

Barchester Healthcare Homes Limited

Hilton Park - Oaklands

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

About the service

Hilton Park Oaklands provides nursing and personal care for up to 54 people, some of whom are living with Dementia. There are three units called Elm, Maple and Willow. Elm and Maple provide nursing care for people living with dementia. Willow provides nursing care for adults living with a range of conditions. All bedrooms have en-suite bathrooms and there are indoor and outdoor communal areas for people and their visitors to use.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

Staff received training, supervision, guidance and support so that they could do their job well. They worked well as a team. Staff enjoyed working at Hilton Park – Oaklands. Both people and staff recognised that staff stayed at Hilton Park – Oaklands for a long time, and there was a low staff turnover.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy was respected. Hilton Park – Oaklands was people's home and staff did everything they could to make people's lives as comfortable and fulfilling as possible.

People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

The service was well managed by a manager, and a senior staff team including a deputy manager, clinical nurse leads and regular input from a regional director. The senior staff team were passionate about giving people a high-quality service.

Systems to monitor how well the home was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People, staff and relatives were asked their view of the service and action was taken to change any areas they were not happy with.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The last rating for this service was Good (published 07 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hilton Park - Oaklands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The registered manager had recently left the service. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. It is a condition of the provider's registration that a registered manager runs the service. At the time of inspection, the service had an interim manager in place whilst interviews were being held for the post of registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who use the service, and seven relatives about their experience of the care provided. We spoke with nine members of staff, including the manager, deputy manager, regional director, lead clinical nurse, care workers and activity coordinator. We spoke with two external professionals delivering activities on the day of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including incident and accident reports, safeguarding notifications, complaints, staff dependency tools and the systems for monitoring the quality of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and were confident about what they should look out for and whom they should report any concerns to.
- People and relatives told us they, and their family members felt safe with the staff supporting them. One person told us, "I have a call bell attached and they come when I need them, they are good".
- The provider had recently introduced additional training for the staff team on completing safeguarding referral forms and investigating safeguarding concerns. The need for this training was identified following a safeguarding investigation.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, one person's risk assessment identified that they were unable to use the call bell, so there was an increase in visual monitoring to ensure that person was safe.
- Staff were aware of how to report accidents and incidents. Senior staff reviewed these and took action to reduce the risk of recurrence.
- Staff stored people's information securely in the office on each unit.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. Staff told us that there was enough care staff and told us that when the need for more staff is identified, the provider is responsive and will arrange for more staff.
- Staffing levels were determined using a staffing tool, which the manager made sure people's physical and emotional needs were included in this. The manager demonstrated how the staffing levels were calculated using the tool, and at the time of the inspection there were more staff available than recommended using the tool guidance.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.
- Relatives told us they felt that more staff would be beneficial during meal times. The manager told us that the staffing dependency tool also considered staffing levels at this time of day. We also saw records which showed the manager carried out meal time observations to review staffing levels and the environment.

Using medicines safely

- People were satisfied with the way staff supported them to take their prescribed medicines. One person told us; "I don't even have to think about it – they do everything like that."
- Staff had received training in how to safely give medicines. Staff attended training once a year and were also observed yearly by senior staff to ensure that they were competent to administer medicines.
- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. A relative said; "I don't worry about medicines, they are very good with care like that here they notice if things aren't right too."

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and followed good practice guidance. Staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- A relative told us; "The standards of hygiene are very good, I come in at all different times, just turn up and it's always the same." The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service were managed effectively. Staff recorded these appropriately and the manager took action following accidents or incidents to reduce the risk of these recurring.
- The manager analysed accidents, incidents and any reports of concern each month to identify any trends or patterns. This information was shared with the staff team at clinical governance meetings, staff meetings, and daily handover meetings.
- The Local Authority had identified concerns regarding the reporting of safeguarding and the content including in the safeguarding referrals. The manager identified several actions needed to improve this process and ensure future reporting was more robust. Staff attended specific training, additional support care plans were implemented, and additional risk assessment audits were carried out by senior clinical staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. This ensured that the service was appropriate for people and could meet their needs safely and effectively.
- The manager ensured that staff delivered up to date care in line with good practice and that the home had equipment available that would enhance people's care and promote independence. During the inspection we saw staff supporting one person to use an interactive memory table to throw a ball for a dog, which staff explained was to improve both arm mobility and hand to eye coordination.

Staff support: induction, training, skills and experience

- New staff received a thorough induction. A member of staff who had started within the last 12 months told us that they received two weeks of training before they started working with people, and then shadowed staff for two or three days on each unit. They told us that they; "Were very well supported during their induction".
- Staff said that they had received enough training so that they could do their job properly and support people effectively. A member of staff told us that the training they received made them think about how to care for people differently.
- Staff members received supervision as individual meetings and they said they could contact the manager or senior staff at any time. They felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of food they would prefer, and meals were modified if people needed a specialised diet. People told us that the food was good, and that they were given a choice about what they ate.
- Staff monitored people's weight and any nutritional concerns, and this was discussed in monthly meetings with the clinical staff. Actions were followed up to address these concerns, for example, it was identified that someone was not eating due to the noisy dining environment, so they were offered a quieter place to eat.
- The manager told us that a nutritional meeting was held monthly with the chef and catering staff to discuss people's needs. A relative told us that when their family member lost their teeth, the service altered the type of food offered to that person, so that eating wasn't a problem for them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff involved other healthcare professionals to support people to maintain their health. These included

the GP, dietician, chiropodist, dentist and optician as well as specialists relevant to the person's condition, such as the tissue viability nurses. A relative told us that the service had a very good relationship with the GP's and the GP had praised the staff for their communication when people were unwell.

