

Mrs R Linley

# Hillside Farm Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Hillside Farm Care Home on 12 and 13 May 2016. The inspection was unannounced.

Hillside Farm Care Home is a purpose built single floor building on the outskirts of the Nottinghamshire village of Bunny. The service provides residential care for up to ten older people with or without dementia. At the time of our visit, seven people were living at the service and had support needs associated with dementia and physical health conditions.

The service was managed by the provider who was registered with CQC to provide accommodation for persons who require nursing or personal care, therefore a registered manager was not required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at Hillside Farm Care Home and did not have any concerns. Staff knew how to protect people from harm and referrals were made to appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise risk of harm. For example falls or environmental risks. The building was well maintained and regular safety checks, for example for gas and electricity, were carried out.

People received care and support in a timely way as there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Hillside Farm Care Home.

People received their prescribed medicines when required and these were stored and administered safely. We informed the provider of issues we identified and these were rectified straight away.

People received effective care from staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for care staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005).

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when

required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities. Where they were unable to do so, their relatives were involved to ensure their best interests were protected.

Staff understood peoples support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities. They knew how to raise an issue and were confident these would be listened to and acted on.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

## 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

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from risk of bullying and abuse.

### Is the service effective?

Good ●

The service was effective.

People received enough food and drink to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

### Is the service caring?

Good ●

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care. Where they were unable to, their relatives were involved.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

People were provided with meaningful activities that they enjoyed.

People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

### Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the home.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear management structure in place.

There were quality-monitoring systems in place which were used to drive improvement at the service.

# Hillside Farm 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 on 12 and 13 May 2016 and was unannounced.

The inspection was carried out by one CQC Inspector. Prior to the inspection, we reviewed information we held about the service, including notifications sent to us. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) and HealthWatch for feedback. A local HealthWatch organisation is a statutory body set up across a local authority area (with social services responsibility) to champion the views and experiences of local people about their health and social care services.

During the inspection, we spoke with three people who used the service and two of their relatives. We spoke to a visiting health professional, two carers, a senior carer and the manager who was also the provider. We observed staff delivering care and looked at a range of records relating to the running of the service including four people's care records the recruitment files of four members of staff.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe at Hillside Farm Care Home and did not have any concerns. People's relatives also felt that people were safe. One person's relative said, "We (the family) feel (our relative) is safe here. 100 times safer than they were before".

We observed that the service had a calm and pleasant atmosphere with people interacting comfortably with care staff and each other. Information was available in care plans regarding behaviour people may exhibit including the signs and triggers that a person was becoming agitated. Care staff demonstrated a good understanding of this and ensured all people using the service were safe. For example, one person started talking loudly and put on their coat. Staff identified this as a sign the person was becoming upset and intervened to offer reassurance and distraction. Following this, the person appeared calmer and happier and engaged in activity with other people who use the service.

All of the staff we spoke with during our inspection demonstrated a good understanding of the signs and types of abuse and were aware of their role in raising a concern. None of the staff had ever had to raise a concern but all were confident to do so and had faith the manager would act on these. One staff member told us "Since I came here I haven't seen any abuse. If there was, I'd report it straight away to (the manager) and then the safeguarding authority". The providers training records showed that eight of the 13 staff had received safeguarding training and further training was planned.

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that the provider had completed assessments to identify and manage risk for a number of areas including trips and falls, environment and fire safety. The assessments included information for staff on how to manage risk and were reviewed monthly or when a person's needs changed. For example, one person had an assessment in place for the risk of choking when they had a chest infection. Staff were instructed to ensure the person did not lay flat in bed and received their medication. When the person's chest infection cleared the risk assessment was changed. Care staff we spoke with were aware of people's needs and the support they required to reduce risk. They told us they had enough equipment and resources to do so. For example, if a person was at risk of falling a sensor mat was used to alert staff they had moved from their bed or chair.

Records of accidents and incidents were kept in each person's care file including any action taken. However, the provider did not have a central record of all accidents which would enable them to identify any trends or concerns to help manage future risks. Following our inspection the provider showed us evidence that a central record was in place.

People told us they felt the building was clean and well maintained. The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks. A maintenance man was employed by the service and staff told us any requests were dealt with quickly.

