

Minster Care Management Limited

Hillcrest House

Inspection report

Barbican Road
Looe
PL13 1NN

Date of inspection visit:
12 September 2022

Date of publication:
14 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hillcrest House is a residential care home providing personal and nursing care to up to 88 people. The service provides support to older people and people with physical disabilities. At the time of our inspection there were 53 people using the service.

People's experience of using this service and what we found

Prior to this inspection CQC had received concerns from people regarding the standard of food provided and low staffing levels. We were told meal provision had been inconsistent and below the previous standard. We found that staffing levels had on occasions dropped below what had been planned.

Some people and staff told us they felt unsettled since the new provider had taken over Hillcrest House. Comments included, "Things have changed and not for the better. The food is not good and staffing has been low" and "Communication has been bad in this change over. The chef left and then we had little support. It has been difficult to provide food as expected recently, but it is now improving as we have a new chef."

Some people told us they had not been able to get a timely response from staff when they rang their bell, and not been able to have a shower when they wished. We discussed this with the management team who confirmed that staffing levels had been challenging over the summer but assured us the service was now fully staffed.

Residents meetings had been held to seek the views of people and share information. However, we were told that responses to the repeated concerns raised had not always been provided. The service had people living at the service, who represented the views of others, and attended regular meetings with management. They told us, "We keep raising concerns about low staffing, not having showers and the poor food, but we get no feedback and nothing seems to change."

Changes had taken place with the snack provision, in the evenings, by the new catering company. This had not been discussed with people who told us they felt resentful of losing their evening snacks.

Staff meetings had been held to seek the views of staff and share information. However, we were told there had been a lack of effective communication between the new provider and staff. Comments included, "I have not met with anyone from Minster so far, I have no idea about any new processes or policies" and "Communication has been really bad. The gossip machine has filled in any gaps and so morale is not good."

There was a lack of robust oversight in place to make sure people always received their medicines as prescribed. There were gaps in the medicine administration records (MAR) which had not been reported as errors. Handwritten MARs did not always contain the required information for staff to administer medicines effectively.

There was a team of managers at the time of this inspection. The new general manager, the registered manager, the compliance manager and the new area manager. The registered manager was on shift covering a nursing role on the day of this inspection. The respective roles and responsibilities for each manager had not been clearly defined. This meant there was no consistent oversight of the quality of the service provided at Hillcrest House.

Regular fire alarm tests were not possible at the time of this inspection due to a defect in the fire panel circuit board, which had burnt out. A new fire panel was on order but was delayed in Ukraine. We reported this concern to the Fire Service who told us they would make a visit to the service to ensure adequate management steps had been taken to address the potential risk.

There were systems to help protect people from abuse. Staff had received training on how to recognise abuse.

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported, if required, with their meals. Some people were having their food and drink intake recorded and were regularly weighed.

Recruitment procedures were robust. This helped ensure staff were safe to work with vulnerable people.

People were supported by staff who had been appropriately trained and were skilled in their role. However, under half of the staff team had received recent supervision. The recent challenges faced by the service of COVID-19 outbreaks and a scabies outbreak had put pressure on the management team and taken them away from such tasks.

There was an audit programme in place. However, the most recent audits were last completed in June 2022. There had not been an audit of people's food allergies or of the kitchen and dining experience recently.

Care plans provided person-centred information about each person and guided staff on how to meet their needs in a way that the person preferred.

Mental capacity assessments had been carried out where it was indicated. Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for appropriately. There were no authorisations for restrictive care plans in place at the time of this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's preferences and choices had been recorded.

People were able to join in with activities if they wished. There were activity coordinators who worked with people on a one to one basis or in small groups.

Staff understood the importance of respecting people's diverse needs and promoting independence. People and relatives told us that the staff were caring and responded when they called. We saw many kind and caring interactions between staff and people during this inspection. Relatives comments included, "I cannot fault the care" and "I think the staff are lovely, very kind."

People, staff and relatives had been asked for their views by the previous provider through a survey, responses had been audited in 2021. A further survey was about to be issued by the new provider in the

coming weeks.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 10 November 2021 and this was the first inspection. The last rating for the service under the previous provider was rated good, published 4 July 2019.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about staffing levels and poor food provision. A decision was made for us to inspect and examine those risks.

A recent Direct Monitoring Assessment (DMA) had identified some issues that required further review.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hillcrest House

Detailed findings

Background to this inspection

Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by three inspectors and a member of the medicines team.