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

- The provider had made adaptations to the home to ensure that people could move around freely. A handrail was in place along the corridor, and bedrooms and toilets had equipment in place to support people to use them independently.
- People had the opportunity to decorate their own rooms how they chose. Bedroom doors had memory boxes outside, often containing photographs to support people to recognise it as their own bedroom.

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

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves.
- The registered manager had submitted appropriate applications to the supervisory body for DoLS authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy living at Hilton Park – Oaklands and staff were very kind, caring and compassionate. A relative told us their family member, "Always speaks very highly of the carers and I think she is very comfortable with them, they are very nice," and another relative told us, "I've seen nothing but love and kindness when I visit."
- Staff communicated with people in a way that that person understood best and treated people equally and without discrimination. Staff considered people's protected characteristics under the Equality Act 2010, and supported people to have their diverse needs met. We saw one person happily talking to staff in their own language, and staff were responding positively.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew each person well and understood what was important to the individual. A relative told us that their family member had lived in Hilton Park – Oaklands for many years and the staff were very caring and knew their relative very well.
- Staff told us that they had plenty of opportunity to get to know people's preferences and wishes, and due to a low turnover of staff, people also knew the staff well. Staff told us that they read and follow the care plans to find out people's preferences and wishes.
- Relatives told us that people were involved in the care planning process and that relatives were also invited to regular reviews with their family member, the service and the social worker. A relative told us, "We have just had a review, we sat down and discussed the care [they] are getting – it was a good meeting."

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- Staff encouraged people to do as much as they could for themselves. A relative told us, "the staff are always very encouraging to the residents."
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home, and relatives and friends were invited to take part in activities and special events.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. There was specific information if people had a diagnosis of dementia, and where people were in 'their journey'. This gave staff enough information to recognise when people were distressed and how to support people.
- The service has an activity team responsible for coordinating different activities throughout the week. There was a full timetable of activities offered. We saw pictures of people going on trips to the seaside, wildlife parks and zoo's.
- During our visit we observed a 'dementia choir' which was popular in attendance and we could see people's enthusiasm. People could choose their favourite songs and were visibly happy and included in the group.
- People were visited by children from the local primary school who come to read with them twice a week. One person told us, "I really like going to read with the little ones". A mother and baby music group also took places at the service, and people were encouraged to take part in the group.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had a communication plan in their care records to guide staff on people's current level of communication and understanding, and how people can express their needs, and make their choices known. It also included how people like to be addressed.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. However, none of the people or relatives we spoke with felt they had ever needed to make a complaint.
- The registered manager had a complaints log. Complaints had been investigated and responded to by the provider. Concerns raised by people living at the home, or by relatives were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.

End of life care and support

- The registered manager and staff had given people the opportunity to discuss their end of life wishes and

these had been recorded in people's care records.

- Staff had received training in caring for people at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and clinical nurse leads were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary.
- Staff told us that they enjoyed working at Hilton Park – Oaklands, that it had a nice atmosphere with a positive and friendly staff team. Staff also told us that they would be happy for a relative of theirs to live there. This shows that staff are proud of the service offered to people, and that is a safe and caring place for people to live.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.
- The provider notified CQC that the registered manager had left the service, and at the time of our visit was following a recruitment process to fill this position.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The Cambridgeshire Fire and Rescue service informed us that they carried out an audit which identified some minor issues. The provider resolved those issues in a timely manner and were issued with a satisfactory compliance letter. This shows that the provider has understood the importance of issues identified and acted quickly to eliminate the risks.
- Staff said that the manager, and clinical nurse leads were approachable and supportive. One member of staff told us that the manager would always work with them if needed.
- The manager was supported by a regional director, who visited regularly and supported the manager with processes to ensure the service was running well. The manager was also supported by a senior staff team including a deputy manager and clinical nurse leads. This ensured that in the managers absence the service and staff team continued to be supported by experienced senior staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were invited to regular meetings which gave them the opportunity to raise concerns, compliments and suggestions. The actions from these meetings were recorded in a 'You said ... action taken' format. For example, 'You said we needed more shade in the Elms garden, action taken has been to purchase larger awning.'
- Staff told us that they attended regular team meetings, and daily stand up meetings, which ensured information was shared quickly with them.
- Staff told us that they received surveys through the post, which gave them the opportunity to provide feedback on the service. Visitors were also provided with comments cards. Staff told us that feedback from these visitors and professionals were given to staff in meetings.

Continuous learning and improving care

- The provider, and the manager, had taken action to address concerns identified by the local authority. This included the introduction of specific training for the staff team and additional risk assessments for people with complex needs.
- Processes to assess and check the quality and safety of the service were completed. The manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement. Action plans put into place following these audits ensured that improvements were made. For example, it was identified that the wallpaper in communal areas had been torn in places, the following audit then showed that these areas had been redecorated.
- Records of incidents and accidents were analysed to find trends or themes, such as the time of day, the date or the severity of the incident. This enabled the manager to act where necessary and reduce reoccurrence.

Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.