

## Healthcare Homes Group Limited

# The Hillings

### Inspection report

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#### Ratings

### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

#### Overall summary

The Hillings is registered to provide accommodation and non-nursing care for up to 72 older people. Some of the people accommodated in the home were living with dementia. The home comprises of seven units and the home is a single storey building. There were 70 people living at the home at the time of our inspection.

This unannounced inspection took place on 28 May 2015. At our previous inspection on 14 May 2014 we found the provider was meeting all the regulations that we looked at.

At the time of this inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

Staff treated people in a way that they liked but sufficient numbers of staff were not deployed to safely meet

# Summary of findings

people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided although they were concerned about staffing levels.

Medicines were stored correctly and records showed that people had received their medicines as prescribed. Staff had received appropriate training for their role in medicine management and had their competency regularly assessed.

Staff had a good understanding of how to protect people from harm. They were knowledgeable about safeguarding procedures and had received appropriate training.

Staff supported each person according to their assessed needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions formally assessed. At the time of our inspection no one in receipt of care had been deprived of their liberty.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. Staff ensured doors were shut when they were assisting them with their personal care.

People's personal and health care needs were recorded in their plans. Risk assessments were in place and staff knew people's needs. Care plans were regularly reviewed to ensure that they accurately reflected people's current needs

People confirmed that they were offered a variety of hobbies and interests to take part in and that they were able to change their minds if they did not wish to take part in these.

The provider had a complaints procedure in place which people had access to. Advocacy support information was available if.

Effective quality assurance systems were in place and people's views were sought and used to improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not always safe.

There were not sufficient numbers of staff deployed to meet peoples care and support needs.

Medicines were safely managed.

Staff were aware of the actions to take to reduce the risks of harm to people living in the home.

Requires improvement



### Is the service effective?

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were effectively met.

Staff were provided with the right skills and relevant training to support people receiving a service.

Good



### Is the service caring?

The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff supported people in a caring and respectful way.

Good



### Is the service responsive?

The service was not always responsive.

Peoples care needs were not always responded to in a timely way.

Care records provided sufficient information to ensure that people's needs were consistently met. Although staff did not always have the time to read what had been written.

People could be confident that their concerns or complaints would be effectively and fully investigated.

Requires improvement



### Is the service well-led?

The service was well led

People and staff were involved in making improvements to the quality of the care provided. Arrangements were in place to listen to what people and their relatives had to say.

Good



# Summary of findings

Procedures were in place to monitor and review the safety and quality of people's care.

Staff received support from the registered manager.

# The Hillings

## 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 was 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 took place on 28 May 2015 and was unannounced. It was undertaken by two inspectors and an observer.

Before and after our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that

the provider is required by law to inform us of. We also looked at the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and any improvements that they plan to make. We also made contact with the local authority contracts team.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 10 people who used the service, seven staff including, six care workers, one house keeper, and three visiting family members.

We also looked at five people's care records, staff training and recruitment records, supervision and appraisal planning and records relating to the management of the service including audits and policies.

# Is the service safe?

## Our findings

The registered manager confirmed that staffing levels were based on people's needs and that they were increased when people's needs changed.

We found that although there were sufficient numbers of staff on duty, people needs were not always being met in a timely way. There were eight care staff, two senior care staff and one unit lead on duty, plus the deputy and the registered manager. However not all of these staff were providing personal care to people throughout the day. The home had seven units. There was one care worker working on each unit and an additional care worker supporting these staff. We were told by the care staff that senior care staff did not provide direct care regularly as they were responsible for the administration of medication and completing and updating care planning documentation.

During the inspection the call bells were heard to be consistently ringing. People we spoke with made comments including, "I sometimes have to wait for staff even when I use my call bell, but I understand they are very busy". "It is understaffed here and I have to wait for staff to come and help when I use my bell". We observed that people were left in lounges for up to 25 minutes without a member of staff. The member of staff had needed to leave to assist staff in another unit. This meant that no staff were available to support people in the lounges during this time.

Staff told us there was not enough staff on duty to meet people needs, they told us there were eight people on the unit and up to four of them required two staff to meet their personal care needs. Another member of staff told us that there were nine people on the unit and their tasks included putting laundry away and ensuring the kitchen was tidy as well as making sure people's care needs were met. They said, "There is no time to socialise with them and chat." One person said: "I don't see much of the staff but they speak to me alright". Another said: "It would be nice if they [staff] had a bit more time to talk but they are really busy." We concluded that staffing levels were not always sufficient to ensure that people's identified needs were met at all times. This meant that people were at risk of being isolated.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said that they felt safe and that they did not have any concerns about the way staff treated them. One person told us: "Oh yes, I feel safe". Another person said: "I have not had anyone shout at me". One person when asked if they felt safe and if staff were kind, responded positively by nodding and smiling

The home had appropriate policies and procedures in place to inform and advise staff as to the required actions they should take if an incident or unusual event happened at the home. For example, we found that the provider had policies in relation to safeguarding adults, bullying and harassment and whistle blowing which contained relevant information and guidance. Staff confirmed they had access to policies and procedures.

