Hillyfield Rest Home Limited

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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

Hillyfield Rest Home is a privately owned care home providing accommodation and personal care for up to 17 older people, some of who are living with dementia. People using the service are self-funding.

The inspection was unannounced and was carried out on 20 and 21 October 2016 by one inspector.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to respond to and meet people's needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people, were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People were supported to have enough to eat and drink to meet their needs and were provided with choices of meals.

The service was responsive to people's needs and staff listened to what people said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People

were confident they could raise concerns or complaints and that these would be dealt with.

People and, when appropriate, their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally and through a satisfaction questionnaire.

The service was well led. Staff felt supported by the management to raise any issues or concerns. The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's independence, privacy and choices.

The service supported people and their families to express their

views and be involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and any concerns they had.

Care plans were personalised and focused on individual needs and preferences.

The registered manager involved people and their representatives in planning care and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider and the registered manager promoted an open and inclusive culture within the service. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

The service used feedback to drive improvements and deliver consistent and high quality care.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

Hillyfield Rest Home Limited

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 checked 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.

The inspection was unannounced and was carried out on 20 and 21 October 2016 by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During this inspection visit we spoke with five people using the service. We observed care and support being delivered in communal areas of the home to help us understand the experience of people who could not talk with us. We spoke with three members of the care staff, the cook, the provider and the registered manager.

We looked at a range of documents including three people's care records, risk assessments and medicine charts, staff recruitment, duty and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

First registered in October 2010, Hillyfield Rest Home Limited has been under new ownership since August 2015. This was the first inspection of the service since it came under new ownership.

Good

Is the service safe?

Our findings

People we spoke with confirmed they felt safe living in the home and that care was delivered in a safe manner. Staff respected and promoted people's independence, while remaining aware of their safety. For example, staff ensured people had their walking frames at hand so they could use these to move around the building as they wished. Some people were able to continue going to the shops and social events independently. A person told us "I'm being looked after very well".

Risks to people had been identified, assessed and actions had been taken to minimise them, such as those of people falling, developing pressure wounds or becoming malnourished. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health. Daily care records showed staff supported people in line with the risk assessments. There was a system in place for recording incidents and the registered manager reviewed these each month to look for trends and identify potential learning. Records of monitoring a person having falls showed action had been taken to help prevent the person falling at times of identified risk.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Regular checks and audits took place in relation to fire safety and the maintenance of the premises and equipment.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected and their rights upheld. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Whistleblowing is a policy protecting staff if they need to report concerns to other agencies in the event of the organisation not taking appropriate action. All staff had received safeguarding awareness training and regular refresher courses were arranged for staff to attend.

People were supported by sufficient staff with the right skills and knowledge to meet their assessed needs. The staff rotas were planned a month in advance. There were a minimum of two care staff on duty at all times. An additional member of staff was on duty for a number of hours in the mornings to assist with the delivery of personal care. Staffing levels were kept under review and additional staff could be used if people's needs changed. The registered manager used a dependency tool to regularly review staffing and staff were deployed accordingly. For example, a person had required additional support during a period when their health had deteriorated. People told us that staff were available when they needed care and support.

Following the change in ownership and management of the service a number of staff had left and the provider was actively recruiting new staff. A new head of care role was being developed, which would support the registered manager in the day to day running of the service.

The provider had a system in place to assess the suitability and character of staff before they commenced employment. We looked at the recruitment records for three staff and these included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk. Following these checks, new staff had an induction that included shadowing experienced staff.

Thorough systems were in place to help ensure people's medicines were ordered, stored, administered or disposed of safely. There were detailed individual support plans in relation to people's medicines. For example, clear guidelines were in place that helped staff to understand when 'as required' (PRN) medicines should be given. A controlled drugs (CD) cabinet and logbook was in use and the records were completed in line with the relevant procedures. The dates were recorded when topical medicines such as creams and lotions were opened and staff checked expiry dates. There were no gaps in the medicine administration records (MAR), which were signed after each medicine was successfully dispensed. Medicines were only given by staff trained to administer them and who had successfully completed a competency assessment. The provider had a clear audit system in place to check medicines and ensure procedures were being followed.

The registered manager was aware of their responsibilities in relation to infection control. There was a cleaning schedule for staff to follow and records showing checks and audits took place. The home environment was clean and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. The training record showed that staff received training in infection prevention and control.

Good

Is the service effective?

Our findings

People confirmed that staff had the knowledge and skills to meet their needs effectively.

