Dr Htay Kywe

Hilldales Residential Care Home

Inspection report

10-13 Oxford Park
Ilfracombe
Devon
EX34 9JS

Tel: 01271865893

Date of inspection visit:
02 February 2017
09 February 2017

Date of publication:
26 April 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 2 and 9 February 2017 and was unannounced.
Hilldales Residential Care Home is a large three storey building, originally built as four houses around the turn of the twentieth century. Modifications have been made so that the properties are interconnected internally. There are communal areas on the ground floor and bedrooms on all floors of the building. Externally there is a paved area to the front of the houses and small yards to the side and rear which people have access to.
The home provides accommodation and personal care for up to 56 adults who have needs arising from drug, alcohol or mental health problems. At this inspection 28 people were living at the home when we visited.
After an inspection in September 2015, the home was placed in special measures as there were ongoing breaches of regulations, which meant that some aspects of the service continued to be found inadequate. The service was inspected again in July 2016 when the service was rated as requiring improvement overall. However, although improvements had been made, the Safe domain was still found inadequate. The home therefore continued to be in special measures. At the July 2016 inspection we found six breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the provider not having adequately trained staff to support people safely. This included staff being able to safely support people with moving and handling; a lack of systems to protect people from the risk of financial abuse; people's needs and risks had not been fully assessed and conditions of people's Deprivation of Liberty Safeguards (DoLS) authorisations had not been met. We also found people had not been adequately assessed for the risks when undertaking cleaning activities and there were moving and handling risks for staff in a laundry area. We found there was a lack of systems to assess and monitor the quality of the services provided. Although some aspects had improved, the home was rated as requiring improvement.
We reported that we would continue to keep the service in 'special measures' and consider what further action we would take. Following our inspection in July 2016, we met with the provider, the registered manager and senior staff in October 2016. At this meeting, they discussed the actions they had taken to address the breaches of regulations. After the meeting, we agreed to re-inspect the home in early 2017 before taking further action.

We found significant improvements at this inspection had been made which meant a number of the breaches had been addressed. However we found a continuing breach of regulation 17. Care plans and risk assessments were not updated to reflect people's current needs and risks. There was still insufficient evidence to demonstrate that there were robust quality assurance systems in place. Although some systems were in place to monitor the service, there were still concerns and issues which they had not identified or addressed. For example, care record audits had not identified that care plans and risk assessments were not up to date. The system had also not identified that staff had not received regular supervision.

The registered manager was working on improvements with health and social care professionals including

staff from the local authority's quality assurance and improvement team. Senior local authority staff were providing mentorship to the registered manager. Both the registered manager and another senior member of staff had started to study for a Level 5 qualification in management.

People said they liked the registered manager and other senior staff and felt the home had been improved by them. People said they were treated with dignity and respect. People were able to have privacy and friends and family could visit when they wanted. People were supported to undertake activities of their choice both in and away from the home. Some activities supported people to develop independent life skills.

The home appeared clean and well maintained. The refurbishment of the home had continued since the previous inspection and a new laundry area had been set up, which provided staff with sufficient space to safely manage laundry for the home and for people. A second laundry had been changed to provide laundry facilities for people which supported the development of their independent living skills.

Staffing levels were sufficient to meet people's needs. Staff had been received some training and support to provide them with the skills and knowledge to undertake their role. This included a better understanding about how to ensure that they worked within the legal requirements of the Mental Capacity Act (2005). Staff also used safe moving and handling techniques when they supported someone to move. However staff still did not fully understand the importance of maintaining accurate and up-to-date records which included the current risks and needs of people and how these should be addressed. Although staff had received training to support them in their role, there was some evidence that further work was needed to ensure that staff understood how to maintain accurate and current care records. Further training was planned for the coming year.

Health and social care professionals' support and advice was sought appropriately. Professionals said that they had confidence that staff contacted them when necessary and followed their advice appropriately. Professionals also described how the home had made huge improvements, both in the building and in the ways people were supported.

The home had a happy, positive atmosphere with friendly interactions between people and staff. Staff knew people well and were able to support them in a caring way. People were supported by staff who showed compassion and empathy during difficult times such as illness or bereavement.

People said they liked the food and were able to choose what they ate. People were involved in developing the menus by making suggestions at resident meetings. Comments included "The food is great." People were able to access hot and cold drinks as well as snacks at all times of the day. Specialist diets such as meals for diabetics were also provided.

There were systems in place to reduce the risk of financial abuse of people. The registered manager had supported most people to open their own bank accounts which had also helped to support their independence. Where items were bought by the home for people there were systems to record the receipt and value of these goods. However some of the recording systems needed to be improved in order to ensure that people were kept informed about their expenditure when purchases were made on their behalf. People were also protected from the risk of other types of abuse by staff who understood their responsibilities. Staff were able to describe what action they would take if they thought there was a risk of someone being abused.

