

High Hilden Limited

High Hilden

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected High Hilden on 4 and 5 October 2017. The inspection was unannounced. High Hilden provides support and accommodation for up to 40 older people. At the time of our inspection, 26 people were living at the service.

There was a registered manager in post who was registered with the CQC. 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.

At our previous inspection on 11 and 12 August 2016, the service was in breach of regulation 12 (Regulated Activities) Regulations 2014. This breach was in relation to medicine management and safely recording the amount of medicines in stock. At this inspection, improvements had been made and the service was compliant with the regulation. Medicines were stored securely and safely administered by staff who had received appropriate training to do so.

The registered provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered managers had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. When appropriate, risk assessments were updated when people's needs changed. The registered provider had effective policies and procedures in place to ensure that the environment was kept safe and well maintained for the people living there.

There was sufficient staff to provide care to people throughout the day and night. The provider used a dependency tool to identify the amount of care hours each person required. When additional staff were required due to staff sickness or leave the registered manager had an approved agency list. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff spoke positively about the training supplied by the registered provider and the encouragement to progress their careers. Staff met together regularly and felt supported by the manager.

Mental capacity assessments were carried out and these were decision specific. Staff and the registered manager demonstrated good knowledge of the Mental Capacity Act 2005. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People were supported to have a nutritious diet that met their needs. People were supported to eat by suitably trained staff. Staff completed fluid and eating charts for those that needed it. People were referred to health care professionals when needed. People's records showed that appropriate referrals were made to GP's, physiotherapists, speech and language therapists, dieticians, dentists and chiropodists.

People told us they were very satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways that was understood when giving support. Staff and the registered manager had to know people well. People and their relatives told us they were involved in the planning of their care. Care plans were reviewed on a monthly basis by staff. Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

People at the service had access to a wide range of activities that were designed for their individual needs. People told us they were very happy with the amount of activities on offer at the service. People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was seen to be open, transparent and responded positively to any concerns or suggestions made about the service. The registered manager carried out audits to identify shortfalls with the service and took action as a result. People's records were updated by staff on a regular basis and in circumstances when required such as changes in health.

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 were protected from abuse by trained staff who understood the providers safeguarding policies and procedures.

People had risk assessments in place that were personalised to their needs

The provider had ensured that the environment and equipment was well maintained by carrying out appropriate safety checks and servicing.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Medicines were stored safely and managed by trained competent staff.

Is the service effective?

Good 

The service was effective.

Staff received training that gave them the skills and knowledge required to provide care and support to people. Staff were receiving supervisions on a one to one on a regular basis.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice. The registered manager had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

People had access to a range of food options that were nutritious and met their needs. People were supported to maintain their diets when required.

Is the service caring?

Good 

The service was caring.

People spoke very positively about staff. People and relatives told us they were happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People's friends and family were made to feel welcome by staff when they visited.

The registered manager ensured that complaints were appropriately responded to and included full investigation and outcomes.

People had a choice of suitable activities available to them.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The provider had ensured that quality-monitoring systems were in place to identify shortfalls and make improvements to the service.

The registered manager was creating positive links with the local community.

High Hilden

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.

The inspection took place on 4 and 5 of October 2017 and was unannounced. The inspection consisted of two inspectors, a medicines 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.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We focused the inspection on speaking with people who live at High Hilden, their relatives and staff. We spoke to 10 people living at the service, two relatives, five staff, three volunteers, the activities coordinator, chef, administrator, the nominated individual for the registered provider and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at eight care plans, three staff files, staff training records, quality assurance documentation and people's medicine records.

At our last inspection at High Hilden on 11 and 12 August 2016 High Hilden was rated as requires improvement.

Is the service safe?

Our findings

People and their relative told us they felt safe living at High Hilden. One person told us, "I feel safe here. I can leave my door open and there are no problems." Another person told us, "It is safe here. The staff look after us." One relative told us, "My mum is safe here. Staff come whenever she needs them."