Care records showed that risk assessments had been written with details on how to reduce the risk of harm occurring to people, whilst still promoting their independence. For example, one person had risk assessments in place in relation to their mobility and this said 'encourage use of stick to prevent falls'. We saw staff gently reminding the person that they needed to make sure they used their stick as they had forgotten. This ensured the person remained as safe as possible when mobilising round the home.

Two staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This showed us that only staff suitable to work with people were employed.

Staff confirmed they had received training in medication administration. People we spoke with told us they received their medication regularly. One person said: "I am asked if I require any pain relief".

We found that medicines were stored securely and at the correct temperature. We saw that people were offered pain relief and that it was accurately recorded. Appropriate arrangements were in place for the recording of medicines including disposal of medicines. Frequent checks were made on these records by the registered manager to help identify and resolve any discrepancies promptly.

# Is the service effective?

## Our findings

People we spoke with reported that staff understood their needs well, and helped them with their care needs. A staff member told us about the care they provided and said: “I have worked here for four years and have got to know people well so I know how to meet their needs”. A health professional confirmed that staff knew people well whenever they came to provide care and support to people.

All of the staff we spoke with told us they felt well trained and supported to effectively carry out their role. Staff told us and the training records we viewed showed that staff had received training in subjects including fire awareness, infection control and food safety.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was trained and felt confident in understanding when an application for depriving somebody of their liberty should be made. We spoke with staff and some did not all have a clear understanding of the principles of MCA and DoLS and their responsibilities. However, a training programme was in place to ensure all staff received the training to give them a better understanding and ensure they complied with the legislation.

We saw that most people were able to consent to making everyday decisions about their care and support needs. For example, what to wear, eat and drink. Capacity assessments were in place to detail if people had capacity to make every day decisions. Staff we spoke with were confident in discussing the importance of consent to care

and told us they always asked people about what support they needed before supporting them and giving them choices in what they liked to drink and what clothes they liked to wear. We heard this to be the case where staff were supporting people with the support needs.

We observed lunch being served to people. People were provided with a choice of food on offer each day. Everyone we spoke with commented favourably on the quality of food provided. One person told us: “I love the food I have no complaints”. We saw that where people chose not to eat in the dining rooms, they were offered meals and refreshments in their rooms. Where people required assistance at meal times we saw staff sensitively and respectfully assisting people in an unhurried and calm manner. Where people had any risk issues associated with potentially inadequate nutritional intake we saw that dieticians and speech and language therapists had been consulted. This was to help ensure people ate and drank sufficient quantities.

People’s health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: “The staff arrange for me to see the doctor when needed”. We saw that a doctor, district nurse, dietician and speech and language therapist had visited the service. This was to advise the staff and support them with meeting people’s needs. We noted all of this advice and information had been incorporated into people’s care plans. People and their relatives told us if they needed to follow anything up with the staff they could always find them and ensured it was sorted out straight away. This meant people could be confident that their health care needs would be reliably and consistently met.

# Is the service caring?

## Our findings

People were happy with the care provided in the home and told us that they received a good standard of care. One person said: “I can’t fault it here. All the staff are wonderful and help me when I need it”.

Relatives were confident in the care people received. One said: “I am very happy with the care [family member] receives here. I am able to come whenever I want, people who live here are well cared for by caring and supportive staff”. Another said: “I think [family member] is getting good care. What I see is lovely pleasant staff looking after people well”.

Staff treated people with respect and in a kind and caring way. Staff referred to people by their preferred names. Relationships between people who lived in the home and staff were positive. One person said: “You can have a laugh with the staff and I like that.” We saw staff supporting people in a patient and encouraging manner when they were moving around the home. One example included a member of staff supporting someone to walk at their own pace to the dining room for lunch using their walking aid.

Staff were aware of the likes, dislikes and care needs of the people living in the home. One staff member told us: “My

resident likes to hold hands when we talk to them. It reassures them that we are there and that we care”. We looked at the person’s care records and saw that this intervention was clearly recorded. We saw in another person’s care records that their life history and experiences were documented. This showed us that staff had taken the time to listen to people and their relatives.

