B & M Investments Limited

Hillview Care Home

Inspection report

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Date of inspection visit:
26 January 2017

Date of publication:
02 March 2017

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

Hillview Care Home is a residential home for older people that accommodates and provides care for up to 34 people. At the time of our inspection 32 people were living at the service.

This inspection took place on 26 January 2017 and was unannounced. When we last inspected the service on 07 and 09 October 2015 they were not meeting the required standards in all of the areas we looked at. We found breaches of the regulations in ensuring governance systems were not effectively operated to monitor the quality of the service provided. We also told the provider they needed to make improvements to ensure people received safe care and treatment that met their needs. The provider submitted to us an action plan that detailed how they would make the necessary improvements.

At this inspection we found that improvements had been made.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. They were supported by sufficient numbers of staff and the registered manager continued to successfully recruit and built a permanent staff group within the home. Safe and effective recruitment practices were followed to make sure that staff were of good character. Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns. Risks to people's safety and welfare were responded to and addressed to reduce identified risks. People were supported to take their medicines as prescribed and medicines were managed safely by staff trained to do so.

People were positive about the skills and abilities of the staff. Training had been provided to staff in key areas and staff told us they felt supported by their line manager. Staff told us, they had supervision meetings to review their performance and professional development. People's consent was sought prior to care being provided and where people lacked the capacity to make their own decisions, the requirements of the Mental Capacity Act 2005 were followed. People at risk of weight loss were supported adequately and responded to promptly. People were supported by a range of health and social care professionals with their needs when they required this.

People were cared for in a kind and compassionate way by staff who knew them well. Staff were observed to have developed positive and caring relationships with people who lived at the home. When personal care was provided, this was carried out in a respectful way that promoted people's dignity and took full account of their needs and wishes.

People were able to pursue their individual interests and were provided with sufficient opportunities to take part in meaningful activities. People knew how to raise concerns and complaints were managed well.

People told us the registered manager was approachable, listened to their views and were visible within the home. Staff told us they were provided with structured meetings where they could discuss issues relevant to the running of the home. People's views and opinions were sought about the care they received. The provider ensured they continually monitored and reviewed the quality of care people received through effectively operated governance systems.

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 told us they felt safe, staff were aware of how to identify and report abuse and there had been no significant injuries suffered by an person for the previous twelve months in the home.

People told us they were supported by sufficient numbers of staff when they required assistance.

Staff were recruited following robust processes to ensure they were of sufficient good character.

Risks associated to people's health and wellbeing were identified and positively managed and responded to.

People's medicines were managed well with people receiving them as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and felt supported.

People had appropriate support for eating and drinking.

Peoples consent was obtained prior to care being provided and people were supported in accordance with the Mental Capacity Act 2005.

People were supported by a range of visiting health professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People and their relatives were involved in planning their care.

People had access to advocates when needed.

Is the service responsive?

Good

The service was responsive.

People received care that met their individual needs, with care plans that gave staff clear guidance on how to meet these.

People had access to activities that they enjoyed.

People felt able to raise concerns or complaints.

Is the service well-led?

Good

The service was well led.

People received a good standard of care because arrangements were in place to monitor, identify and manage the quality of the service.

People had confidence in staff and the management team.

People's records were accurately maintained and reflective of the care they required.

Peoples views and opinions about the running of the service had been sought.

Hillview 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. The inspection was planned to check whether the provider had made necessary improvements since our last visit and met the legal requirements and regulations associated with the Health and Social Care Act 2012. The purpose of the inspection was also to look at the overall quality of the service and to provide a rating under the Care Act 2014.

This inspection was carried out on 26 January 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We also spoke with the local authority's social services and clinical commissioning group professionals as well as the local authorities safeguarding team to ask their feedback about the services provided to people.

During the inspection we spoke with four people who lived at the home, four staff members and the registered manager. After the inspection we spoke with a health professional. We viewed care plans relating to three people who lived at the home and various records relating to the management of the service. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe. They told us there were sufficient staff deployed to meet their needs. One person said, "They will come when called upon, I know there is always someone just a call away which is reassuring." A second person said, "They are busy, but there is enough of them to help us when we need them, but they never rush or anything like that."

We saw that during the inspection, staff had time to provide care to people, and also spend meaningful time with them talking or helping them with other tasks. The atmosphere in the home was calm and peaceful, staff were not rushing between people and call bells were not ringing unanswered. The registered manager regularly reviewed people's needs to ensure they maintained staffing levels based on people's varying needs. Staff confirmed that there were enough staff. One staff member said, "There are enough of us to do what we need to, and everyone mucks in and helps out so it gets things done quicker, even [registered manager] will help out whenever we need them."

