was a registered manager in post who registered with the Care Quality Commission in December 2013. The manager and staff knew what their roles and responsibilities were and the lines of accountability within the service and across the organisation.

Systems were in place to regularly assess and monitor the quality of the service and risks to people's health, safety and welfare were identified and managed. The registered manager, clinical services manager (CSM) and maintenance manager carried out regular checks on people's care, staff practices and the safety of the premises. The findings of these were forwarded onto a quality assurance manager for the service. In addition monthly provider review visits were carried out by an area manager on behalf of the provider and they reported on their findings. We saw records of the last three months visits. The records showed areas of the service checked included; the care, leadership and the environment and that observations and discussions with people took place. A provider review action plan was put in place for any shortfalls which were identified during the visits and actions set from the previous visit were followed up. Also as a way of monitoring and improvements to the service a service improvement plan was put in place and reviewed and updated every three months. The plan identified actions required, who was responsible for each action, timescale for action and the expected outcome. Each time a review took place the plan was updated. The most recent plan which was updated in December 2014 showed all actions for improvements had been completed.

Staff told us there was an 'open door policy' operated at the service whereby they felt able to raise any concerns they had to the manager or person in charge at the time. Staff said they were confident that their concerns would be listened to and dealt with appropriately. The registered manager was described as approachable and supportive and people who used the service, their family members and staff felt the registered manager would take action if they raised any concerns. The service had a whistleblowing policy, which was available to staff. Staff we spoke with was aware of the policy and told us they would use it if they felt the need to.

Surveys had recently been given out to people for their feedback about the service and people and their family members were invited to attend meetings to discuss the service. Meetings which had also been held for staff provided them with an opportunity to discuss as a group issues about the service such as what they think went well or not so well. We saw the minutes of the meetings and these showed people were actively involved and were given the opportunity to make comments and were consulted about matters relating to the service.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the service were recorded appropriately and were reported through the provider's quality assurance system. Incidents were reviewed and analysed to help identify any trends and potential situations which could result in further harm to people who used the service. The records showed that the findings were used to develop solutions and reduce any risks to people's health, safety and welfare. We also saw that the findings had been used as a learning opportunity to help minimise any future occurrences.

An 'on call' system was in place and staff had access to details of a manager who they could contact for advice and support at all times.

CQC were promptly notified of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.