All of the people had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors and gained permission before entering. They ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress, what people liked to eat and music they liked to listen to. We saw that people had their wishes respected.

The registered manager was aware that local advocacy services were available to support people if they required assistance; however, there was no one in the service which required this support. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One member of staff told us: “I have been here a while now and have got to know people well, how they like things done and what they like and don’t like. I like to give people time to respond and make their choices”.

One relative told us, “The staff know [family member] well and what they like and dislike. They encourage them to socialise with other people. They take part in some of the activities that are offered, although sometimes they need encouragement but they always enjoy it in the end”.

People who lived in the home and their relatives were involved in planning the care and support they needed. The registered manager told us how people and their relatives were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live at The Hillings. One relative told us: “[Family member] is very happy and I am kept well informed of what is happening and the support and care they need”. Another relative said: “The staff always keep me well informed and I am kept up to date on [family member’s] health and care needs”. Therefore, people and their relatives had been given the appropriate information and opportunity to see if the home was right for them and could respond and meet their needs.

People said that staff responded to their individual needs for assistance although they sometimes had to wait as staff were extremely busy. We noted people called out for assistance but staff were too busy to respond to people in a timely way. Our observations showed us that people had to wait for their care needs to be met. A member of staff told us that they were unable to support a person getting ready for bed the previous evening at their request as they needed to wait over 20 minutes for another member of

staff to become available. One person said: “The staff know what support I need and they always ask before helping me although I usually have to wait”. People said that they would be happy to tell staff how they would like their care to be provided. One person said: “Staff are very helpful and always do what I ask”. Some people said that staff would chat with them as they provided care; this process did not extend to actively consulting with them about all of the assistance they received.

People’s care plans were written to meet people’s individual needs which included mobility, communication, social needs and continence care. Staff were knowledgeable about the care that people needed to receive. However they told us they did not always have the time to read the care plans to see if people’s needs had changed, especially if they had been off for a few days. They did however say that handovers took place at the start of each shift to provide an update on people’s needs and any appointment’s for the day.

The registered manager told us that there was a dedicated person who planned and delivered leisure activities for people. There was a timetable of pursuits for people should they wish to take part. These included: bingo, cards, dominoes and discussion groups. A quiz was taking place during our inspection with 13 people participating. This was with much laughter and chatter happening throughout the event.

People who lived in the home and their relatives told us they were aware of how to raise a concern or a complaint. A relative told us: “I am very happy with the care and would feel confident in raising any concerns I may have”. There had been 10 complaints received in the last 12 months. We saw that with the exception of one that was still on going, these had been investigated and responded to satisfactorily in line with the provider’s policy. This showed us that the service responded to complaints to the satisfaction of the complainant and then used this as a way of identifying where improvement may be needed.’

# Is the service well-led?

## Our findings

There was a registered manager in post. Not everyone we spoke to was able to tell us who the manager was, but did know where to find their office. Those that knew the registered manager found them to be approachable. A relative said “I know who the manager is. They are often in the office and I know where the office is. You can just knock on the door.”

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available to the inspectors throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

Staff confirmed that they were supported with supervision, annual appraisals and also on-going development opportunities such as gaining additional qualifications.

The registered manager had submitted notifications to us which demonstrated their understanding of the requirements of their registration. Staff told us that there were links with local schools, colleges and religious organisations to show that the management of the home operated an open culture and people were an integral part of the community. Staff and people we spoke with confirmed this.

People were given opportunities to make suggestions and comments to improve the service. We saw that actions were taken in response to the suggestions. These included

a change in the menu and arranging suggested trips out. Staff told us they were given opportunities to make suggestions and comments including ideas of where people have suggested they would like to go.

Before the inspection the registered manager had completed and submitted a provider information return. This told us what areas had been identified to improve over the next twelve months, for instance, developing senior staff by continuing with NVQ Leadership training.

There was a management system in place to monitor and review people’s safety and actions were taken, if needed. This included action taken in response to people falling and who were at risk of developing pressure ulcers. Equipment was provided to manage these assessed risks.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary.

We observed people who used the service and staff who worked together to create a relaxed and welcoming atmosphere. There was a friendly discussion between staff and people who used the service, who spoke openly and warmly to each other. We saw staff supporting each other and working well as a team. We saw recent greeting cards around the service with messages of thanks from relatives of people who used the service. The comments were complimentary regarding the care people had received.

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 18 HSCA (RA) Regulations 2014 Staffing

**Sufficient numbers of staff were not suitably deployed to ensure the health, safety and welfare of people using the service.**