An on call system was used for staff to receive immediate managerial support out of hours in the event of an emergency. Staff told us that the registered manager was available to them if they needed support and would attend the service in the event of an emergency. One person told us, "If anything happens, like one of us is unwell, here at night or weekends then the [registered] manager is out straight away."

Safe and effective recruitment practices were followed which ensured that staff did not start work until satisfactory employment checks had been completed. Staff confirmed that they had to wait until the registered manager had received a copy of their criminal record check and employment references before they were able to start work at the home. This helped to ensure that staff members employed to support people were fit to do so.

Staff were confident when describing how they keep people safe and how to identify when a person may be at risk of harm or abuse. A range of safeguarding awareness posters were displayed around the home, informing people and visitors of what constituted abuse and how to report their concerns. Staff were able to confidently explain their whistleblowing procedures. They told us they would report concerns about staff practice to either the registered manager or their head office. In addition they were aware they could also raise concerns confidentially with either the Local Authority or the Care Quality Commission. There had been no safeguarding concerns raised either by staff or external agencies within the past twelve months as people had been protected from harm or abuse. This demonstrated to us that staff knew how to identify aspects of abuse, and were aware of how to report concerns outside of the organisation where needed, and also worked proactively to keep people safe from harm.

People had their individual risks assessed and staff were familiar with their changing needs. Accidents and incidents were recorded and this information was shared with the provider's quality team to help ensure all trends and themes were identified. This also helped to ensure that all remedial action had been developed and put into place. From records we looked at we saw incidents had been logged and recorded and documented the outcome of any subsequent investigation into the cause. Analysis of incidents was

completed at the end of each month or sooner if a pattern had developed. For example, the registered manager told us about one person who had suffered a number of falls. They told us they had looked at the times and frequency of falls and saw these occurred at night. The GP was asked to review the night time medicines as this may cause them to be drowsy and increase the number of falls, and once this medicine had been reviewed, the frequency of falls diminished immediately. They told us that this person fell during the night because they got up at night to 'Potter around their room.' Once the medicine was reviewed this person was able to continue without fear of falling or causing themselves harm. We saw when reviewing incidents within the home, that no person had sustained a significant injury from a fall or accident in the previous twelve months. Staff and the registered manager confirmed this. One staff member said, "That's right, I can't remember someone hurting themselves or breaking anything, it hasn't happened for at least a year." Where people were assessed as requiring pressure relieving equipment, or use of mobility aids, these were provided and maintained and people were repositioned or supported with their mobility as needed.

People received their medicines as prescribed and there were suitable arrangements for the safe storage, management and disposal of people's medicines. We observed the medicines round being completed and saw this was completed in a professional and timely manner. Where people were prescribed medicines at a particular time, or on particular days, these had been given at those times. Variable dose medicines, such as blood thinning types, were regularly reviewed and the dosage amended according to the prescriber's instructions. Regular stock checks of the medicines were completed by senior care staff and we found that the physical stocks medicines tallied with what was recorded in people's records. The temperature of both the medicine room and fridges was monitored which ensured that people's medicines were stored within safe temperature limits. Each person had a completed medicine administration record (MAR) which recorded the medicines that people were prescribed and when to administer. There were no gaps or omissions in the MAR. Where people were prescribed 'as required' medicines such as pain relief, staff recorded clearly the time, number of tablets and reason for giving the medicine. People were regularly seen by the GP and care records demonstrated that their medicines were routinely reviewed and amended where required.

Good

Is the service effective?

Our findings

People told us they thought staff were sufficiently skilled to support them. One person told us, "The level and standard of care is very good indeed which suggests to me they are very well trained." A second person said, "They [care staff] are professional and kind all the time."

People were supported by staff who had been appropriately trained and supervised for their role. New staff underwent a robust induction and their competency was assessed prior to them carrying out care. One staff member said, "I shadowed for a week, trained in the second week, and then the [registered] manager made sure I knew how to do my job." We saw that training subjects included moving and handling, safeguarding people from abuse, mental capacity and first aid. Staff told us that they felt well trained. One staff member told us, "The training is everything, and it's face to face which is better than doing it on the computer so we can all learn together."

Staff told us that they felt well supported by the management team. They told us they received regular supervisions, observations and feedback of their practise and an annual appraisal. One staff member said, "[Deputy Manager] talks to us about our targets, how we are doing and if we have any problems. For me that's how I adapt my practise and can care for people who sometimes can be quite challenging." A second staff member told us, "I just like to know where I can improve as I am working towards being a senior it's good to know how I can develop."