At our previous inspection on 11 and 12 August 2016, the service was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that medicines had not always been effectively managed, administered or stored safely. At this inspection, improvements had been and the service was compliant with the regulation.

Medicines were stored securely and at the correct temperature. The medicines room was clean and organised. Medicines received into the home were recorded. Any discrepancies in medicines received were communicated with GPs and the pharmacy and followed up. We found that physical counts of stock matched records. There was a process in place for recording and disposing of unwanted and expired medicines appropriately. The staff carried out regular audits to monitor the safe storage of medicines. Staff peer reviewed medicines administration records (MARs) after each medicines round to ensure all medicines were administered and recorded. We observed medicines being administered to ten people in a caring manner. Staff knew how people liked to take their medicines. The process was hygienic and safe. Medicines were administered on time and MARs were signed after they were given. Some medicines were prescribed on a 'when required' basis' (PRN), for example pain relief medicines. People were asked about their pain and if they needed pain relief. There were arrangements in place for people to take their medicines when leaving the home e.g. for social events. Staff provided instructions to carers and checked that people had taken their medicines when returning to the home. The registered manager removed home remedies from the service and would only use PRN medicine for pain relief. There were suitable processes and guidance in place for each person's PRN.

People were protected against the potential risk of abuse as staff had received safeguarding training and could identify the types of abuse and how to appropriately react. All members of staff we spoke with could identify the potential forms of abuse and what they should do with the information. One member of staff told us, "If I was to suspect any form of abuse I would let the manager know. I know she would do something about it." All staff we spoke to told us they could contact the local authority or Care Quality Commission if they suspected any form of abuse. The provider's policy gave staff the information and contact numbers to where they can take their concerns.

All staff had received training on moving and handling. We observed staff assisting people throughout the service and witnessed good moving and handling procedures. People were supported in line with the guidance in their care plan. Where people were using walking aids, these were kept within their reach. People were mobilising independently throughout the home and staff were only assisting when asked to.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and

adjusted if a person's needs had changed. Risk assessments were personalised and provided staff with guidance on how to reduce the risk. Risk assessments included moving and handling, falls, eating, drinking and choking.

The provider had ensured that the environment was safe for people to live in. There were up to date safety checks on gas, electricity and water. There had been tests carried out to ensure the safety of equipment at the service that included hoists and slings. A trained competent person completed a fire risk assessment yearly and the maintenance team ensured that checks were carried out for fire safety and that fire drills were taking place. People had personal evacuation plans in place that gave guidance on the support they required in the event of an emergency.

People who use the service told us that there was enough staff working available to support them. One person told us, "I always use the buzzer. I have never had to wait long." Another person told us, "If you need help at night you just ring your bell and staff come straight away. I rang my bell this week and staff made me a cup of tea at 4am." One relative told us, "There always seem to be enough staff when I visit." People had call bells within their reach and we observed staff to answer call bells promptly during our inspection. The registered manager used a dependency tool to identify the amount of hours required to provide safe care for each person living at the service.

The provider had ensured that staff were safe to work with the people they supported. We looked at three staff files and these included completed application forms, two references and photo identification. There were no gaps in employment history in the checked staff files. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People and their relatives told us staff knew the people well and provided them with the care they needed. One person told us, "I feel well looked after. The carers are very good. I always get care when I need it." Another person told us, "They are good. They assess you and know what you can do." One relative told us, "They know them all well and how to look after them."