Service and service type

Hillcrest House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. However, they were regularly working in a nursing role at the time of this inspection and told us they were not carrying out the full registered manager role.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the

service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed six people's care plans and risk assessments. We looked three staff files in relation to recruitment. We reviewed other records relating to the management of the service. We spoke with ten people, five relatives and eight staff as well as the registered manager, the general manager, the compliance manager and the area manager. We spoke on the phone with two relatives of people who were living at Hillcrest House, about their experience of the care provided.

Following the inspection visit we continued to seek clarity from the provider regarding staff training and supervision, audits and surveys.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were not enough checks in place to make sure that people always received their medicines as prescribed and in a safe and effective manner. We found gaps on medicines administration records (MARs). The registered manager told us this would not be recorded as an incident or error. Recording of medicines errors is best practice to help improve quality and safety and to identify any staff training needs.
- Staff knew people well and were able to assess their health needs when people may not have been able to communicate them. For example, the body language a person may use when in pain. However, this information was not recorded in people's care plans or on 'when required' guidance to ensure consistent assessments were made. There was no process in place to evaluate whether staff were using 'when required' medicines in a way that supported people's health and wellbeing.
- Printed MARs were accurate, but handwritten MARs did not always contain the required information for staff to administer medicines effectively, for example, antibiotics to be given on an empty stomach.
- Staff recorded where they had applied a medicines patch. However, these records showed that the site of application of one patch was not moved as often as recommended by the manufacturers. This increased the risk that the person may experience skin damage due to repeated use in the same places. Nurses were not aware that this patch should not be reapplied to the same area for 14 days, even though this information was contained in the patient information leaflet supplied with the medicine. The medication management audit did not identify that the site should be rotated for 14 days.

The provider had failed to have adequate checks in place to make sure medicines were managed safely. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to take their medicines by registered nurses or trained care staff who were assessed as competent.
- Medicines were ordered, stored and disposed of safely and securely.
- Staff supported people to take their medicines in a caring and person-centred manner. Assessments of people's capacity to take their medicines were recorded. Best interest decisions to sometimes give medicines hidden in food and drink, were made in conjunction with people's family or advocate. Pharmacy advice was recorded about how to do this safely.
- Non-prescription medicines were available for staff to treat simple, short-term conditions without needing a GP appointment. Staff liaised with healthcare professionals to make sure people's medicines were reviewed.

Staffing and recruitment

- Three people reported concerns to us, during this inspection, regarding past weeks when staffing had been low and their requests for care and support had not been responded to by both day and night staff. We were told, and we observed, the service was fully staffed on the day of this inspection. However, one person told us, that they had continued to not be provided with a shower when they had requested this, on the day of the inspection. They attributed this to low staffing levels.
- Two people told us they felt the staffing levels on their unit were not always safe. They told us, "One staff for both sides of this floor is not enough at night. I often have to wait when I need the toilet" and "To be honest I don't always feel safe at night here with these staffing levels. You only call when you need something, and when no one comes, it's a bit scary." The provider assured us there were sufficient staff on duty and they would investigate these concerns.

We recommend the provider seeks advice and guidance from a reputable source regarding the deployment of staff and the monitoring of personal care provision for people living at the service.

- CQC had received concerns of low staffing levels. The management team confirmed that staffing had been very challenging over the summer. However, we were assured the service was fully staffed now, with six staff on the general unit and seven on the Trevena unit on the day of inspection. The general manager told us, "We have dropped below planned levels of staff in the past several weeks. Agencies have not always been able to help us. We have regular meetings to plan staff cover. We are still using some agency but hoping to recruit new staff."
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. Induction was recorded.

Assessing risk, safety monitoring and management

- It had not been possible for the maintenance person to carry out regular weekly fire alarm tests since March 2022, as the alarm could not be turned off afterwards. This was due to a defect in the fire panel circuit board which had burnt out. A new fire panel was on order but delayed in Ukraine. This risk had been identified by the provider. The management team commented, "If we turn the alarm on, to test it, we won't be able to turn it off." This meant we could not be assured that the fire alarm system was operating effectively. We were assured the system would work in the event of a fire, however we contacted the fire service to seek their advice regarding this concern and they told us they would carry out a visit to the service following the inspection.
- Personal Emergency Evacuation Plans (PEEPs) were in place outlining the support people would need to evacuate the building in an emergency. However, the RAG rating used to identify people's risks on the PEEP's was inaccurate. For example, one person who required two staff to transfer to a wheelchair was rated as an amber risk, when other people with similar needs were rated as green and red respectively. The management team accepted this was a concern and assured us this would be reviewed and addressed.