People we spoke with told us they felt enough staff were employed to meet their needs. This was repeated by people's relatives and care staff we spoke with. One staff member told us, "It's all ok. Obviously there are good days and bad days but it's usually ok". We looked at the staffing rota for the three months preceding our inspection and saw that the staffing levels identified by the provider were achieved for every shift. We saw that people's requests for assistance were answered quickly as a member of staff was always available. We noted that when one person asked to go to the bathroom, staff responded straight away. We also saw that staff greeted visitors and telephone calls were answered in a timely manner.

The provider had processes in place to ensure staff employed at Hillside Farm Care Home were of good character and had the necessary skills and experience to meet people's needs. We looked at the recruitment files of four of the 13 members of staff. All four contained evidence that the provider had carried out appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check allows employers to make safe recruitment choices.

People's relatives and a visiting health professional we spoke with told us they felt medicines were managed well and people received their medicines as required. The visiting health professional told us "There are no medication issues here. The district nurse visits twice a week (to prepare certain medicines)". Care staff we spoke with told us they received regular training on administration and management of medicines from the local pharmacy and we saw records that confirmed this. One care worker told us, "We had training from the pharmacy on how to encourage people with meds. Then they come out every year to update us. It's good because it makes us aware of new medicines". A second care worker said, "I have had plenty of training from the medical centre, it is good". Daily records showed that the GP and district nurse reviewed medicines regularly. A staff member told us, "Every two weeks the doctor comes with the district nurse and medicines are reviewed. If there is a problem we tell them then". We saw an appointment had been made for the GP to review the need for anticipatory medicines prescribed to a person admitted to Hillside for end of life care as their condition had significantly improved.

The provider had a medicines management policy in place including guidance for staff on use of medicines for people to be administered "as required". We saw that where these medicines were prescribed staff followed the policy.. Medicines were stored securely in a locked trolley and the temperature was monitored. We saw that any creams and lotions used were labelled with the person's name and the date of opening.

We reviewed the Medicines Administration Record (MAR) sheets, for all seven people at the service. All seven included information about the person including a preferred method of administration for medicines and a photograph and date of birth to help care staff ensure the correct medicine was given to the correct person. However, we found that two of the MAR did not include information about the persons allergies to specific medicines. Additionally we found that the amount of available medicines did not always tally with the amount recorded on the MAR. We raised these concerns with the manager who took immediate action.

Prior to our inspection, we received concerns regarding the providers procedures for monitoring and preventing infection risk. During the inspection, we observed the building appeared clean and the provider had instigated regular audits to review the infection prevention and control procedures. People we spoke with told us they had no concerns regarding infection control at Hillside Farm Care Home. A visiting health professional told us, "It's clean as a whistle in here, no problems in here at all". A person's relative told us, "It's fantastic, everything is always clean, it never smells". We reviewed daily infection control checks carried out by the manager and night staff which include checks of mattresses and bath and shower areas. The providers training matrix showed all staff had received updated infection prevention and control training in January 2016.



# Is the service effective?

## Our findings

People told us they felt care staff had the skills and competency to meet their needs and that they were well supported. One person who used the service said, "The staff are very good" a relative told us, "The staff are excellent".

We found that people were cared for effectively as staff were supported to undertake training that helped them meet people's needs. We saw examples of staff using this training to support people including responding appropriately to the behaviour a person was displaying and demonstrating an understanding of the needs of people living with dementia. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. Records showed that staff had access to a range of training sessions to help them meet people's needs, but not all staff had completed the training identified as mandatory by the provider. We saw that the provider had plans in place to address this.

Staff told us they felt supported by the manager and were able to talk with them or discuss and issues at any time. A staff member said, "If I have a problem I can talk to (manager) at any time". We saw that all staff received a face-to-face supervision meeting with the manager every two months. Records of the meetings showed that issues discussed and action points raised were followed up at future meetings. Staff told us they valued these meetings and felt able to be open and honest. One staff member said, "We can bring up our concerns about residents or staff, but we can do this at any time we have a concern. (The manager) actions them straight away". New members of staff undertook a period of induction on commencing working at Hillside Farm Care Home including shadowing with experienced staff and role specific training.

Staff encouraged people to be as involved as possible in making decisions about their care and provide consent whenever possible. Staff we spoke with told us maintaining people's independence and choice was very important to them. One staff member said, "Because we see them every day we know that people still have capacity to make simple choices. So we always ask them about food, clothes, whether to have a shower or wash, where to eat their meal and respect their decision".