People living at the service praised the chef for the food that was on offer. One person told us, "He is a very good cook. You always get variety and good meals." Another person told us, "The food is very good. The cook always makes sure there is decent choice and will try new things." The provider ensured that people's nutritional and hydration needs were met and care plans contained nutritional assessments. There were hydration and nutritional risk assessments in place for people that required them. Staff were recording what people had to eat and drink when required and these were being analysed by senior staff. All eight care plans reviewed had undertaken a nutritional needs assessment. People's weight was monitored monthly and this was changed to weekly if there were concerns. Staff we spoke to were aware of people's nutritional needs and for example were able to name all the diabetic residents in the home. A specific diabetes risk assessment was in place, which set out actions for staff in the delivery of diabetes care for example the need to ensure regular podiatry reviews when required. The chef at the service was aware of people's dietary needs and provided people with suitable diets.

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people. The staff training schedule showed that staff received a comprehensive training program and this was up to date. Training included moving and handling, mental capacity, infection control and medication. All staff we spoke to told us that they liked the training and the opportunities given to them to develop. All staff were receiving regular supervisions and yearly appraisals. The registered manager had a supervision audit to ensure that staff were receiving these. Staff underwent an induction before being signed off as competent to carry out the role independently.

Staff and management demonstrated appropriate understanding of The Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 working within the principles of MCA. Staff had received training to identify when people's mental capacity may need to be assessed. All the staff we spoke with could identify the main principles of the MCA confidently. Staff asked people for consent when it was required, for example before carrying out personal care or assistance with daily tasks. Staff were seen to ask for consent prior to any

activity and staff told us they would ask for consent before giving someone personal care.

People at the service were supported by staff to attend routine health visits and were referred to health professionals when appropriate. One person told us, "My GP comes to me here. She is a lovely lady. I see her as often as I need to. The manager or a carer will contact my GP if she thinks I need it." Another person told us, "The staff call a doctor if I need it. They usually suggest it. They say – would you like a doctor? There is a little room near the front door where everyone can go to see the doctor." Care plans identified that the provider involved a wide range of external health and social care professionals in people's care. These included speech and language therapists and tissue viability nurses. People's skin integrity was taken into account with appropriate assessments. People had risk assessments for skin integrity that were completed monthly. Staff demonstrated good knowledge on how to reduce the risk of skin breakdown and were recording when people were being assisted such as assistance with turns. Records showed that staff were quick to identify any concerns and appropriate referrals to health professionals were being made.

Is the service caring?

Our findings

People at the service told us they were very happy with the staff that worked there. One person told us, "The carers are excellent." Another person told us, "They try to keep you with the same carer. I cannot speak too highly of them. The staff are wonderfully kind. I have peace of mind." A third person told us, "On the whole, they're absolutely lovely. If you want things a certain way, they do it if they possibly can." One relative told us, "The carers are so very kind to everyone here." One person visiting the service told us, "First impressions are that everyone is very friendly. The environment is very nice."

Staff were seen to be kind, compassionate, spend time with people and communicate to people in ways that were understood. Staff were seen going down to a person's eye level if they were sitting and speaking in a calm and caring way. We observed staff assisting people in daily living activities. Staff actively listened to people and encouraged them to communicate their needs. All people could communicate verbally at the service and any specific instruction on how to communicate was documented in people's care plans. Staff appeared to know all the residents well; they were observed to give people time. At lunch, one person did not want their choice anymore and wanted something else. A member of staff spent time with the person to go through what options were available. The person requested cheese and the staff member asked the chef if there was any cheese available. The chef confirmed there was. A plate of cheese was taken to the person, with a few chips and she ate what she was given and reported to staff that it was enjoyed. We observed another carer help one person out of her chair to be wheeled in the dining room. The carer tidied her skirt when she stood up so that it was not caught in her underwear.

People and their relatives were involved with the planning of their care. One person told us, "They keep me informed of what is going on." One relative told us, "When my mother moved in, I was included in the care plans and I am included in reviews." People and relatives comments were recorded in the care plans when required. Care plans included required information for staff to provide support and were updated monthly. We were informed by the registered manager family members are informed and invited to the monthly care plan reviews, which staff undertake at a face-to-face meeting with the resident. Involvement of relatives in the review of care plans was under review by the manager who had circulated information to relatives asking them to participate in reviews at least annually.