We recommend the provider take advice and guidance from a reputable source regarding safe fire safety procedures.

- Some people required specific equipment to protect their skin from pressure damage. Pressure relieving mattresses were in place to people who had been assessed as needing them. These were set correctly and were regularly checked.
- Risks associated with people's care needs were identified, assessed, recorded and reviewed.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their loved ones were safe at Hillcrest House.
- The service had effective systems in place to protect people from abuse.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team. Staff had reported concerns to CQC prior to this inspection.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Not all staff were recorded as having completed infection control training.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● There were processes in place to help ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence. One person had fallen during the week prior to this inspection. They had required hospital treatment and were now back in the service with very significant bruising. We were told all appropriate reports had been completed. However, the accident report was not found at this inspection and records were seen being completed retrospectively.

The failure of the provider to ensure there were always accurate and contemporaneous records held is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Changes had taken place, under the new provider, in the way food was ordered and provided. An external catering company had been commissioned to employ the catering staff and provide all the food for people. The previous provider's chef had resigned their post soon after the new catering company began providing food at Hillcrest House. The catering company area manager had been off sick, leaving little support for the kitchen staff at the service. This had led to unexpected changes in the quality of the meal provision, changes in portions and choices offered. Complaints were received by CQC from people and staff regarding poor quality cold or burnt food and small portions.
- People told us they did not understand the descriptions of some of the new meal options offered, when staff asked them for their choices. Terms such as 'frittata' and 'pilau rice' were not recognised by everyone at the service. Staff were overheard trying to help people to make meal choices. They said, "There is a frittata, whatever that is, and curry with pilau rice, not sure about that either." This meant some people were opting for baked potatoes and beans on toast as these were familiar to them. The provider confirmed that this had been recognised and was being addressed.
- People and staff told us that the snack provision in the evenings had been stopped by the new catering company. We were told this was because it was deemed to be 'unhealthy'. People told us they had their tea at around 5pm and nothing else till breakfast. They previously had enjoyed a chocolate bar or a sandwich in the evening before bed. This change had not been explained to people who felt resentful at losing their evening snacks without warning. We discussed this with the management team who assured us the evening snacks had been reinstated. However, people and staff told us this was not their experience.
- People told us, "I have needed to ask my family to bring me in food as the meals have been so bad" and "The mashed potato was sloppy and the sausages were burnt this weekend."
- One relative told us, "I think the new company has just used a blanket plan to take over this service, to make it like their other ones. They have started to provide spicy and fancy named foods which don't suit Dad. The menu is not appropriate for people who like good old fashioned home cooked food. They just did not ask before they did it. It has not gone down well at all."
- We met the new chef who had taken up their post a few days prior to this inspection. They agreed to speak directly with the two representatives of the people living at the service, during this inspection, to see how things could be improved. People were assured, at this inspection, that the evening snacks were now available but not including chocolate as before. The provider agreed to provide chocolate for people.
- A residents meeting had been held. Hillcrest House had people living at the service, who represented the

views of others, and attended regular meetings with management. However, they told us they had not received an effective response to their concerns. They told us, "We keep raising concerns about staffing, showers and the food, but we get no feedback, and nothing seems to change."

The failure of the provider to consider the preferences of people and not to involve and inform people of decisions made relating to changes in the way they are supported is a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- People were supported with their meals where this was part of their plan of care. Food provided on the day of this inspection was hot, looked appetising and was of good quality. Pureed meals had been created from scratch in the kitchen and were attractively presented. The chef told us, "We even batter our own fish here and make cakes."
- People's preferences and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well. Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People had their weight regularly monitored and appropriate action was taken to access advice and guidance where concerns were identified.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications for restrictive care plans had been made to the DoLS team. We were told at the inspection that there were no authorisations in place. However, when we checked with the local authority DoLS team we were advised there was an authorization in place for a person at Hillcrest House. This meant the provider did not have a robust process in place for managing DoLS legislation and was unaware of the restrictive care plan in place for this person.

The failure of the provider to ensure accurate records are always held is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

- Some people had appointed Lasting Power of Attorneys (LPA). There were records in the care plans to show who these people had appointed to act on their behalf.
- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. Where appropriate capacity assessments and best interest meetings had been carried out.
- People told us staff consulted them and asked for their consent before providing care and support. We saw in one care plan there was guidance for staff for one person. It stated, "Respect (Person's name) wishes

should they choose not to participate in any activity."

- Staff received training in the MCA and during the inspection we heard people being asked for their consent to being supported.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with the local authority and the NHS when offering vacant rooms to people. This helped ensure new people moving to the service would have their needs met.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional.

