

Select Health Care (2006) Limited

Hilcote Hall

Inspection report

Stone Road, Eccleshall,
Stafford, ST21 6JX
Tel: 01785851296
Website: www.selecthealthcaregroup.com

Date of inspection visit: 26 February 2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 26 February 2015 and was unannounced.

Hilcote Hall provides accommodation and personal care for a maximum of 44 people who may have dementia and/ or a physical disability.

A registered manager was in post. 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's risks were assessed in a way that kept them safe from the risk of harm. Where possible people's rights to be as independent as possible were respected.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's care needs. Call bells were responded to in a timely manner. Staff were trained to

Summary of findings

carry out their role and the provider had plans in place for updates and refresher training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Not everyone who lacked capacity to make decisions had undergone a mental capacity assessment.

People told us that staff were kind and caring. Staff treated people with respect and ensured their privacy and dignity was upheld.

People had opportunities to be involved in hobbies and interests that were important to them.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

There was a positive atmosphere within the home and staff told us that the registered manager was approachable and led the team well. Staff received supervision of their practice and had opportunities to meet regularly as a team.

Visiting professionals thought that the home was managed well and that people who used the service received good quality care and support.

The registered manager had systems in place to monitor the service and we saw that improvements had been made when identified as necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were recruited safely and there were sufficient numbers of staff to keep people safe. Risks to individuals, including medicines were managed effectively and staff were aware of how to keep people safe. Staff knew how to recognise and raise concerns in relation to abuse and poor practice.

Good



Is the service effective?

The service was not always effective.

Some people who lacked capacity to make decisions did not have a mental capacity assessment in place.

People received care that was based on best practice because staff were trained to meet their needs and access to relevant professionals was facilitated for people.

People were supported to have sufficient to eat and drink

Requires improvement



Is the service caring?

The service was caring.

Positive caring relationships had been developed with people using the service. People were treated with kindness, dignity and respect.

People's privacy was respected and people were supported to express their views about their care and the home they lived in.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their individual needs.

People who used the service and their relatives felt able to raise concerns and knew that this would be taken seriously and acted upon.

Good



Is the service well-led?

The service was well led.

The manager promoted a positive culture that was person centred, open and inclusive.

There was good visible leadership within the home and the home was well managed.

Approach to good quality care was integral and quality assurance and clinical governance was effective and drove improvements.

Good



Hilcote Hall

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.

The unannounced inspection was carried out by two inspectors on 26 February 2015.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We reviewed the information we held about the home. We also reviewed the information we received from other agencies that had an interest in the service, such as the local authority commissioners.

We spoke with a doctor (GP) and a nurse practitioner who were visiting the service. We also spoke with a Community Psychiatric Nurse (CPN) over the telephone. We spoke with the registered manager, four care staff and a kitchen assistant.

We spoke with eight people who used the service and met with three relatives. We observed how people's needs were met by the staff who worked at the home including how staff interacted with people. We looked at three people's care plans, their daily care records and records relating to their medication. We observed how staff interacted with people who used the service and how people's care and support needs were met.

We looked at the provider's staff training plan and record of staff training and we spoke to staff about their training. We looked at records relating to the recruitment of four staff members. We also looked at records of their induction training and supervision and spoke to a staff member about this.

We viewed records relating to quality monitoring including internal and external audits. We looked at the log of complaints and compliments and we saw records relating to the maintenance of the building and equipment.

Is the service safe?

Our findings

People who used the service felt safe. One person told us, “Yes I feel safe. I have my own bedroom and television.” Another person said, “Yes I feel safe, sometimes residents can get angry and on occasions they have been violent but staff handle it well.”

There were enough staff provided to keep people safe and meet their needs. We observed staff supporting people throughout the home. A visiting professional stated, “Most times staff are busy but they will always try and allocate someone to me.” Another visiting professional said, “There is a high visibility of staff here.” We observed staff present in all of the communal areas for most of the time and people who used the service were supervised and kept safe.

A visiting professional said, “ There is always plenty of staff around and consistent staff faces and each staff member knows the people well.”