People had opportunities to voice opinions and preferences at resident meetings and informally with the

staff. People said staff would respond to their requests. There was a complaints policy and system which people were aware of. There had not been any formal complaints since the last inspection.

Medicines were stored, administered and recorded safely. Audits of medicines were carried out monthly. Staff had been trained to administer medicines and were observed following correct practices and procedures. However risks related to people's health needs were not always recorded along with clear actions for staff to take in order to mitigate risks.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Although improvements had been made, an ongoing breach of regulation was identified at this inspection. Please see the end of the report for action we are taking.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not completely safe.

There were sufficient staff to meet people's needs. Staff knew people well and supported them to be independent whilst protecting them from known risks.

People were not fully protected from the risks of abuse including financial abuse.

Medicines were administered, stored and recorded appropriately. However risks related to people's health needs were not always recorded along with clear actions for staff to take in order to mitigate risks.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained to and used the training effectively. Although staff had not received one to one supervisions throughout the year, they said they were able to get support and advice whenever they needed it from senior staff and the registered manager.

Staff were working within the requirements of the Mental Capacity Act (2005)

People were supported to have a healthy balanced diet. Food and drink was available to people at all times.

People were supported to maintain good health. Where staff identified a concern about a person's health, they contacted health professionals for advice and guidance.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate to people. People were very positive about the staff.

Staff knew people well and respected their privacy and dignity.

Staff supported and involved people to express their views. Staff supported people to make decisions about their care.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

People continued to be at increased risk because care plans were not being evaluated or updated when people's needs changed.

People were supported by to pursue their interests and hobbies and improve their independent living skills.

People were able to express their views about how the service was run.

There were systems in place for people to complain. People said they were aware of this but had not had to complain.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The registered manager had introduced some quality assurance systems but these had not identified issues that needed addressing.

Staff and people knew who the registered manager was and said they felt supported by them.

Hilldales Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place over two days. The first day was carried out by two inspectors on 2 February 2017 and was unannounced. One of the inspectors returned for a second day on 9 February 2017.

We reviewed information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We reviewed the action plan the provider had sent us following the last inspection. We also reviewed notes from a meeting held in October 2016 with the provider and three senior staff from the provider organisation.

Prior to the inspection, we spoke with local authority staff who had been working with staff at the home.

During the inspection we spoke with the registered manager, six care staff, one administrator, two cleaning staff and two catering staff. We also met most of the people living at the home and spoke with over half of them.

We also spoke with a relative and two health and social care professionals during the inspection. After the inspection we contacted and spoke to two other health professionals.

We reviewed five people's care records, three people's medicine administration records and two staff

records. We also looked at information relating to the running of the service including medicine stock records, policies and procedures, training records for staff, audits and checks made. These included fire equipment audits and fire evacuation training records.

Requires Improvement

Is the service safe?

Our findings

At the inspection in July 2016, we found breaches of Regulations 12, 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which meant that people were not always cared for safely. We found ongoing concerns that people were not protected from the risk of financial abuse. There was poor practice when staff were moving people. Some moving and handling risks for staff were also identified in a laundry area. Staff had not always been recruited safely. People's risks assessments were not detailed and did not identify all the risks to them. Risk assessments were not reviewed and updated as people's needs had changed. This meant there was an increased risk people would not receive all the care they needed.

At this inspection we found action had been taken to address each of the breaches and therefore the requirements of regulations 12, 13 and 18 had been met.

People said they felt safe at the service. One person said they felt safe because "I can do my own thing and staff are always around to help me…" Another said "It is nice here. I am happy. There aren't lots of arguments or fights. People tend to get along ok." A relatively new person said, "It is great to be here. The best thing is the staff. It was a good move for me…"

At this inspection, we found that although there had been some improvements to the financial systems, these still did not fully protect people from the risk of financial abuse.

Where purchases were made by staff on behalf of a person, there were records of what had been purchased and how much it had cost. People signed a receipt to say they had received the item. However we found that where cigarettes and tobacco were purchased in bulk on behalf of a number of people, it was unclear who had received what and how the costs had been reconciled to the total invoice. After the inspection, the registered manager provided documents which showed they had amended the process so that people were given information what had been purchased on their behalf and the price of the goods.