During our visit, we observed that staff always asked people for their consent before providing any care and support. The care plans we viewed also showed that where possible people were asked to sign to confirm their consent. When this was not possible, their relatives signed on their behalf.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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. Records confirmed that the manager had made recent applications to the local authority when they had identified that people were at risk of being deprived of their liberty. Staff we spoke with were knowledgeable about the principles of the MCA and told us about how they considered these when providing care to people.

People told us they enjoyed the food at Hillside Farm Care home and we saw that care staff supported them to maintain healthy nutrition and hydration. One person told us, "I'm not very fussy, but I am fussy about food, but the food here is wonderful". A second person said, "I've no complaints, I particularly enjoy the food". One person's relative told us, "(My relative) always eats well, from what I've seen the food is good and they seem to enjoy it". We observed three meal times during our visit. We saw that people sat comfortably and chatted in a relaxed manner. The food looked appetising and people appeared to enjoy it. We saw that the menu was on a five week cycle and care staff asked people what their preference was. If the person did not like the offered meal an alternative was prepared. We saw that people had access to drinks and snacks throughout the day and that staff were aware of any dietary requirements such as people who required soft food.

People had access to health professionals when required and the service was proactive in making referrals and requesting input when required. One person's relative told us, "They are very good at getting help. We (the family) asked for a GP visit and they came out straight away". A second person's relative said, "If (my relative) is unwell, they get the doctor straight away". People's care records showed regular visits from optician, dentist, chiropodist and health care assistants. A GP and District nurse held a weekly 'ward round' visit.

A visiting healthcare professional told us staff were good at communicating with them and always followed instructions to ensure people received the care and treatment they required. They said, "They do all the right things and have the right equipment".

## Is the service caring?

### Our findings

People told us they had a good relationship with care staff and felt they treated them with care, respect and compassion. One person told us, "I am happy here, they are fair". A relative said, "They (staff) know every resident here, it is very personalised care". During our visit, we observed positive interactions between staff and people living at Hillside Farm Care Home.

People received a comprehensive assessment before they came to the home including recording of their preferences for male or female carer, activities and hobbies and dietary requirements. Staff we spoke with demonstrated good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and catered for. For example, a weekly church service was held at the home. People we spoke with told us they looked forward to and valued this.

The majority of people who used the service lacked capacity to make informed decisions about the care and support they needed. However, care records we reviewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. During our visit we saw that staff encouraged people to be as involved as possible in making choices and decisions. For example asking what food they would like or if they required assistance with tasks. People were also asked if they wanted to take part in activities.

At the time of our visit none of the people at the service used an advocate. Details of a local advocacy service were available in the service and we saw evidence that people had used this previously. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The provider informed us that they had acted informally as advocate for people if requested.

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. Staff offered people support where required but encouraged people to be independent when they could. A staff member told us, "We offer choice for everything. If someone wants a wash or shower, we support them but with minimal assistance to help them do what they can for themselves". We saw other examples of staff promoting independence and choice, for example a number of people were able to walk with mobility aids but required assistance to get up from their chairs. Another person helped set the table for meals. Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. The provider had also developed short pen pictures of each person in collaboration with them and their relatives. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality.

People told us they were treated with dignity and respect and their privacy was protected. This was confirmed by our observations during our visit and by comments from relatives. One person's relative said, "All the staff here, every one of them is lovely, they are always courteous, always talk to you and make you feel welcome".

We observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff responded positively to requests for assistance and reacted quickly when people became distressed or uncomfortable. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care for example by asking for their consent and making doors were closed and curtains drawn.

Peoples confidentiality was protected as staff told us they never discussed care and support in public areas and ensured telephone calls to or meetings with, health professionals were conducted behind closed doors. People had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time and several visitors arrived during our inspection. We saw that staff greeted visitors in a friendly way and people had access to private rooms to spend time together.

## Is the service responsive?

### Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person's relative told us, "You just get the feeling that they (staff) know everyone here". A second relative said, "Within days of coming here (my relative) had improved. (Their) skin was better; (they) look better, eat better, just tons, tons better. The difference physically and health wise is just incredible". A visiting health professional told us "The residents love it here, they are all very happy. They always seem well dressed, clean and looked after".

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time. For example, one person required support with their continence. Staff dealt with this discreetly and efficiently. We saw that staff communicated well with each other and people using the service to ensure that everyone received that care and support they required.

Staff we spoke with had a good understanding of people's needs and told us they found the care plans contained useful information. We looked at the care plans for four of the seven people using the service. All four contained detailed information to allow staff to respond to people's needs. The care plans were updated every month or when a person's needs changed. We saw that people and their relatives had the opportunity to be involved in reviewing their care. One person's relative said, "Communication is very good, whenever there are any changes we know about it".