Risk assessments were in place to help staff transfer people safely and we observed staff moving people and using equipment in a safe way. We saw that risk assessments had been undertaken in relation to people developing pressure sores. We saw the provider had referred a person to the out of hours district nurse team as an emergency in order to help prevent the person developing a pressure ulcer.

People who were at risk of falls had risk assessments in place to help keep them safe. Control measures for a person who was at risk of falls included staff encouraging the person to wear appropriate footwear. We saw that a member of staff walked with the person to help reduce the risk of falls. We saw that systems were in place to monitor

the number of accidents and incidents people sustained. The manager told us that referrals were made to the falls team when a person was experiencing a number of falls and we saw where this had been done..

The provider ensured that the staff who worked at the home were safe to work with adults. We looked at three staff recruitment files and saw that the relevant checks had been carried out. Staff told us that they attended an interview and had Disclosure and Barring (DBS) and Criminal Record Bureau (CRB) checks. They confirmed they did not start work until these had been done. In addition to this two references were obtained. One staff member told us, “DBS and references were done before I started.”

People who used the service were kept safe from harm and abuse. Staff had received safeguarding training and knew how to recognise and report abuse and poor practice. One staff member gave examples of abuse, these included leaving a person in a wet bed. They told us that if they suspected abuse they would report it to the deputy manager. They were aware of whistleblowing procedures and knew they could contact external agencies.

A staff member told us that they try to respond quickly to call bells ringing. We saw that call bells were responded to in a timely way.

We looked at how people who used the service received their medication. We observed a senior care staff member administering medication. They told us that they had received medication training and felt competent to do this. The manager told us that staff who administered medication had their competencies checked six monthly to ensure they were competent to manage medication safely.

Is the service effective?

Our findings

There were some people who used the service who may not have had the capacity to consent to their care and treatment. We did not see evidence of mental capacity assessments for these people. In addition to this there were no mental capacity assessments for people where medicines were being administered covertly. A best interest decision meeting had been held for a person receiving covert medication but there was no mental capacity assessment in place on which to base decisions. We saw Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders that had been completed. Discussions had been held between the GP and the family where one person did not have the capacity to consent but there was no formal mental capacity assessment in place for this person in order to assess their capacity to make decisions.

This is a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that Deprivation of Liberty Safeguarding (DoLS) applications had been made where people were thought to be deprived of their liberty. A mental capacity assessment had been carried out for these people. We looked at records and found them to be in date and correct. A visiting professional thought that the manager and staff had a good understanding of DoLS.

We saw that specialised advocates called independent mental capacity advocates (IMCA) had been referred to when serious decisions were to be made and the person had no family.

Staff were trained and supported in their role. Staff told us they had received training in safeguarding, moving and handling and dementia as well as other areas. We saw people being moved and handled safely by staff. The provider took account of the needs of people with dementia. Some people had memory boxes by the doors to their bedrooms to help them identify their rooms. Staff explained the significance of these and how people used them to locate their bedrooms. Some people had been referred to the memory clinic and the CPN worked closely with staff giving advice and treatment to people with dementia and other related mental health needs. Some people with dementia also displayed episodes of behaviour that challenged. We saw training taking place for

staff at the home during the inspection. This training was to ensure staff had the knowledge and skills to meet the needs of people with behaviour that challenges. Staff thought that this training was very good. A staff member said, "I think this is the best training I have ever had." Later we saw how staff cared for a person with behaviour that challenges and how they gave reassurance and calmed the person when they became agitated.

People told us there was always enough to eat and drink. A person who used the service said, "The staff bring drinks around or you can get them from the hatch. A staff member told us, "The hatch was always open for people to ask for drinks or snacks. A visiting professional said, "In relation to eating and drink I think they are quite good. I have never seen staff standing when assisting people to eat. They always sit by and help them."

Staff knew how to support people with eating and drinking. One person's care plan identified they should have a soft diet and use a beaker with a lid. We saw a care staff member assisting this person with eating as instructed in their care plan. We spoke with a member of kitchen staff who confirmed the person's dietary needs. They showed us records of people's dietary needs including their likes and dislikes and preferences.