Adapting service, design, decoration to meet people's needs

- There was a strong unpleasant odour on the Trevena Unit, throughout this inspection. Part of the change programme, in process by the new provider, was to replace carpets with new flooring. We were assured this would address the odour problem.
- The new provider was in the process of fitting new kitchenettes on each unit. The plan was for staff to facilitate each meal service, increasing flexibility in portions and supporting people's food choices in a person-centred way. The dining areas were not all completed, or in use, at the time of this inspection. Some people ate on small tables where they sat in lounges, or in their rooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and law.

- People's needs were assessed before people moved into Hillcrest House, to ensure their needs could be met by the service.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities. There was pictorial dementia signage throughout the service to support people's independence and orientation around the building.
- There was a maintenance person in post who addressed any faults or repairs and carried out regular equipment checks.
- The grounds offered pleasant secure outside space which had outside seating.

Staff support: induction, training, skills and experience

- The supervision of staff was recorded and monitored. However, less than half of the staff team had received recent supervision. The recent challenges faced by the service of COVID-19 outbreaks and a scabies outbreak had put pressure on the management team and taken them away from such tasks. We were given assurances that this was a priority for the new general manager.
- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff training requirements were monitored by the provider.
- Staff meetings had taken place. Staff had been unsettled by the changes brought in by the new provider. We were told morale was lower than it used to be under the previous provider. However, the management team assured us that increased communication and support was going to be provided for staff.

Supporting people to live healthier lives, access healthcare services and support

- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plan.
- Staff monitored people if their needs changes and healthcare professionals were contacted where appropriate.
- There were records which evidenced people were seen by external healthcare professionals when

required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity. Comments included, "I cannot fault the care" and "I think the staff are lovely, very kind."
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.
- Relatives told us, "The staff are brilliant. (Person's name) is always well cared for" and "I can talk to them (Staff) if I have any concerns" and "The care is very good and they have settled in well. The staff know what she likes now and how she needs things done."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be actively involved in making decisions about their care and support. However, as mentioned in the well led section of this report concerns raised by some people had not always received a response.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms.
- The previous provider had carried out regular reviews of people's views and experiences and audited the responses. The new provider was planning to issue a quality assurance survey in the coming months.
- Care plans were regularly reviewed.
- Staff meetings had been held. Staff we spoke with were happy working at the service and positive about their colleagues and the support they got from each other. However, we were told that morale had dipped due to the uncertainty of the changes being bought in by the new provider.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity, and their privacy was respected.
- People told us that staff promoted their independence and respected their right to make choices for themselves. We heard staff throughout the inspection offer support and their time to people, asking if there was anything they wanted or needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The PRN protocol, (for 'when required' medicines) for one person who had a seizure care plan said, 'Observe for signs of seizure, give medicine after five minutes and call 999' but staff were not provided with guidance and direction to know what a seizure would look like.
- There was currently no formalised way of assessing and recording people's pain. We were told by the registered manager that they were planning on introducing the Abbey pain scale.
- One person, who was living with diabetes, had no specific care plan attached to their MAR or their care plan to support staff regarding the management of their blood sugars. This person's records showed their blood sugars were sometimes high. There was no record of the target range, and no record of any action taken when it was high. There was also no guidance on what to do if the person showed signs of having a hypoglycaemic (low blood sugar) episode, the care plan stated the person had previously had hypoglycaemic episodes which may have led to falls prior to admission.
- Some people were taking anti-coagulant medicines. Their falls risk assessment did not consider this as an additional risk. One person, taking anti-coagulants had fallen leading to a hospital admission. They were returned to the service with very significant bruising.

The failure of the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) 2014

- There was information held in care plans which showed people's needs, routines and preferences. Care plans were personalised.
- Staff were provided with person centred information and some guidance on how to support people well. Information such as, "(Person's name) can be resistive to her personal care needs at times, however they do respond well to uniformed staff as this is thought to reassure them." was seen in one care plan.
- One relative commented, "They (Staff) have got (Person's name) walking again and I did not think they would do that."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was posted in the service.
- The manager told us they would be aware of any complaints or concerns raised. We were told there were