One person had had their payments stopped for a period which had resulted in them being recorded in the home's financial records as 'in debt'. We asked a member of staff what had been done to ensure the person was able to have any items they required. For example had the person been able to have cigarettes during this period as they were a smoker. The member of staff said staff had continued to provide the person with cigarettes until the payments had been sorted out, which had resulted in the 'debt'. We asked staff whether the home had funded the purchase of the cigarettes given. However they said they had 'borrowed' cigarettes from other people living at the home. They said this had not been discussed with these people. We talked with the registered manager who said that he would stop this practice as people had not given permission to 'loan' their cigarettes to another person. By the second day of inspection, the registered manager had purchased a stock of cigarettes which he said he would be able to give people if there was a necessity.

Where people were not able to manage their own bank accounts, actions had been taken to ensure their money was paid into a dedicated account managed by the provider. The provider arranged a cash payment

transfer for each person which was held in the home's safe for them. This money was then available for the person to have when they wanted it or could be used to spend on goods purchased by the home on their behalf.

The registered manager had supported most people to open their own bank account. These people had been supported by staff to manage their own finances. One person said "I feel confident now about using my bank card – I like being in control of my money."

The service had policies in place in relation to safeguarding and a copy of the local authority safeguarding contacts was on display in the office which was accessible to all staff. Staff said they had attended training to help them understand the types of abuse that could occur. Staff said they knew how to access information relating to safeguarding and also knew how to report concerns about abuse or neglect. Staff were knowledgeable and able to describe the various kinds of abuse. Staff felt confident any concerns they may raise would be acted upon appropriately. One member of staff explained, "We need to ensure people don't come to harm. We need to make sure they are safe and protected." Visiting health professionals said they had not witnessed any practice which caused concern. One said, "I have never seen poor practice or safeguarding issues here."

People were protected from the risks of physical and psychological abuse. One person commented "I am safe here…no-one bullying me. Staff are lovely to me." A relative and health professionals said the service was safe. Comments included, "It is a balance to keep people safe; there are challenges but I feel they do a good job"; "The service feels safe…the service suits the clients who do not suit the conventional residential homes…"; "I feel (relative) is safe and secure here. The staff are great with him… (Relative) is very happy to be here. I have no concerns about his safety or wellbeing…"

People were supported to manage their medicines. There had been no medicines errors at the service since the last inspection. Records confirmed people received their medicines as prescribed, including creams.

Medicines were stored securely, including medicines which required additional security. There was a system in place for checking the temperature of the medicine which required refrigeration. However, the temperature of storage areas for other medicines was not being monitored to ensure medicines were stored at the temperatures stated on the manufacturers packaging. The registered manager said they would address this immediately.

Records of medicines administered were complete and where medicines were not given codes were used to explain why. There were clear instructions about how to use "when needed" medicines.

Where medicines had a variable dose the actual dose given was recorded. However, on the first day of inspection we found there were four handwritten entries on medicine administration records (MAR) which had not been signed by two staff to ensure accuracy. We discussed this with a senior nurse who said they would take action to address this. They described how they were told by phone call from a health professional, what dosage they should administer. They said they would talk to the health professionals to ensure they received written confirmation of the dosage. By the second day of inspection, the senior member of staff showed us a system they had put in place which included an email from the GP surgery of the dosage amount.

Regular monthly audits were completed in relation to the safe storage of medicines; medicine administration records and stock control. Audits for the previous seven months showed no concerns had been picked up.

We checked the stock of medicines requiring additional security and found records and quantities tallied exactly; demonstrating good controls were in place. Homely remedies, such as mild pain relief, were stored safely and records kept of their use.

Where people were able to manage their own medicines arrangements were in place to ensure they were safe to do so. For example risk assessments had been completed and agreements were in place, signed by the individual.

Staff said, and records confirmed, they had received training to manage and administer medicines. A senior member of staff explained they completed observational supervision with staff to ensure practice was safe and to discuss any difficulties or training needs the staff may have. However these observations were not recorded.

We observed that people were asked for their consent before they were given medicines and staff also offered people pain relief in accordance with the "when needed" guidance for these medicines.

We recommend the provider consider the guidance issued by the National Institute for Health and Care Excellence (NICE): Managing medicines in care homes.

Risks related to people's medical/health needs were not always recorded along with clear actions for staff to take in order to mitigate risks. For example, two people had diabetes and required daily monitoring of their blood glucose levels. The NICE recommended target blood glucose levels for an Adult with Type 2 diabetes range between 4 to 8 mmol/L.

There were no instructions about what the accepted or normal blood glucose ranges should be for one person. There were instructions about the action staff should take if the blood glucose level was very low. However there were no instructions about what they should do if the reading was very high. We noted this person's levels were high on 18 occasions in one month. Two staff were unsure when they would contact the specialist nurse to discuss readings/results.