We saw that staff were familiar with people's care needs and knew how to communicate with people. Care records recorded that one person required verbal prompts. Photographs had been taken demonstrating the hand gestures that should be used at given times. We saw a staff member communicating in this way with the person.

We saw that the provider monitored people's health needs. Daily monitoring records were maintained for each person. One person was now being weighed every two weeks instead of once a month due to concerns about weight loss. We also saw, and people told us that they were weighed regularly. The manager told us that any concerns about people's weight loss were raised with their GP and appropriate referrals were made. We saw that a person had been referred to a dietician due to concerns about their dietary intake. Staff explained how they fortified meals this included adding dried milk and full fat milk.

The professional told us that one person had a wound and that this was improving. They said, "They have been seen by the tissue viability nurse." The manager confirmed that they had good support from health care professionals

Is the service effective?

including the Tissue Viability Nurse Specialist. A visiting professional said, “The home is pro-active in gaining support and advice from external professionals. They advocate for people at the home.” They went on to say, “Staff follow recommendations.”

Is the service caring?

Our findings

The staff had developed positive caring relationships with people who used the service. One relative told us, "It is a happy atmosphere here. They give loving care, I am very impressed. I know all the staff and they are very dedicated. I've spoken to other relatives who are happy. A person who used the service said, "I like being here the food is good. The staff are very caring they are lovely and always smart." Another person told us, "It's alright here I enjoy it." And a person said, "Yes staff treat you right." A staff member said, "I think people get good care here. We do as much as we can for them."

We observed friendly interactions between staff and people who used the service. Staff were attentive to the needs of people and spoke with them in a kind and caring manner. Staff helped people and were sensitive to their needs. We observed a person being transferred from a wheelchair to a chair. The staff spoke to the person re-assuring them during the transfer. The person was then settled into a chair by the staff. One person liked to walk up and down a lot and became agitated. A member of staff supported them and encouraged them to sit down and have a rest. They spoke in a calm friendly manner. A staff member had been assigned to help this person on a one to one basis to help keep them calm and safe.

Staff treated people with dignity and respect. A staff member gave an example of wrapping a person up when they were wet in their wheelchair to preserve their dignity and to keep them warm. They also told us that they called people by their preferred names.

The spiritual needs of people were met. The manager told us that a church representative visited frequently for people who liked to participate in religious services. In addition to this the manager could arrange for a visit at the request of people or their families.

People who used the service and/or their relatives were encouraged to participate in the review of their care plan. A relative told us, "I have seen the care plan and know that if I had any suggestions they would listen to these but I am happy with the care and support [person's name] receives." A person who used the service said, "I can choose what I want to eat, and what time I go to bed but I like to go to bed early and get up early." Another person said, "It's like home from home here only there is someone to look after me." We saw care plans documented people's choices and preferences in respect of the activities of their daily life.

Is the service responsive?

Our findings

A relative told us that the staff spoke with them when their relative first came to the home to learn about their likes, dislikes and preferences. They said, "They are very open about things." They told us that the staff had contacted them immediately when their relative had sustained a fall. A staff member confirmed that they communicated with relatives immediately if there was a change to a person's needs.

Another relative was very happy with the way their relative had improved since having been at the home. They said "[person's name] has come on leaps and bounds since being here. I can't thank the manager and staff enough for their marvellous care."

People who used the service received personalised care that was responsive to their needs. A visiting professional thought that people received person centred care. They said, "They are incredibly person centred here."

We saw that one person who used the service had been administered an 'as and when required' medicine constantly over a period of time. The manager told us that the doctor had recently visited this person and had now prescribed an oral liquid medication to be given in a syringe with consent from the person's family. This means that the provider reacted to the changing needs of people in relation to their medication needs.