The staff training programme showed that staff were provided with relevant training to support them in meeting people's needs. A system was in place to track the training that each member of staff attended. Staff confirmed they had the training and on-going updates in subjects including moving and repositioning, infection prevention and control, safeguarding, understanding challenging behaviour, emergency aid, fire safety, and dementia awareness. Some staff had also undertaken a vocational qualification in care. Staff told us the training helped them to understand and meet people's needs.

New staff undertook a period of induction and shadowing experienced staff before they were assessed as competent to work on their own. The induction incorporated the Care Certificate, where appropriate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach demonstrated that they had the knowledge and skills to undertake their role.

Since coming into post, the registered manager had implemented a staff supervision schedule and all staff had received an appraisal, which would be repeated annually. Supervision and appraisal provide opportunities for management to meet with staff, give feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Senior staff carried out observations of staff working practices and discussions took place to ensure staff understood the training they received. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away.

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. A person's care records showed how they and their family member had been involved in a best interests decision in relation to the care and treatment they received.

Staff showed an understanding of the principles of the MCA in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. They said they would report any concerns about a person's capacity to make particular decisions to one of the management team. To further support staff in implementing the MCA, a service development plan had been devised by an external consultant following an audit in August 2016, which included providing training for staff in the MCA. Staff had recently received this training at the time of the inspection.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified people whose liberty may be being restricted and had submitted DoLS applications. Not all staff were fully aware of people that may be deprived of their liberty. We raised this with the registered manager who agreed to discuss this with staff and ensure care plans were updated as and when the result of the applications was known.

People were effectively supported to eat and drink enough to meet their needs. Their support plans included nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were put in place to minimise the risk, if required. Staff had attended a course on nutrition run by a local college.

In the kitchen was a communications board that was used to record any changes in people's food preferences and requirements. The cook told us about meals they created for a person on a diabetic diet. There were no other special diets required and the majority of people were able to eat independently. Two people had requested and used special cutlery, which helped them to maintain their independence at mealtimes.

At midday the tables in the dining room were laid for lunch and the atmosphere was calm and relaxed. One person preferred to eat their meal in their room. They told us the cook visited them in their room to discuss their food preferences. They added "Staff know I hate onions". Another person said "I am very happy with the food, it's very good". They told us they always had enough to eat and to drink. A member of staff told us they encouraged people to have drinks in between meal times and we observed this happening.

People told us they were supported to access health services when they needed them and that a GP also visited the home. One person said "You only have to say something and it's organised". Records showed staff contacted community health and social care professionals in relation to concerns about people's health. Staff told us there was a good relationship between the home and community health services. People had access to a range of services including chiropody, dentists and opticians. We saw examples of care plans containing detailed information about people's health including how health matters were managed and how best to support the person. Staff demonstrated a good working knowledge of people's care plans and needs and the procedures to follow.

Good

Is the service caring?

Our findings

People spoke positively about the care they received. Their comments included: "I'm settled here and I've been happy here. It's good". They told us "There's nowhere else I'd want to go" and "We've got some marvellous (staff) here".

We observed caring interactions from staff throughout the inspection. For example, the registered manager and staff stopping to ask people how they were and reassure them; and staff kneeling to get to eye level with a person to chat with them. It was clear the management and staff had developed positive relationships with people. One person said "They spoil me really. They're good, they're kind". They told us they preferred to stay in their room most of the time and did not feel isolated, as they had visitors, including other people who lived in the home and staff. Another person told us "I'm very happy here. I've got my friends here and we have a good giggle". They also said "The staff are wonderful" and "We have birthday cakes and parties".

The service supported people to express their views and be involved in making decisions about their care and support. Each person was assigned a member of staff as a key worker, who had a lead role in overseeing the person's care plan and being available to discuss any concerns or issues. A person told us staff and their key worker in particular were "Very helpful" and said "We get on well together, that's the most important thing". A member of staff told us "Key working works really well, we get to know people well". Another person told us "Usually whatever you say they take on board. They do listen to us". They said the registered manager came round and "We have a little chat every now and then". When they had moved in to the home they had been able to bring a rose bush they wanted to keep and this was planted in the garden.

People confirmed staff were respectful, polite and friendly and that "We have privacy". The relationships between staff and people receiving support demonstrated dignity and respect. The care staff were kind and courteous and we observed they knocked on doors before entering people's rooms. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example making sure doors and curtains were closed while assisting them to wash; making sure they had their hearing aids or glasses; and asking them what they would like to wear. People were supported to keep in contact with friends and families and visitors were welcome at any time.