All staff members we saw were able to demonstrate good knowledge and understanding of both the physical and emotional needs of each person as they spent time together. Staff asked people's views about what they wanted to do and encouraged them to be involved in decisions. All staff we spoke to demonstrated the importance of getting to know people well and respecting their privacy and dignity. One member of staff told us, "It is important that people are treated with dignity. We always keep people covered up, close doors and never make a scene of any issue we may be presented with." One person told us, "I get on well with the carers. They treat me with respect. I like to go to the toilet on my own and they let me." All people's private information was stored in a safe place that only staff had access to. Staff were never seen to be discussing private matters in public places. Hand overs took place in a private area of the service so that no people or visitors could hear what was being said.

People were encouraged to be as independent as possible. One person told us, "Drinks machines have been put in place in the home that we can help ourselves to. I feel this gives us all a little more independence as we do not have to keep asking." Staff understood the importance of independence in people's lives. One member of staff told us, "We always support people to be independent. We try to get people to do as much as they can and want to. I will prompt people with personal care and only get involved when asked or when I know people will need help." People were seen to be leaving the service independently during the inspection. Care plans identified where people needed assistance with personal care and staff were knowledgeable of these. Where people were independently mobile this was recorded in their care plans and these people were seen moving freely around the service.

Is the service responsive?

Our findings

People told us that they were given choice at the service and could express their likes and dislikes. One person told us, "I choose everything living here from what I want to do to what I want to eat." Another person told us, "I feel I can say what I like and don't like." All staff told us the importance of giving people choice in all aspect of their care. The chef told us, "People choose what they want to eat and if we do not have it I go and get it. Yesterday I went out and brought someone a specific cake they wanted for tea and another person some doughnuts." These purchases were seen on inspection. We also observed specific products that people wanted such as ice creams and drinks. The chef told us, "People will voice their opinions directly to me if they do not like something. For example, people here like to have their broccoli soft but fresh broccoli would go grey. I tried frozen and this kept its shape and colour well and people seemed to like it." Care plans recorded people's likes and dislikes.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had influenced the plan of care. Care plans were personalised and helped staff provide person centred care. The care plans covered a number of areas such as continence, hearing, nutrition and hydration, oral, sight, skin condition, sleep, physical health, medication, communication, general, dressing, and end of life. People's records were also updated when required by staff.

People and relatives told us they liked the activities that were on offer at the service. One person told us, "I think there is enough activity. I enjoy everything. I like to join in most things." Another person told us, "Someone came from the Maidstone Museum to talk. It was very interesting. We had animals here." A third person told us, "I went to the local school yesterday and had cake and tea with the children. It was so lovely." One relative told us, "There is a lot going on for people to do." The service had an activities coordinator and two assistants all working part time and volunteers who support them in the home providing one to one activities or support on outings. The activities coordinator showed us activity folders, which were being updated. We found the activities people had engaged in were dated and listed, and feedback had been gathered from people on what they liked most about the activity. Activities were person centred on what people liked to do. One person told us, "I enjoy classical music and they get in a harpist." We observed that classical music was being played in the main entrance hall of the service. Another person told us, "The activities are not always for me. Sometimes they are and they take me. I read a lot. Everybody brings me books." One person told us that he liked to play cards and talk about sports. One of the cleaning staff was spending their own time with the person after his shift to play cards and have general conversation with the person. This was picked up by the registered manager who extended the members of staff hours to accommodate this. It was observed on inspection that during this time the person was playing with large print playing cards as he had difficulty seeing standard size cards. One to one conversations were provided to residents who maybe felt isolated or did not like to join in the group activities. The activity folders documented when one to one time had been given. We were told any pertinent information is shared with staff. The coordinator and manager told us they were developing the range of things that are available within the home to include a hairdressing salon, a physiotherapy space and a dedicated room for a range of health promoting activities.