no formal complaints in process at the time of this inspection. However, people and staff raised many concerns to us prior to and during this inspection regarding the food, which they told us had not been effectively resolved to their satisfaction.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were living with dementia. The service had joined the GOALD (Generating Older Active Lives Digitally) project run by the Centre for Health Technology at the University of Plymouth, which commenced in April 2021 and will run for three years. This project provided people with virtual reality headsets to enjoy 'seeing' other settings and environments. Also, people were able to enjoy looking after a 'dementia dog' which behaved like a real dog, including sounds.
- The activity co-ordinator set up a dog training class for one person who really enjoyed looking after the 'dog' and even provided them with a certificate.
- People were supported to maintain relationships that were important to them. Some people had telephones in their rooms which they could use to keep in touch with friends and family.
- One relative told us, "The staff are super they really are. I have no complaints about it at all. They keep in touch. I feel welcome, I come twice a week at about this time and my son comes once a week as well."
- People had opportunities to take part in activities. Activity co-ordinators were employed to support people to enjoy games, quizzes and craft.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. We were told if anyone needed information in an accessible format this could be provided. The care plan of a person who had poor sight gave clear guidance for staff on how to support communication with the person. For example, using the positions of a clock to explain where things were placed.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- Relatives were supported to safely visit people where they were receiving end of life care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals. As people neared the end of their life the service sought support from GPs to discuss any relevant care and medicines for pain relief.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a team of managers at the time of this inspection. A new general manager, the registered manager, the compliance manager and the new area manager. Roles and responsibilities for each of the managers had not been defined. One manager told us, "We are aware that this is an area that needs to be looked at."
- There was no clarity around which manager covered which specific area of responsibility. One manager told us, "We all just dip in and out." When asked how often they provided supervision for staff we were told, "We don't have a specific policy we probably do it every three months or so." This meant the oversight of the quality of the service provided was not consistent or robust.
- There was no overview of the DoLS applications/authorisations in place at Hillcrest House, on the day of the inspection. Managers created a handwritten record from information in people's files during the inspection. One manager told us, "I have completed applications, but I don't know where else they hold this information." This meant monitoring of this information, including dates of applications/authorisations, was not effective.
- An auditing and monitoring programme was in place. However, none had been completed since June 2022. The service had experienced an outbreak of COVID-19 and scabies in recent weeks and this along with challenges in staffing levels and food provision had taken up all the time of the new general manager. There had been no survey of people's views and experiences of the food provision and dining experience at the service.
- The service had a manager registered with CQC. However, they were regularly working as a nurse regularly on shift and told us they had not been performing the full role of a registered manager for some time. The provider was aware of this and was reviewing the management structure of Hillcrest House.

The failure of the provider to ensure there were systems and processes established and operated effectively to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regular review of care records, such as daily notes and monitoring charts was taking place.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Some staff did not feel that their views and experiences had been responded to. Comments included, "Things have changed and not for the better. The food is not good, staffing has been low" and "Communication has been bad in this change over. We were invited to a meeting expecting to meet the new provider and were faced with a completely different company who were now going to be doing all the food. We were not informed of any of these changes. The chef left and then we had little support. It has been difficult to provide food as expected recently, but it is improving now we have a new chef."
- We were told there had been a lack of effective communication between the new provider and staff. Staff comments included, "I have not met with anyone from Minster so far, I have no idea about any new processes or policies" and "Communication has been really bad. The gossip machine has filled in any gaps and so morale is not good."
- Staff morale was low and some staff had contacted the CQC with their concerns as they felt they had not had their concerns heard by the provider.
- Information and assurances provided by the management team did not tally with information provided by the staff and people who lived at Hillcrest House. For example, we were assured by the management team that the evening snack provision was re-instated. People and staff said this was not their experience.
- One relative told us, "(Person's name) clothes are clearly labelled but now missing, I have emailed them, but they have not responded."

The failure of the provider to seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new provider was planning to seek the views of people and staff in the coming months and issue a quality assurance survey.

Continuous learning and improving care

- The new area manager and general manager told us they were aware, "There is work to be done." The new provider was keen to improve the service and was in the process of reviewing roles and bringing in new ways of working including electronic care and medicines records in the near future.
- We saw the provider had made changes to the dining room areas, adding kitchenettes with a view to staff serving meals, offering more choice and varied portion sizes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the current management team was open and transparent. They took on board the issues that were identified at this inspection and were keen to do what was needed to improve things for people living at Hillcrest House.
- The management team were very committed to providing the best care to people.
- We saw from the nursing records that they were effective in promoting the healing of any areas of broken or damaged skin that was identified. No one had any need for dressings at the time of this inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- The management team had notified CQC of any incident in line with the regulations.

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to consider the preferences of people and not to involve and inform them of decisions made relating to changes in the way they are supported is a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>the provider failed to ensure there were systems and processes established and operated effectively to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>