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, people who required them had their hearing aids and glasses. Staff made timely referrals to occupational therapy services to ensure that, when new pieces of equipment were required, these could be provided quickly. A visiting health professional told us, "As soon as something is identified all the correct equipment is ordered".

As the majority of people living at Hillside Farm Care Home had a diagnosis of dementia, staff ensured people were orientated to time and place with large signs displaying the location, time and date. We saw that staff discussed this and asked questions that everyone seemed to enjoy and led to conversation and laughter amongst people using the service.

People we spoke with told us there was a wide the range of activities provided and they enjoyed taking part. We saw that a daily programme of activities was offered on a two-week rotation. On the day of our visit, we observed an activity involving playing the piano and singing songs. People appeared to enjoy the activity very much. We saw people who had not communicated with others during our visit singing and laughing. In addition, people who had reduced mobility danced with staff and others with little support required. The atmosphere was very positive and we observed people discussing this at the evening meal. We saw picture boards around the building showing previous activities including trips out, birthday parties, art activities and festive events.

Staff told us they encouraged people to take part in positive activities. One staff member told us, "We take

people out to the garden, they pick flowers. We ask them to write letters to their families or play the piano. They help in the kitchen and clean the tables. Even though we follow them and clean again people are happy because it's what they would do at home". A second staff member said, "People are happy. They have sherry, chocolate and dance some more. It's their home, everyone should be happy".

People and their relatives told us they would be happy to raise a complaint with the service although none had reason to do so. One person's relative told us, "I can talk to (the provider) all the time. (They) seem to have good communication with all the residents and people. There's no problem that they couldn't deal with". A second relative said, "Staff and the (provider) are very approachable. We've lots of confidence they would deal with any problems".

The complaints procedure was displayed in the main communal area of the building. We asked to see the provider's complaints record for the last 12 months; however, no complaints were received in that time.

## Is the service well-led?

### Our findings

There was an open and transparent culture at Hillside Farm Care Home and people felt able to have their say on the running and development of the service. Peoples relatives we spoke with told us they felt the service was relaxed and they were encouraged to give their feedback about the home. Throughout our visit, we observed that there was a relaxed atmosphere at the service and people and their relatives were comfortable speaking with care staff, the manager and each other.

Staff we spoke with felt there was an open culture at the service and would feel comfortable in raising any issues with or asking for support from the manager. One staff member said, "if I have a problem I tell (the manager) directly. She will always help". A second staff member said, "We can bring our concerns with residents or staff to (the manager) anytime. She actions it straight away".

We saw records of staff meetings for the three months preceding our visit. These showed that staff had the opportunity to contribute to the meeting and raise issues and that these were followed up by the manager. For example, we saw that changes to the infection control checklist were notified at one meeting that resulted in improved monitoring.

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider carried out monthly satisfaction surveys and the findings of these were discussed at staff meetings. Additionally the provider carried out an annual satisfaction survey. We saw surveys completed for the months preceding our inspection, these showed that people were happy with the service they received at Hillside Farm Care Home and where they had made suggestions these were acted on by the provider. For example, one person's relative commented the person would benefit from poetry and memory books and the provider purchased these. A person using the service commented they would like to make greater use of the grounds surrounding the building. The provider created a level walk way through a wooded area that people could access. We also saw thank you cards from relatives of people who had lived at the service expressing gratitude for the quality of care their loved one received.

The service was managed by the provider so did not require a registered manager. Everyone we spoke with knew who the manager was and felt she was always visible and available. Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. For example, certain staff had responsibility for ordering medicines and recording their return or disposal. Resources were provided for the development and upkeep of the service. For example, during our visit, we observed the garden, grounds were being mown and tidied to enable people to use the grounds more easily, and the provider had built a decked area adjacent to the dining room to enable people to sit outside in comfort.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of

areas such as medicines and care planning. Any incidents and accidents were reviewed in peoples care plans. However we found that the provider did not have a central record of accidents which may make it difficult to identify any patterns for the service rather than individuals. Following our inspection the provider showed us evidence that a central record was in place.

The provider carried out daily checks of cleanliness and observation of staff practice. These checks identified any areas where improvements needed to be made. For example, an infection control audit had identified areas of the home that had not been satisfactorily cleaned and actions were identified to ensure that improvements were made.