

Hillsborough Residential Home Limited

Hillsborough Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hillsborough Residential Home ("Hillsborough") is a residential care home providing accommodation and personal care to 19 people aged 65 and over at the time of the inspection. Hillsborough also provided personal care to people in their own home. However, at this inspection, no-one was receiving support with personal care.

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

When we inspected Hillsborough to assess the safety and quality of people's care, we took into consideration the significant pressures the COVID-19 pandemic had put on the service. However, we found that some aspects of safe care, particularly medication were not always robust. The underpinning of governance and recording systems to prevent or address issues had not always been effective. We therefore assessed that the provider was in breach of regulations regarding safe care and treatment and good governance.

The service was not always safe. We could not be sure people received their 'as required' medicines when they needed them. Some action had been taken to strengthen quality monitoring processes to improve outcomes for people, but the provider's quality assurance systems required further improvement. Quality improvement measures and oversight of medicines had been ineffective at driving enough improvement in this area. 'As required' medicine audits required further development to ensure people received their medicines as prescribed.

Some improvements had been made since the last inspection and regular checks of the environment and of records were completed. However, some areas of the environment still required improvement for people living with dementia, and identifying people's needs in relation to the environment. The provider informed us of future planned improvements.

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. The principles of the Mental Capacity Act 2005 (MCA) had now been followed as required at the last inspection.

People had care plans, which described their needs and preferences. The care records were all held electronically. Improvements had been made to the information held about individuals and staff had a better understanding of the electronic system. This included a scanning system to ensure staff had checked a person's wellbeing. This was particularly important if the person was being nursed in bed.

The registered manager continued to increase the amount of checks to monitor the people who used the service and the environment. Records showed changes and improvements had been made. However, as it had only been a short time since the last inspection, we could not be sure these had been embedded

effectively into the service.

People told us they were happy living in the home and a visiting professional said the service was very homely. The provider's passion for caring for people was clear.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2020), for the third time, and there were multiple breaches of regulation; three of which were repeat breaches from the previous inspection.

The provider was required to send us monthly reports detailing the improvements they had identified and what action they had taken as a result. We have reviewed these reports.

At this inspection enough improvement had not been made and the provider was still in breach of some of the regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same as the last inspection, requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillsborough House Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified four continued breaches in relation to the safety of people's care, premises and equipment, fit and proper persons employed and governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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

return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hillsborough Residential Home

Detailed findings

Background to this inspection

The inspection

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out this inspection.

Service and service type

Hillsborough Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was announced. We announced the inspection 24 hours prior to our arrival to discuss the safety of people, staff and inspectors with reference to the Covid-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding concerns and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, three care staff and one auxiliary staff. We also spoke to a visiting healthcare professional and to the registered provider.

We reviewed a range of records. This included six people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

- We could not be sure people had received their 'as required' pain relief medicines due to inconsistency of medicine records and incorrect recordings of number of tablets held.
- Medicines audits carried out did not match the number of medicines held as documented on people personal medicine records. For example, the number of medicines recorded held on a MAR (Medicine Administration Record) did not match what was recorded on a person 'As Required Administration Record'.
- The number of tablets counted did not always match what was recorded on the MAR or the number recorded on the 'As Required Administration Record'.
- The action plan sent to us stated the service would use the audit tool to check a sample of people medicines. We found that though these audits had been carried out and so were not being completed effectively and safely.

The management of people's medicines was not always safe and effective, which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 19.

- Since the last inspection improvements had been made to the recruitment processes. Staff had been recruited safely and all necessary pre-employment checks had been completed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people were identified and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this

part of Regulation 12.

- Further action had been taken to protect people from risks. The kitchen door remained open. However, we found staff either remained in this area or when the kitchen was unattended the door was seen to be locked.
- Checks of the environment were being completed and we found the lock to the laundry room locked and working.
- Additional assessments of risks related to areas of people's lives had been completed. This included pain risk assessments for people who required it due to regularly experiencing pain. Care plans and risk assessment in place described how to recognise if a person was in pain and what action to take. A person noted to be unable to leave their room had a risk assessment in place to ensure staff visited them regularly. This included a staff member remaining within that area and the electronic care plan system enabled the staff to scan in, showing the times, and how often staff visited them.
- A new call bell system had been installed since the last inspection. People had been assessed to see what they required and could use safely. Either a call bell with a lead, a wrist pendant or a pressure mat, highlighting too staff when people were moving, for example from their bed or chair.
- The new electronic care plan system contained information on people's dietary and hydration needs. Charts were completed for each person and now monitored monthly by the deputy manager. The care plan system highlighted if people's food and fluid charts were not completed as required. Also, the non-completion of people's weight charts showed up as 'task incomplete'.

Preventing and controlling infection

At our last inspection the provider had failed to ensure staff protected people from the risk of cross infection.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- 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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service had produced a new infection control in line with Covid-19.
- Monitoring of infection control practices within the home had improved. This included lids purchased for all commodes and laundry baskets, also cleaning schedules were now audited and completed. A tour of the premises showed old chairs had been deposited of and new chairs purchased.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had not ensured the environment was in good repair and suitable for people's needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we could not be sure that enough improvement had been made and the provider was still in breach of regulation 15.

- Though the provider had made many improvements to the service additional improvement was required. The provider told us of their plans to continue with improvements once they were able to allow a workforce into the service. This was due to Covid-19.
- People's needs had been assessed in relation to the environment. Additional dementia signs were now in place. However, the registered manager said additional signage and assessments were needed to ensure the service was suitably adapted to all the people who use it.
- The upkeep, maintenance and management of the environment still needed some improvement. However communal areas that were previously cluttered, with equipment stored in the lounges, had now been removed as required from the last inspection.
- Staff recorded the temperatures of people's bedrooms and the communal areas. The deputy manager took responsibility for this role to ensure they were completed weekly.

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

At our last inspection the provider had failed to ensure people's mental capacity was assessed accurately and Deprivation of Liberty Safeguards (DoLS) application had not been made when required. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made in this area and the provider was no longer in breach of regulation 11.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed people had either consented to decisions made or a best interest's decision had been made with those who knew them well.
- The registered manager had applied for DoLS on behalf of all people who required this.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to effectively identify areas of the service that required improvement and failed to learn from information and previous inspection outcomes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The registered manager had increased the amount of checks and audits to monitor the service. Records showed changes and improvements had been made as a result of audits now completed. However, they had not highlighted all the gaps identified at this inspection. For example, they had not identified potential risks relating to medicines.
- The provider had taken some action to effectively fulfil their responsibility to ensure they monitored the service and improvements were made. However, due to the short period of the time since the last inspection and the impact of Covid-19 not enough improvement had been completed.
- Following the last inspection, the provider was required to submit monthly reports to the commission detailing what action had been taken to improve the areas where breaches of regulation had been found. These reports clearly reflected the improvements that had been made with more improvements needed. However, it was clear from observations and action plans that the management team and the provider did not always have shared goals and work together to make improvements.
- Other areas highlighted in the previous report, including ensuring risks to people were met, infection control practices and following the process of the Mental Capacity Act 2005 (MCA), had been met.

Not ensuring all areas requiring improvement were identified or acted upon was a continued breach of 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Personal care | The management of medicines was not always proper and safe. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment |
| Personal care | The provider had not ensured the environment was in good repair and suitable for people's needs. |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Personal care | The provider had not ensured all areas requiring improvement were identified and improved. |