There were also no instructions about acceptable levels for a second person or what staff should do if the blood glucose levels were not within 'normal ranges'. However daily records showed staff had contacted the specialist nurse to discuss when blood glucose had been high and their insulin had been adjusted.

Following the inspection we spoke with the specialist nurse involved in both people's health care. They explained the service had already contacted them following the inspection to ask for advice about blood glucose levels and recommendations and actions for staff to take should levels fall outside of the preferred range. The specialist nurse said, "the staff are very good…they will ring with any concerns..." They said staff were competent in supporting people to manage their diabetes.

By the second day of inspection, care records contained instructions for staff to follow when the two people's insulin levels were outside the ranges specified by the specialist nurse.

At the last inspection we found moving and handling of people was not carried out safely. At this inspection, there was evidence that this had been addressed. A senior member of staff said they had received support from an occupational therapist to develop a moving and handling plan for one person who needed staff to help them move. The person's care record contained details of what staff needed to do to help the person move in different situations. For example from their bed to a wheelchair and from a wheelchair to an armchair. Staff said they had received moving and handling training to ensure their practice was safe.

Training records confirmed this. We observed staff assisting one person to move, using a hoist. Staff were calm and confident. They used the equipment safely, ensuring the brakes were used appropriately. They informed the person about what they planned to do and gave clear instructions and reassurance when needed.

The laundry facilities had been improved since the last inspection. A new larger laundry room for staff to use had been created on the ground floor. This was equipped with an industrial washing machine and drier; it was clean and well organised. The new laundry room provided sufficient space for staff to work in, reducing the risk of injury due to the additional bending, twisting, stooping and carrying. There were processes in place for separating dirty and clean laundry. Soiled laundry was dealt with safely.

Another laundry room was available for people to use independently. This meant people living at Hilldales were able to do their own laundry, if they wished. This was equipped with a domestic washing machine and tumble drier. The room was clean and provided sufficient space for people to do their washing independently or supported by staff. There were instructions on how to use the machines available for people, who were also shown by staff how to use the equipment until they were confident to do this on their own.

People said there were enough staff to assist them when needed. There was a calm, unhurried atmosphere at the service and staff were able to spend sociable time with people; chatting or supporting activities. People said staff were always at hand to assist them when needed. Staff had time to assist or escort people to appointments or to the local town shops and cafes. One person said, "Seems to be plenty of staff around. They are there when I need them." Another said, "They are always coming in to check if I need anything. It is nice to see them. We have a chat and a joke…"

A visiting professional thought there were sufficient staff to meet people's needs. They said, "There is not a high turnover of staff and there always seems to enough staff. There is always someone to assist us when we visit."

The registered manager said that there had been no new staff recruited since the last inspection. However there were now processes and procedures to ensure that appropriate up-to-date references and Disclosure and Barring Service (DBS) checks were carried out before a new member of staff started working at the home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were cared for in a clean, hygienic environment. The service was clean throughout and free from offensive smells. People, including a relative and visiting professional, said the service was always clean. Comments included, "It is always nice and clean. I like to clean my own room…"; "The place is kept spotless". A health professional said "Under the circumstances they do a really good job to manage the cleanliness…" A relative commented "It is lovely and clean here, which we like."

Sufficient cleaning staff were employed and had been trained to ensure they worked safely. For example using substances which could be hazardous to their health. At the previous inspection, we had found that one person who lived at Hilldales was doing cleaning but was at risk from infection. At this inspection, the person's care record contained a risk assessment for undertaking cleaning in the home. Records showed, and the person confirmed that they had undertaken training to support them in this activity. This included infection control training and training in the use of dealing with cleaning products which if used incorrectly could be hazardous. The person had been issued with a uniform to wear when carrying out cleaning. The person confirmed that they used appropriate protective equipment such as disposable gloves when doing

cleaning.

Colour coded mops were in use for cleaning different areas, such as communal areas and bathrooms. This practice helped to prevent the risk of cross infection. Liquid soap and paper hand towels were available in communal bathrooms and toilets to promote hand hygiene. Staff used appropriate protective equipment, such as gloves and aprons.

The service had been inspected by an environmental health officer in relation to food hygiene and safety in November 2016. The service scored five with the highest rating being five. This showed the provider was working to ensure good standards and record keeping in relation to food hygiene.

Good

Is the service effective?

Our findings

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection in July 2016, we found breaches of regulations 9, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not always been cared for effectively when a Deprivation of Liberty Safeguards authorisation had been put in place. Although improvements had been made to the training and support provided, staff had not had sufficient time to embed the learning in their practice

At this inspection we found that actions had been taken to address the breaches in regulations and the requirements of the regulations were now met.

