RV Care Homes Limited

Hillcrest House Care Home

Inspection report

Avonpark
Winsley Hill, Limpley Stoke
Bath
Avon
BA2 7FF

Tel: 01225722888
Website: www.retirementvillages.co.uk

Date of inspection visit:
11 July 2018
23 July 2018

Date of publication:
06 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Hillcrest House 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. Hillcrest House accommodates up to 34 people in one adapted building. At the time of our inspection 11 people were living at the home. The home is on the same site as two other care homes managed by the provider in a 'retirement village', which also includes independent apartments. This inspection only covered the care and accommodation being provided in Hillcrest House.

This was the first inspection since the home was registered under the current provider in August 2017.

This inspection took place on 11 July 2018 and was unannounced. We returned on 23 July 2018 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

Staffing arrangements did not always ensure staff deployed to provide care in the service had a detailed understanding of people's needs. On the first day of the inspection one member of care staff told us they had been due to work in a different service on the site but had been asked to work at Hillcrest House at late notice. The member of staff had not received an induction about people's specific needs. The member of staff was not aware of a recent incident between two people who use the service or the actions that had been put in place to keep people safe.

The registered manager took immediate action to strengthen the systems for inducting staff from the provider's neighbouring services who work in the home temporarily.

People who use the service and their representatives were positive about the care they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

People and their representatives told us they felt safe when receiving care. People were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback

about their care and there was an effective complaints procedure. People were supported to take part in a range of social activities.

Staff demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The management team regularly assessed and monitored the quality of care provided. Feedback was encouraged and was used to make improvements to the service. The registered manager and leadership team had a good understanding of improvements that were needed in the service and had plans in place to make sure the changes were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing arrangements did not always ensure staff deployed to provide care in the service had a detailed understanding of people's needs.

People said they said they felt safe when receiving support.

Medicines were managed safely.

Systems were in place to ensure people were protected from abuse.

Is the service effective?

Good

The service was effective.

Regular staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and provided support for people to be able to make decisions.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were

treated with respect.

Is the service responsive?

Good

The service was responsive.

People and their representatives were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

There was a clear complaints procedure and action was taken in response to concerns people raised.

Is the service well-led?

Good

The service was well-led.

There was a registered manager who promoted the values of the service, which were focused on providing person centred care. The registered manager ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance. This helped to identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who used the service, their relatives, visiting professionals and staff. They were used to improve the quality of the service provided.

Hillcrest House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 July 2018 and was unannounced. We returned on 23 July 2018 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with the registered manager, unit manager for Hillcrest House, four people who used the service, one relative, four care staff and a visiting GP. We spent time observing the way staff interacted with people who used the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service. We received written feedback from two health and social care professionals who have contact with the service and spoke to the visiting GP during the inspection.

Requires Improvement

Is the service safe?

Our findings

Staffing arrangements did not always ensure staff deployed to provide care in the service had a detailed understanding of people's needs. On the first day of the inspection one member of care staff told us they had been due to work in a different service on the site but had been asked to work at Hillcrest House at late notice. The member of staff told us they had not received an induction about people's specific needs. The member of staff told us they were not aware of a recent incident between two people who used the service or the actions that had been put in place to keep people safe. The records of the morning handover between staff demonstrated this member of staff had received general information about people's needs, but there was no information recorded about specific risks or actions to keep people safe. A senior carer told us they had been able to provide a basic induction, but had not had time to go into detail about the risks people faced or the actions in place to manage them.

We discussed these concerns with the unit manager for Hillcrest House. The unit manager told us they did not have a written induction for staff that worked in other services on site who were temporarily working at Hillcrest House. The unit manager said they would expect the handover to include details of risks people faced, although they appreciated this had not happened on this occasion. As a result of the feedback, the unit manager said they would use a written induction format in future, which they used when temporary agency staff came to work in the service.

Although the systems in place had not worked on the day of the inspection, the management team took immediate action to address the issues. The member of staff who did not receive all of the information they needed was working with experienced members of staff who had a good understanding of people's needs and how to manage the risks they faced.