Care plans and associated records were written in a way that promoted dignity and respect and supported people's abilities to do things independently, including eating, mobilising and personal care. Staff cared for people in ways that respected their independence, such as at mealtimes if people wanted to eat somewhere other than the dining room. A member of staff said "It's important to be mindful of how you word things" and "This is their home, we have got to make it as pleasant and comfortable as possible".

People's care plans included advance decisions, including 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records where appropriate. Staff had recently received training in end of life care. The registered manager told us it was the aim of the service to support people at end of life within the home as much as possible.

Good

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs and any concerns they had.

A personalised approach to responding to people's needs was evident in the service. Before people moved into the home they and their families or representatives participated in an assessment of their needs to ensure the service was suitable for them. Involving people in the assessment and subsequent reviews helped to make sure that care was planned around people's individual care preferences. Following this initial assessment, personalised care plans were developed that provided guidance about how each person would like to receive their care and support, including their preferred routines of care and how they communicated their needs.

Records showed care plans were reviewed regularly including, for example, reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interests decision. Information about people's preferred daily routines included what they were able do for themselves as well as tasks they required support with. One person's care plan gave clear guidance for staff that the person only wished to have assistance when they asked for it. Through talking with people and the staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly.

A range of recreational and social activities were on offer to people. We spoke with a group of people who were sitting in the lounge, who told us they were waiting for "The scrabble man". People later said how much they had enjoyed this word game activity, which was designed in a larger format than the usual board game that would enable people with a visual impairment to take part. An activities folder contained photographs of people enjoying a range of activities that included holding hen chicks, an Hawaiian themed day, armchair exercises, arts and crafts, outings and parties. A person told us they had enjoyed feeding the swans during an outing arranged by the service. The registered manager told us the staff also provided one to one activities on a daily basis, such as hand massages and nail painting .

People told us they would feel comfortable raising any concerns or complaints. One person said "I've got no complaints. I would know who to talk to". There was a system and procedure in place to record and respond to concerns or complaints about the service. The registered manager told us they had received no complaints about the service to date Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

Good

Is the service well-led?

Our findings

People said they felt the service was well run. One person said the service was "Very well run. They're interested in what you think". Another person said the service was "Top notch".

There was an open and inclusive culture within the service. The provider and registered manager maintained a presence in the home and were approachable to the people who lived there, visitors and staff. The registered manager facilitated residents meetings, which provided opportunities for people to discuss the way the service was run, including activities, food and mealtimes, safety and any concerns.

Staff confirmed they were encouraged to air their views and to make suggestions for improvements at monthly staff team meetings with the registered manager. One member of staff said "The management are open to discussion and promote staff involvement". They said "The new management are trying to make sure everything is running smoothly". Another member of staff said they felt the home was well managed and there was an "Open and constructive" culture.

The service used feedback to drive improvements and deliver consistent and high quality care. A satisfaction survey was carried out that included questionnaires sent to people who used the service, their relatives and community professionals. The service was starting to receive responses to the recent survey and these were positive. An action point arising from a previous survey was to improve access to the garden and this had been completed.

The service worked in partnership with community professionals and other groups to promote people's health and wellbeing. The registered manager told us that every other week people now went to a community centre for social meetings, reminiscence and games of dominoes. This was as a result of the service working with a local community group. The service was also now utilising community volunteers in the home at weekends, which provided further social stimulation for people.

Regular audits of the quality and safety of the service took place and were recorded. The range of audits included medicines, health and safety, infection prevention and control, care plans and risk assessments. Records showed that any actions identified through the audits were followed through and signed off by the registered manager when completed. One action was for staff to receive training in end of life care and this had taken place. Audits and development plans had also been devised by an external consultant, resulting in on-going plans for improvements to the home environment. There were plans to fit new flooring and to improve the layout of the dining room and lounge. New dining room chairs with armrests had recently been purchased. The registered manager said they felt well supported by the provider and confirmed they had the resources they needed to develop staff and drive improvement.

The registered manager spoke positively about working through the recent organisational and management changes with the inclusion of the established staff team, so that people continued to receive consistent and high quality care. The registered manager was keen on developing the sharing of responsibility among all staff members. A new head of care role was being brought in and this would involve the further

development of staff. The registered manager spoke with passion and commitment about providing a personalised care service. Care staff were being empowered to make decisions and to be accountable. They were now more involved in care planning, which utilised their knowledge of people' preferences and needs.

Staff were aware of their responsibilities and the procedures for reporting any concerns. There was a supervision agenda for all staff and clear lines of accountability within the service. The service followed appropriate safeguarding procedures to help ensure people were protected when any concerns were raised.

The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response. As a result of learning from a medicines error, staff carried out weekly checks to make sure people had all the medicines they would need over the weekend. The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of registration.