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. DoLS applications had been authorised for two people in order to ensure their safety. The registered manager confirmed that two other applications had been submitted for consideration but no decision had been reached about these.

We reviewed the DoLS authorisation for one person, which had been authorised in March 2016 and was due for review in March 2017. The recommendations made as to the conditions of the DoLS included ensuring specific mental capacity assessments had been completed with regards to going out alone; consuming alcohol; managing money; managing diabetes and the administration of medicines. It was also recommended that the person wear a medical alert bracelet with a contact number, which had been achieved. Risk assessments had been completed in August 2016, which covered the recommendations. However, the information about how to prevent the person being lost when outside of the home was not specific. For example, the risk assessment stated 'staff to monitor (person) around the home to check if safe'. There was no detail about how frequently staff were to check on the person. If the person was to leave the home arrangements were in place for the nominated driver to go out and look for the person and bring them back. Staff explained the person had certain places they would walk to and they were familiar with these and if the person was out walking they were never resistant to being driven back to the home. The records did not specify the likely places the person may be found, which might delay locating them.

We spoke with the person's 'Independent Mental Capacity Advocacy' (IMCA). They described the improvements to staff's understanding of the MCA and DoLS. They said, "They had done a lot of work and they have worked to ensure records are accurate. They have implemented everything expected and the conditions of the authorisation are being met." They expressed their confidence that the person's safety was being managed without unnecessary restrictions. They said, "They work so well with me… they are open to suggestions and want the best for their clients."

A keypad code was used to secure the main entrance to the service. We saw one person asking staff to let them out, which staff did immediately. The keypad code was installed to keep one person safe but could have the unintentional consequence of limiting other people's liberty to leave the service. However, people said they were not subject to unnecessary restrictions and several described enjoying almost daily independent visits to town. People said they used other exits from the service which were not secured by a key pad, One person said, "I can go where I want." I don't use the keypad door but the one on this side." Another person confirmed they were at liberty to come and go freely from the service. They said, "I have freedom here. I can get in and out when I want to." We saw this person and several others coming and going from the service as they chose.

People confirmed staff sought their consent before they provided care and support. Staff interacted well with people, and obtained people's verbal consent to assist them with personal care such as bathing.

Staff had an understanding of their duty in relation to the MCA and DoLS and they were aware of the authorisations in place and the recommendations for keeping people safe. Staff said and records confirmed they had received training to improve their understanding and practice.

People said staff had the skills and knowledge to support them. One person said, "The staff are good at their job. They know what they are doing." A relative commented, "The most important thing to me is the staff… staff are great. They have a good understanding of (person's) needs and they seem to enjoy what they are doing."

Health and social care professionals expressed their confidence in staff competence and knowledge. One health professional said, "Staff are well trained and competent and understand people's needs. They do a really good job under difficult circumstances." Another said, "The staff seem to be well trained. I would say they were on the ball."

Staff said they felt well supported by the registered manager and care manager. They said they received relevant training and supervision to support them. Training described included – moving and handling; first aid; fire safety; medicines management; safeguarding; MCA and DoLS; end of life care; diabetes awareness; dehydration and drug and alcohol awareness. One staff member said, "The training and support is good. The senior staff are very supportive. If we have any questions or concerns we can go to them. I love working here…" Another staff member said, "I think we get all the training we need. We work well as a team. You can speak with the manager or senior staff anytime."

Training records confirmed that the training had been undertaken and more training was booked for the coming year. The registered manager said they had planned the training programme so that there was space between training sessions, which allowed staff time to embed the training into their practice.

The registered manager and another senior member of staff had enrolled with the local college to complete a Level 5 Diploma in Leadership for Health & Social Care. Other staff had been supported to do a nationally recognised qualification in care. For example, one member of staff was undertaking a level 2 qualification in

care.

Supervision provides an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff issues around their performance. Although staff had received some supervision in 2016, most had not received supervision since July 2016. Staff described having supervision once a year. However they said they felt supported by senior staff and could always ask their advice if needed. They also said they had regular staff meetings and daily handovers for each shift which they described as "useful". Staff said handover provided important up-dates such as who was poorly; what appointments people had and whether health and social care professionals were visiting. The registered manager and a senior staff member said they were reviewing how supervision was managed across all staff as they were aware supervision had "fallen behind."

We recommend the provider consider the guidance issued by the Skills for Care: Effective supervision in adult social care.

People were supported to access appropriate health care. For example, people living with diabetes were supported to attend regular check up with the diabetes nurse; they were seen regularly by the optician and chiropodist to help monitor their health needs and any changes.