The registered manager told us they were in the process of recruiting additional staff in preparation for increasing the number of people accommodated in the service. Records demonstrated staffing levels had been maintained through the use of temporary agency staff. The provider had recently changed the agency they used to provide temporary staff, which had resulted in some established agency staff no longer being used. Staff reported this had caused some disruption, but they were now using regular staff from the new agency, who had a good understanding of people's needs. Records demonstrated that these agency staff had received a thorough induction.

People and their relatives said they felt safe living at Hillcrest House. Comments included, "The staff make sure people are safe" and "Everything is ok, I have no concerns."

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately, if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse and were confident senior staff in the service would listen to them and act on

their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their rights. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and risks people faced during periods of distress. People had been involved throughout the process to assess and plan the management of risks. Most staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The plans had been regularly reviewed and updated as the risks people faced changed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Staff followed these protocols and kept a record of how effective the medicine had been, for example whether it had reduced the pain people were experiencing or reduced their level of distress. We observed staff following safe practices when they were supporting people with their medicines.

All areas of the home were clean and smelt fresh. Clinical waste bins were available for staff and had been emptied before they became over full. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. Staff were aware of the infection prevention and control systems in place and said these were followed by all staff.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

Good

Is the service effective?

Our findings

People told us staff provided the care and support they needed. A relative we spoke with was positive about the care provided to people, saying staff had a good understanding of people's care needs and met them well. Most staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's dementia, diabetes, pressure care and nutritional needs. Staff had worked with specialist health professionals where necessary to develop care plans, for example community mental health nurses, physiotherapists and speech and language therapists.

Staff told us they received regular training to give them the skills to meet people's needs. This included an induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members, learning how the home's systems operated and completing the care certificate. The care certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of staff. A member of staff who had recently completed the induction programme said it was good and gave them the information they needed. The member of staff said they were not expected to work on their own until they were confident they were able to meet people's needs.

Training was provided in a variety of formats, including on-line, group sessions and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting. The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. Staff were supported to complete formal national qualifications in social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process.

People were supported to choose food they enjoyed. There was a choice of meals and people were supported to make their choice from plated meals, so they could see what was available. People were able to choose where they ate their meals, with people choosing to eat in the dining room, lounge or in their room. Where assessed to be necessary, staff monitored people's food and fluid intake, to ensure they were eating and drinking enough. Staff had worked with dieticians to ensure they were effectively planning how to support people with their nutritional needs. Staff provided good support for those that needed assistance to eat and drink. Staff took their time, explaining what they were offering people and provided encouragement.

People were able to see health professionals where necessary, such as their GP, specialist nurse or to attend hospital appointments. People's care plans described the support they needed to manage their health

needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health services to be contacted. A visiting GP told us staff made appropriate referrals to them and took action to ensure the advice and treatment plan from the GP was followed through.

The registered manager had identified a number of improvements that were required to the building. There was a programme of refurbishment and redecoration in place, following consultation with people who used the service and their representatives. The registered manager had plans to make improvements to the outside terrace area to make it a more inviting space for people. There were plans to involve people in growing and maintaining plants.

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. Care plans contained details about the support people needed to make decisions. Examples included information about the way people communicated and the way staff could offer choices to people.

Staff gained people's consent before providing any care or support. We observed staff checking with people before providing any care or support. Staff asked people questions in different ways to help ensure they understood what they were asking them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

Good

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very nice people" and "I am very happy." A relative told us "Staff are very kind and always treat people with dignity." The health and social care professionals who provided feedback to us were also positive about the caring nature of staff, with comments about "kind interactions" and staff being "respectful at all times". We observed staff interacting with people in a friendly and respectful way and responding promptly to requests for assistance.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Most staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, which took into account any sensory impairment that affected their communication. There was clear information in people's care plans about any specific communication needs they had and support they needed from staff. Examples included details of how hearing loss affected some people's communication and how some people did not use verbal communication and relied on staff interpreting facial expressions and body language. We observed staff putting the guidance into practice, giving people time to communicate and responding to non-verbal communication.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. There were regular residents' and relatives' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

People's privacy and dignity were respected. Staff called people by their preferred names and supported people to move to a private area when they required support with their personal care. Staff explained to us how they maintained people's privacy and dignity, including knocking on the doors and making sure people received personal care in private. Information held about people was kept confidential and records were stored securely.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. In addition, the management team completed observations of staff practice to ensure these values were being reflected in the care provided.