People were supported to maintain their relationships and relatives we spoke with told us there were no restrictions on visiting times. One person told us, "My friends visit when they can. There are no restrictions. They just have to sign in and out." Friends and relatives we spoke to told us that they also felt supported by staff. One relative told us, "They tell me as soon as anything happens unless it's very minor when they tell me when I am here and I'm happy with that."

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that was on display in the entrance hall and this information was available in service user packs in people's rooms. People and their relatives told us they knew how to complain and if they had any concerns they would tell the management. All recorded complaints were kept in a complaints file and included all investigations, outcomes and how this was communicated to the people involved.

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager and the homely feel to the service. One person told us, "It's a home, it's not my home, but I'm looked after day and night. I don't think you could have a better home than this." Another person told us, "It's a very reasonable place. The carers are very nice people. For kindness and helpfulness, they are great. It is a very friendly sort of place. It is my home." A third person told us, "I've always been very happy here." Concerning the manager one person told us, "The new manager in charge is going out of her way to make things as comfortable as she can. I can talk to her. She has been very kind to me. Whenever I see her, she is very pleasant, kind and helpful. If she thinks you have something on your mind, she goes out of her way to help." Another person told us, "I think it's more professional than it used to be. I think she (the manager) runs a slightly tighter ship." One relative told us, "The manager is approachable. She is very efficient." One member of staff told us, "The manager is very supportive and has made the home more organised." Another member of staff told us, "You know where you stand with the manager. You can have a laugh with her at the right times but she always remains professional." A third member of staff told us, "I have a lot of respect for the manager. She works very hard."

At our previous inspection on 11 and 12 August 2016, we recommended that the registered manager seek guidance to ensure that effective auditing systems are in place to identify all potential shortfalls within the service. At this inspection, improvements had been made. The registered manager had ensured that audits were taking place to make improvements across the service in line with the provider's policy. Audits carried out by the management team included, reviews of care plans and risk assessments, accidents, incidents, falls and pressure wounds. The registered manager also carried out an audit check to ensure that audits were completed at the right time and in line with the provider's policy. The falls audit had identified that since the service started to use a weekly physio there has been a significant decrease in the amount of falls. There were 20 falls recorded in January 2017 and there were four unexpected falls recorded in September 2017. The registered provider also carried out quality audits through unannounced visits to the service. This included talking directly to people and observing care.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour, which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The registered provider had displayed its most recent inspection report at the home and on its website.

The provider ensured that people, relatives and staff voices were heard through surveys and meetings and one to one conversations. The registered manager kept recorded accounts of one to one interactions with people living at the service. This has led to small improvements to the service that have been greatly appreciated by people living at the service. For example, from one discussion with a person living at the service the manager purchased in rock salt for people to have with their meals. From another conversation, the manager also purchased sugar pourers. People we spoke to were keen to point out these changes. One person told us, "I know it is only a small thing but it is what we were used to before living here and it makes it

more like our own home." There were regular staff meetings and resident meetings to which family and friends were invited to. The registered manager told us, "Following discussion with people we have purchased a bar for one of the rooms. This means that people can have a little drink in the evenings and we can toast people who are no longer with us. Before I came here people did not talk about people when they died. We have now improved this with a remembrance book and an opportunity to have a little drink and chat if people want to."

The registered manager was creating good links with the local community. The local church was making regular visits to the service. There were garden parties during the summer months, there was a lot of engagement with the local schools, and volunteers were welcome to visit to assist with activities. During our visit, we observed a local mum bring her toddler into the home to talk with the residents. One person living at the service told us, "When you're getting older, you feel it's very important to have young people around you. You need to keep your mind active and if you are with elderly folk, that can be difficult. I feel you can talk to younger people." The service had also recently held a teddy bears picnic for children in the local community as a way of getting people to interact with the younger generations. The registered manager told us, "It was a great success and it was published in the local press."