Care records contained information about people's medical history, current health needs, prescribed medicines and contact details of healthcare professionals involved in supporting them. However, some care records did not contain all the information necessary to ensure people were supported with specific health needs such as diabetes. Two health professionals said they were contacted appropriately by staff when needed as staff recognised when people were becoming unwell. They confirmed their recommendations were always followed. One said, "Staff are responsive when we ring or visit and they understand what we need. They understand people's needs and do a very good job under the circumstances…there are no concerns from our point of view." Another said, "They keep us informed (of any changes) and people are accompanied to appointments when necessary. They (staff) manage very well…" One described how a senior member of staff had recognised that special footwear for one person was faulty. They were liaising with the health professional to ensure the correct footwear was obtained. The professional said, "Staff are interested and keen to look at what we do and learn from us."

People's dietary needs and preferences were discussed with them, documented and known by the chefs and staff. People said they enjoyed the food; there was always a choice of meals and plenty to eat. Comments included, "The food is great. I don't like curry so I get something else when that is on. We get plenty of food and I am never hungry"; "The food is lovely. We can have something else if we don't like the main dish" and "There is a good choice and we choose from the menu the day before." The chef and kitchen staff confirmed they provided specialist meals for some people, for example, those with diabetes. They were knowledgeable about people's needs and likes and dislikes. We observed lunchtime and dinner time in the early evening. Staff were available in the dining rooms to assist people and ensured they had their preferred choice and enough to eat.

A four weekly menu was used which the chef said reflected the preferences of the people using the service. This showed a variety of home cooked meals were on offer. We notice that vegetables did not always feature on the menu each day, for example on the first day of the inspection. However, the chef explained the pie and casserole on the menu that day contained several vegetables, including, swede; carrots; onions; parsnips. A health professional said, "I think people are well nourished. If they want extra food it is there… they would refer to us if a person had a problem with losing weight. They had done this in the past."

Drinks and snacks were available throughout the day and night and people were able to help themselves to these from the communal dining rooms.

Good

Is the service caring?

Our findings

There was a relaxed happy atmosphere at the home and staff had developed positive and caring relationships with people. People received care and support from staff who knew them well. Staff were kind and friendly with people, who in turn responded positively to staff. People said staff treated them with respect. Comments included, "We have our moments! But I love the staff to pieces…"; "I like the staff a lot…I am well looked after..." and "The staff are the best. They would do anything for you…I have pet names for them!"

It was clear staff had developed positive and trusting relationships with people and they demonstrated care and compassion in the way they communicated with and supported people. People were relaxed in their company. We witnessed a lot of shared laughter between people using the service and staff.

Staff were very familiar and knowledgeable about people's past life, preferences and dislikes. They engaged people in conversations and responded to people questions or queries in a polite and friendly manner. For example one person was involved in an external group. Staff chatted to the person about forthcoming activities with the group and how the person was planning to be involved.

A relative explained the staff were one of the "best things" about the service. They said, "The staff have been great with (person). They have become good friends…(person) has a good sense of humour and there is lots of laughing and joking with the staff. They have really impressed me…"

We also received positive comments from visiting professionals about staff's attitude and approach, including, "Staff do seem to care about people…they want the best for them"; "People seem very happy here. They look at it as home and think of staff as family…they have never raised any concerns with me"; "I take my hat off to the staff…they are so caring. It's a hard environment with difficult patients…" and "Staff are totally caring…"

It was clear from conversations with staff that they were fond of people and very respectful and non-judgemental. Staff were able describe people needs and characters. One member of staff explained, "I look after them like I would my grandad. I know when they are sad or when they are feeling unwell…I look after them the best I can."

Staff were thoughtful and wanted to ensure people were happy and comfortable. They described some of the "little comforts" they provided for people. For example, a member of staff explained how they tumble dried one person's dressing gown each evening to warm it up and make it cosy… "Just as they liked it." A person using the service told us how much they enjoyed having their nails painted by a member of staff each week. They said, "I like having my nails done. They look nice…"

One person described how they kept a pet at the home. They said that when they had not been able to walk the dog, staff had taken the dog out for them. They also said staff helped them to go and get pet food. They described how much this helped them.

Another person who had suffered a recent bereavement of a close relative commented "[relative] passed away a week ago; staff have been very supportive; they have offered me opportunities to talk if I want to."

Staff ensure people's privacy and dignity was maintained when assisting them to move. Staff used screens in communal areas when assisting people and ensured people were dressed appropriately. At the last inspection, some staff had described how they had searched peoples' rooms for items, including spoiled food, alcohol or other banned substances. At this inspection, the registered manager said that this practice had now been stopped. They said that they did sometimes support people to check whether food and drink which they kept in their room was in date. However, they said this was only done if the person had given permission and was present.