Staff were observed throughout the inspection to seek people's consent prior to assisting them with tasks such as eating, providing their personal care or administering their medication. Staff explained to people what they needed to do, and waited for the person to respond. If the person was unsure then staff explained once again and waited for the person to agree. People had their capacity assessed and best interest decisions were recorded that where necessary had considered the least restrictive alternatives. Staff were aware of how capacity was obtained both for people with and without the capacity to make their own informed decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that service was working in accordance with the MCA and DoLS guidance.

People told us they enjoyed the food and were given sufficient food and drink. One person eating their lunch said, "It's good home cooked grub here, none of that microwave stuff [Chef] knows us and what we do and

don't like." Prior to eating the chef spoke with every person in the home explaining what the options were for lunch. They carefully explained to people the choices, and whilst lunch was being eaten was present in the dining room ensuring people were happy with their meal. The kitchen staff were kept aware of any specific dietary requirements, such as recommendations from dieticians to fortify foods, or those people who were diabetic.
People received the appropriate support with eating and drinking. People were also encouraged to be independent and given protective aprons if they wanted them and plate guards to assist them with eating alone. Staff were clear on what varying needs each person had and how to help ensure that they consumed sufficient amounts while enjoying a varied diet and managing any risk.

People's weight was closely monitored and where there were concerns about a person losing weight staff immediately referred them to the GP for review. When we reviewed the weights for the home we saw that many people had a stable weight and a number had significantly increased their weight since moving into the home.

People had regular access to health and social care professionals. We saw that people had visits from health care professionals such as speech and language therapists, district nurses, phlebotomist, and the GP. We spoke with one health professional after the inspection who told us, "The care at Hillview is very good, the staff are knowledgeable and prepared when I visit. If someone needs to be seen then they are straight on to the surgery and in many ways err on the side of caution to ensure they provide preventative care." This helped to ensure that people's health and wellbeing was promoted.

Good

Is the service caring?

Our findings

People were treated with dignity and respect and said they were happy with how they were treated. One person said, "I have been here before, I'm only here for a bit this time, but it's a good crack here, we all have a laugh and they are so kind to people, I think they are just wonderful and very caring in every way." A second person said, "They put me at ease it's never something you get used to having another person wash the intimate bits, but I have to say since day one I have never felt embarrassed or exposed in any shape or form."

Staff adopted different communication styles with people depending on their needs. Where people were hard of hearing or wore hearing aids, staff adapted their communication. There were care plans that set out how to communicate with each person to help ensure it was meaningful, including ensuring people who were hard of hearing had their hearing aids in and switched on.

When staff assisted people with their personal care, they did so behind closed doors and with hushed voices so not to be overheard. We saw that one staff member assisted a person from the lounge to their room, however did so in a sensitive and kind manner, ensuring people were not aware and the person's dignity was intact. People were clean, well groomed and staff carried out the tasks that were important to people. For example one person's care plan noted that their makeup and hair was important to them. When we saw the person throughout the day they were well groomed with perfectly applied makeup and looked very content sitting watching people in the communal lounge.

People were supported by staff who knew them well. Staff told us about people's background, families, hobbies and preferences. When speaking about people they spoke in a way that indicated they cared for people. People and their relatives were involved in reviewing their care. Staff invited them to review meetings where matters that were important to them were discussed and reflected in their care plan. People told us they felt they could contribute to their care and that staff listened to them. One person said, "It doesn't matter really what I ask for or how I want things to be done they always do it that way."

Confidentiality and privacy was promoted. Care records were held in the office which was locked when staff were not around. Staff also spoke discreetly about supporting people so that this was not overheard by others. Advocacy was available for those that needed it and staff were clear on how to obtain the support of an advocate if anyone's circumstances changed.

Good

Is the service responsive?

Our findings

People received care that met their needs and people told us they felt their needs were met. One person said, "I 100% get everything I need, when I need it and how I want it." They went on to say that they were staying only a short while at the home but had been there for a short stay before. They told us, "I have to be here because I can't stay home on my own but when I came in it was like I had never left because everyone just knows me and what I need."

People told us that they felt involved in reviewing their care. One person told us, "They [Staff] regularly talk to me and my family about different things and only make any changes once we have all agreed. I definitely get things done in the way that I want them."