Staff knew how to meet people's preferred needs. The staff explained that personal preferences and needs were contained in people's care plans. A staff member said, "Care plans are in place for things such as moving and handling, communication and personal care" We saw a staff member providing one-to-one care for a person and we saw that their care plan reflected the need for one-to-one care. A staff member also told us about another person who sometimes refused care and the staff member

said, "If they refuse care you just leave them for a while and return later". We saw that this person's care plan recorded that they may refuse assistance with their care at times. The care plan gave staff advice on how to manage the situation. This included the staff returning to the person later. This had been agreed with the Community Psychiatric Nurse. Another person's communication care plan identified visual communication methods to be used this was agreed with the person's psychologist. A staff member told us, "We know how to care for the residents here and the care plans are easy to follow." This showed that staff followed people's care plans and knew how to meet people's needs.

People who used the service were supported to participate in some hobbies and interests of their choice. One person said, "I go out to an Alzheimer's group." Another person said, "They do games and activities with us." "We have residents meetings, we had one recently. I have been to a couple." Another person told us, "We have been on a couple of trips out and I enjoyed them. A staff member said, "We do have an activities co-ordinator they play games and do exercises such as the parachute." The manager confirmed that there was a part time activities coordinator who visited the home.

There was a formal complaints procedure displayed in the home. People who used the service and their relatives felt supported and enabled to raise concerns. A relative told us they had no complaints and that the home would see a complaint not as a negative but a positive. A staff member said, "If a person had a concern I would support them to speak to the manager if I could not resolve it or I would let them know they could contact CQC." A person who used the service said, "I don't think I have many complaints. I presume I go to the staff if I want to make a complaint." Another person said, "Overall I am happy. I have no concerns."

Is the service well-led?

Our findings

People told us there was a positive atmosphere at the home. One person who used the service said, "I like the manager she comes round and says hello. She's very cheerful."

Staff told us they enjoyed working at the home. One staff member said, "I really enjoy my job. I feel supported. I can ask the manager anything." Another staff member told us, "I love it here. I have no concerns." Another staff member we spoke with told us, "I am happy with everything."

A professional we spoke with said, "The manager and seniors are all quite approachable." Another professional who was visiting the home said, "I admire the staff at the home they go above and beyond. I have no concerns." Another professional person told us, "It is clean and feels homely. They run a tight ship. They don't have a high turnover of staff and I don't see poor governance. I think it is a good home and there is good care."

Relatives we spoke with thought that the home was well managed. One relative said, "The manager is excellent, they give so much. They even took holiday to take time to work on the sensory garden." Another relative told us, "The manager has a deep understanding of people's needs and they know what's going on." Another relative said, "This is the first home that has made me feel really welcome and wanted."

The provider sought to obtain the views and opinions of people who used the service and their relatives. We saw that comments were very positive about the service and care provided. A comment referred to 'such compassion' and another mentioned 'all your care and support'.

Staff told us that communication was good. They told us that every morning they come in they have a meeting to discuss people who live at the home and any other updates. Another staff member said their last staff meeting was about a month ago. They told us they have information discussions and talk about patients and their needs.

The provider had a dedicated maintenance person who was responsible for monitoring the safety of equipment in the home. They showed how they monitored and carried out repairs and maintenance checks of electrical equipment, fire alarms, emergency lighting and organised staff fire drills.

The registered manager assessed and monitored staff learning and development needs through regular meetings, supervision and appraisal. There was staff training in progress at the time of the inspection on managing behaviours that challenged. At the end of the training one staff member said, "That was one of the best training sessions I have ever attended." All of the staff agreed that the training and support they received at the home was very good and gave them the skills they needed to meet the needs of people who used the service.

We saw that the manager had carried out quality monitoring audits of the services provided. One of these audits was in relation to the monitoring of falls. The manager told us that she also walked around the home and monitored staff, listening to how staff interacted with people who used the service. People who used the service and staff said that the manager was clearly visible around the home on a daily basis.

There were aspects of the environment which were in need of repair. We discussed these issues with the manager who told us that plans were in place to make good the repairs and for redecoration and refurbishment to correct these issues.

There was evidence of improvements based upon the outcomes of the checks. For example, improvements had been made to the outside garden area to create a safe sensory garden for people who used the service. This had involved the local community who had helped create this garden.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

(1) Care and treatment of people who use services must only be provided with the consent of the relevant person.
(3) If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.