Staff were supporting one person's wish to find independent accommodation. The person explained they were in no rush but said staff had been helpful. They said staff had provided them with information and helped them to liaise with social services and housing providers.

There were no restrictions on visiting times at the service. A relative said they felt welcome to visit at any time. They added, "We have been here at 10 or 11 at night. It is never a problem." We observed that relatives received a warm welcome from staff and were offered refreshments.

People were supported to express their views about their care. Each person had a key worker who worked with the person to identify what they would like to do and what support they needed. Staff spent time with people reviewing their care plans. Changes to the care plans were agreed with the person. Staff spent time with people ensuring that they understood what they wanted to do before helping them to carry the activity out. For example one person said they wanted to do their washing using the laundry at the home. Staff supported them to do this, making sure they understood how to use the washing machine and tumble drier.

Requires Improvement

Is the service responsive?

Our findings

At the inspection in July 2016 we found a continuing breach of Regulation 9, as well as a breach of Regulation 17. Care was not always delivered according to the person's current needs. We also found that care records did not provide an up-to-date record of the person's risks, needs and wishes.

At this inspection we found that improvements had been made and the requirements of Regulation 9 were being met. However there was a continuing breach of regulation 17 as care records did not provide an up-to-date record of the person's risks, needs and wishes.

Although care plans and risks assessment had been reviewed on a regular basis they had not taken into account changes in people's needs that had occurred between reviews. This meant they could not be relied on as an accurate, complete and contemporaneous record of people's care and treatment needs. For example one care plan which was dated October 2016, stated 'I brush my own teeth twice daily and should I require a dental appointment will arrange for the home to make.' However, in another part of the record, there was information which showed that the person had had all their teeth extracted in November 2016. We discussed this with the registered manager and senior staff, who confirmed that the person did not currently have teeth or dentures. They had arranged for the person to visit the dentist in January 2017 to have impressions made for dentures. They said all staff were aware of the current situation. However there was no evidence that staff had taken into consideration any changes in the person's diet that might need to happen whilst they did not have teeth or dentures.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said that the person was able to choose what they ate. When we met with the person, they confirmed that they were happy with the food they were having. By the second day of inspection, the person had had their new dentures fitted. Their care plan had been updated to reflect the changes to their dentistry.

Care records contained information about the person's preferences and identified how they would like their care and support to be delivered. There was a document, 'This is all about me', which was written in the first person and explained about the person's personal history; family contacts; their character; and medical history. Information was also present in relation to the person's dietary needs; how to support their personal care; their likes and dislikes and preferred activities.

Care records also contained a more detailed care plan which was written in the first person and used sensitive language to set out the individual's needs. The care plan provided staff with basic guidance about how to support the person. Care records included some information about the person's level of understanding; how they communicated; how they mobilised; their personal care needs; nutrition; skin care; social activities and interests; night-time support; emotional well-being; expressing sexuality; spiritual needs; mental health needs; managing my medication and end of life preferences. There was also information about behaviour the person might display and how staff could help the person with these. Care

records also contained details about the person's DoLS authorisation where one had been granted and information about their financial support.

However, the information held could benefit from additional detail. For example, under the 'my health care needs' it described one person as having schizophrenia. Although the document described the medication the person was taking to help control this, it didn't describe how this might impact on their health or behaviour. Under the 'behaviour I may display' there was some information that the person may become agitated which may be caused by hearing voices. There were also brief details about the risk of them becoming lost when outside and that staff would need to look for them.

The service was making some progress to provide activities and opportunities for people to regain independent living skills. For example, there was now a laundry room which enabled people to do their own washing. The registered manager confirmed "four or five people" were now using the laundry. He explained that people were given training on use of the equipment before they started using it. He also said staff supported people until they were able to do it independently. People were observed talking to staff about using the laundry and then being helped to do so. One person proudly explained that they were able to do their own washing which was helping them towards moving on from Hilldales.

A weekly baking class had been introduced and was gaining in popularity. One person explained how much they had enjoyed baking. Another person said they wouldn't want to bake but enjoyed the "goodies" anyway.

Other activities included music sessions, bingo and games such as cards. Regular trips were also organised. A Karaoke session took place during the inspection and two people said they had enjoyed the music. One person had enjoyed singing themselves; they said, "I love music and to sing…" The local 'health for walking' group had been invited into the service to offer regular gentle walks. The co-ordinator for this group visited the service regularly. They said, "The service was receptive to my coming and trying to promote health and walking." One person had trained to be a walk leader, participating in weekly walks around Ilfracombe. The co-ordinator said the activity gave people a sense of purpose and responsibility.