People had a thorough assessment of their needs prior to moving to Hillview. This detailed people's health needs and also their social, emotional and lifestyle choices. Each person had their own individual care plan that had been developed from this initial assessment that included personal care, moving and handling, communication and how people spent their day. The plans contained sufficient detail and were written in a person centred way that meant a new staff member would be able to deliver person centred care according to people's individual needs and preferences. Staff clearly knew people well and were able to tell us about each person's needs that demonstrated to us that people were supported people in accordance with their plans.

People were provided with a range of activities to engage with; however, views about activity were mixed, with some people saying they enjoyed a variety of activity and others saying they did not particularly want to engage. One person said, "It's a laugh a minute here, we enjoy ourselves, we like talking to each other, but then we also can leap round the lounge or play a game." A second person said, "We do very little and that's the way we like it, I prefer the evening entertainment and music."

However, we observed that staff tailored the activity to suit those preferences. People were sat in two lounges, one being a quiet lounge, with the second having people listening to a CD playing. People listening to the music were up on their feet, dancing, singing, smiling and laughing with the staff, who were all present and joining in. The atmosphere was very sociable and bright, even those people who chose to not participate where clearly enjoying the music playing whilst talking with either their visitor or another person. Staff told us that even though the activity staff member had left, they continued to provide a range of activity whilst a new activity staff member was recruited. This included things such as carpet bowls, chair exercises with a singer, nail and hair dressing, parties and pub lunches. One staff member said, "People are very selective about what they want to do, they like what they like, so activity can be difficult, but we listen to what they want and it's their choice if they want to join in."

People's families and friends were able to visit when they wished without restriction. We saw during the day one person's family arrive to take them home for the day, and numerous people receiving a visitor. One person told us, "People come and go all the time here, [Relative] works so comes anytime really, I never quite know when, but they are always made to feel welcome and never rushed or turned away."

People were aware of how to make a complaint and a copy of the complaints procedure was made available to people and visitors to the home. People told us if they had a 'Grumble' then they addressed it directly with the management team. One person said, "[Registered manager] is always about and you can talk to them about anything."

People and relatives were provided with a regular meeting where they could raise issues for discussion with the management team. We saw that recent items raised in the meeting were things such as the laundry, activities, discussions about hairdressing arrangements and seating. Each point had been actioned and had then been reviewed at the subsequent meeting. A copy of the minutes from the meeting was also made available to people.

Good

Is the service well-led?

Our findings

At our previous inspection we found people's care records were not regularly reviewed, or updated as their needs changed, and assessments of people's nutritional needs were not accurate. We found at this inspection the registered manager had made improvements in these areas and was now meeting the standards required.

Records relating to people's care and treatment were accurately maintained. Daily records of care provided to people were updated when required, and people's care plan and risk assessments accurately depicted the care they received. As people's needs changed the care plan was amended and reviewed to reflect the change of need.

People received quality care that was well managed. People told us the management team were visible and approachable and led by example. One person said, "[Registered manager] and me have a real good laugh, they are obviously the manager but they are also like a friend, they care deeply about us and how they run this home." Staff told us the management team were responsive and approachable. One staff member said, "They [managers] are very honest people and very supportive of me and others when we have needed them." Staff told us they were able to raise matters relating to the management of the home and future developments in team meetings which were regularly held. For example, they told us they had discussed the move from Hillview Care Home to a new location and the impact of this move on them as staff. Staff who did not attend the meeting did not receive a copy of the minutes, however this is something the management team would address to ensure all staff were aware of such discussions.

The registered manager carried out regular audits to review the quality of the service provided and worked from a continually developing quality improvement plan that aligned itself to the standards that CQC review as part of their inspections. The provider visited regularly to audit key areas of service delivery, such as the environment, care planning and infection control, but also senior managers with specific skills undertook observations of care. Through their observations they were able to support the registered manager to make improvements where needed to improve not only the safety of care provided but also the quality. For example, the registered manager had identified through reviewing people's care plans that they needed to revisit how consent had been recorded in people's care plans for where they held power of attorney for the person. Additionally they were reviewing the reporting methods used to alert them to incidents in the home such as bruising, to make them more robust and responsive when an incident was discovered. They had however, identified emerging trends and patterns of falls for people and used this information to mitigate the risk and reduce the number to zero.

The home had been recently visited by the local authorities commissioning team who had reviewed the care provided at Hillview. Overall the service had achieved a score of good, and where there were recommendations to make improvements in some areas the registered manager had taken appropriate actions to ensure these were completed.

Surveys for people, relatives and staff had been carried out to seek their views on the quality of care in

October 2016. The results of this survey were made available to people to review.

Notifications of significant events that occurred within the home were made to the Care Quality Commission as required without delay