Good

Is the service responsive?

Our findings

People had care plans which contained information about their needs and how they should be met. The plans included information on maintaining health, managing risks people faced and people's preferences regarding their personal care. There was information about the support some people needed to help manage their distress and details of people's communication needs. Care plans set out how people wanted their needs to be met, following consultation with people and their representatives. The plans were regularly reviewed with people and we saw changes had been made following their feedback.

On the first day of the inspection we saw the registered manager had identified a number of gaps in the care plans, where information was either missing or needed to be updated. The registered manager had highlighted these in the plans and had requested staff work with people and their representatives to obtain the up to date information. By the second day of the inspection these additions and updates had been completed.

There was a list of planned activities displayed in the home, which included arts and crafts activities, games, exercise sessions and visiting entertainers. The registered manager told us she was in the process of recruiting a new activities co-ordinator to replace a member of staff who was leaving. The registered manager said they planned to include more exercise based activities, to help with people's mobility and well-being.

There were regular 'resident and relatives' meetings organised by the service. An action plan had been developed to address the issues people raised. We saw a number of thank you cards written by people's relatives expressing their gratitude for the care provided to people. Comments included, "In the last year there have been many improvements at Hillcrest. The atmosphere is relaxed, happy and homely. We are very happy with the care."

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or the manager if there was anything they were not happy about. A relative told us the registered manager had listened to concerns they had raised and was taking action to address them. The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant. There was a record of dialogue with people who had raised complaints, with meetings arranged to plan, discuss and review actions.

People's preferences and choices for their end of life care were discussed with them and their representatives. This information was recorded in people's care plans. This included people's spiritual and cultural needs and contact details of relevant people who the person wanted to be involved.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. The registered manager also managed two other care homes that were on the site. In addition to the registered manager, the management team included a unit manager for Hillcrest House and a regional management team who provide oversight of the service.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager gave them good support and direction.

The registered manager's reviews of the service included observations of staff practice. This was used to ensure staff were putting their training into practice in the way they were working. There were systems in place to track incidents and accidents and plan actions to minimise the risk of them happening again. The registered manager reviewed incidents in a systematic way, analysing events and assessing whether taking other actions would have resulted in better outcomes for people. Where learning points were identified, action was taken to ensure these were implemented in practice.

There was a quality assurance process which focused on different aspects of service delivery. Examples included health and safety audits, catering audits, falls review meetings, infection control audits and a 'dignity in dining' audit. In addition to these reviews by operational staff, the organisation had a central quality team, who completed comprehensive reviews of the service.

Information from the audits and reviews was used to develop an action plan to address any shortfalls and to promote best practice through the service. The development plan was reviewed and updated regularly by the registered manager. This ensured actions were being implemented where necessary.

The registered manager had identified staffing issues, highlighted in the safe section of this report. A recruitment process was underway and the registered manager said new staff would start once all relevant checks had been completed. Although the registered manager was not aware of the individual incident regarding a staff member's induction, they took immediate action to change the systems to reduce the risk of a similar incident happening again.

There was a brief daily heads of department meeting, which was used the ensure everyone knew what was happening that day and make sure there was a plan to deal with any issues that had arisen. This helped to ensure there was clear communication about any changes in people's needs and the support they needed.

One of the social care professionals who gave feedback to us said they felt the service was well managed, with effective quality assurance systems in place. They said the management team had worked hard to make improvements to the service.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the

need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

Satisfaction questionnaires were used to ask people and their visitors their views of the service. The results of the surveys were collated and actions were included in the registered manager's development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.