Several people enjoyed regular visits to the local town independently. Two people said they did not want to participate in activities but enjoyed their own company or the company of others.

The complaints procedure was displayed in the reception area of the service. There had been no written complaints received since the last inspection. People said they would speak with the registered manager or staff if they had any concerns. They were confident their concerns would be listened to. The registered manager said they walked around the home each day and talked to people, encouraging them to express their views.

Requires Improvement

Is the service well-led?

Our findings

At the inspection in September 2015, we found a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as quality assurance systems were not fully effective.

The registered manager described how they developed a new statement of purpose which they had shared with people living in the home as well as commissioners of the service. A copy of the statement of purpose was available in the main reception area. It clearly described the type of home and the services they provided.

The registered manager was introducing new quality assurance systems; however these were still not fully effective. For example the registered manager was completing a quality assurance audit tool which had been provided to him by a health professional educator. The tool had seven sections which included checks about medicines, care, staffing and the environment. However, when the tool had been completed on 28 December 2016, some of the responses to questions in the tool described what should happen rather than what actually had been found. This meant that some issues had not been identified. For example one section asked 'Are records available to show daily temperature testing of fridges and medication storage areas?'. The response had been 'Yes these records are available and checked twice on a daily basis and stored in the medication room.' Whereas we found that storage area temperatures had not been recorded. Another example of where the audit tool failed to identify an issue related to staff supervision. One section asked 'staff have access to supervision that meets both their needs and the needs of people who use the service. The response was 'All staff receive regular supervision (minimum of 5 supervisions per year).' Records showed that staff had not all received regular supervision and not all had received five in the previous year. A document titled 'PP08 – supervision Policy and Procedure' which had been sent to us by the registered manager showed that the majority of staff had only received one or two supervisions in 2016 and only 3 staff had received supervision between July and December 2016.

The breach of regulations found at this inspection had not been identified as part of the quality assurance systems. For example, audits of people's care records had not identified that they lacked up-to-date details about each person's current care needs. This was because care records audits were not carried out effectively to monitor the quality and standard of record keeping.

This meant there was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were told by the registered manager that the provider normally visited the home once a week, although this was not always currently possible. However he said that he was usually in daily contact by phone and email with the provider. The registered manager described how during visits the provider walked around the building with the registered manager senior care worker and maintenance staff. He said this meant they could discuss maintenance and refurbishment work was needed.

The registered manager said these changes were documented on the service improvement plan with a time

frame of when they would be completed.

The registered manager updated progress on the service improvement plan. Actions which had been completed were signed off by the registered manager and then checked by the provider on his next visit. After the inspection we were sent records of visits by the provider and details of the actions that had been undertaken

Auditing processes around the safety and maintenance of the building had been implemented effectively. These now helped to identify areas where actions were required. There was evidence that senior staff had also prioritised actions and ensured these were addressed in a timely manner. For example, they had identified where renovations and improvements to bedrooms needed to be focussed and had a plan to address these systematically.

Both the registered manager and another senior member of staff had started to study for a Level 5 qualification in management. The registered manager, who was appointed in May 2016, was receiving support and advice from several external professionals including the Devon County Council quality and improvement team. They were being mentored by a senior manager from Devon Social Services. The registered manager had also joined local care home networks and had also made contact with other homes in the area to learn from their experience.

People using the service and relatives knew who the registered manager and senior staff were. People said they could speak with them at any time. People said they liked the registered manager and senior staff and found them all approachable. Throughout the inspection we observed positive interactions between people and senior staff, including the registered manager. Two health and social care professionals also spoke highly of senior staff.

People, their relatives, visitors and staff were actively encouraged by the registered manager and other senior staff to be involved in developing the service. Resident meetings were held regularly and there were minutes with actions and outcomes. For example, people had commented that they would like an outside courtyard improved. This had been undertaken and further improvements to the area were planned in the coming months.

The provider had engaged the services of an external human resources, employment law and health and safety consultancy firm. The registered manager explained how valuable this had been as it had helped them to develop policies and procedures in the home. They also said they were expecting to receive a report and recommendations from a health and safety audit which had been completed by the consultant firm. Action had been taken where verbally recommendations had been given to improve the safety of the service. For example, windows on a landing had been secured.

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 17 HSCA RA Regulations 2014 Good governance People were not protected because the quality monitoring systems in place were not fully effective. People's care records lacked up to date information about each person's care and treatment needs. They were not reviewed and updated in response to their changing needs so could not be relied on as an accurate, complete and contemporaneous record. This is a breach of regulation 17 (2) (a), (b), (c), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.