

Hillsborough Residential Home Limited

Hillsborough Residential Home

Inspection report

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Date of inspection visit: 11, 12 & 22 June 2015
Date of publication: 28/07/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	
Is the service responsive?	Requires improvement	
Is the service well-led?	Good	

Overall summary

The inspection took place on 11, 12, and 22 June 2015 and was unannounced to the care home and announced to the domiciliary care part of the service.

Hillsborough Residential Home provides care and accommodation for up to 22 people who are living with dementia or who may have physical difficulties. On the day of the inspection 20 people were living at the care home. The home is on two floors, with access to the

upper floor via stairs or a stair lift. Some bedrooms have en-suite facilities. There are shared bathrooms, shower facilities and toilets. Communal areas include two lounges, a conservatory, two dining rooms and an outside garden and patio area.

The service also provides domiciliary care services to adults within East Cornwall. On the day of our inspection

Summary of findings

12 people were using the service. The home care service provides palliative care, as well as supporting people with physical disabilities, sensory impairments and mental health needs, including people living with dementia.

At our last inspection in December 2013 the provider was meeting all of the Essential Standards inspected.

The service had a registered manager 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 were protected from avoidable harm and abuse that may breach their human rights. The registered manager and deputy manager understood how the mental capacity act and deprivation of liberty safeguards protected people to ensure their freedom was supported and respected. This meant decisions were being made for people with proper consultation. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People's medicines were managed well which meant they received them safely.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. The registered manager provided support and

training for staff. Staff supported people with their individual nutritional needs and took appropriate action when concerns were identified. Drinks were offered to people regularly. People could access health care services and the registered manager had systems in place to ensure staff shared information about people's health care to help ensure prompt action was taken when required.

People were supported by staff who promoted and showed positive and inclusive relationships. Staff were kind, caring, compassionate and tactile in their interactions with people. People were encouraged and empowered to remain independent. Staff were considerate and respectful which helped to ensure people's privacy and dignity were promoted. People's views were valued and used to facilitate change. The registered manager welcomed feedback to enable learning and improvement, for example, complaints were considered positively.

People received care which was personalised to their needs. Care plans and risk assessments did not always give clear direction to staff about how to meet a person's needs and activities were limited. However, from our observations and conversations with staff it was clear they were knowledgeable about people. People received a co-ordinated approach to their care when they moved between services because people had in place summary care plans which were shared with other professionals to help ensure continuity of care for people.

The registered manager and deputy manager promoted a positive culture that was open, inclusive and empowering to people, staff and visitors. The quality monitoring systems in place helped to ensure continuous improvement.

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.

People felt safe.

People were protected from risks associated with their care.

People's medicines were effectively managed.

People were protected from abuse and avoidable harm. Safe recruitment practices were in place.

There were enough staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People received care from staff who were trained to meet their individual needs.

People were supported to eat and drink, and any associated risks were effectively managed.

Staff had good systems to help them quickly identify any changes in a person's health or wellbeing.

People could access appropriate health, social and medical support as soon as it was needed.

Good



Is the service caring?

The service was caring.

People valued their relationships with staff, and told us staff were kind, caring, and compassionate.

Staff were motivated and inspired by the registered manager to deliver kind, and tactile care.

Staff were skilled in adapting their communication to help ensure people received an individualised approach.

People were treated with dignity and respect. People were supported, encouraged and empowered to remain independent.

People were involved in their own care and their views were respected.

People's preferences and choices at the end of their life were recorded so staff knew how people wanted to be cared for. Staff cared for and supported the people that mattered to the person dying with respect and understanding.

Outstanding



Summary of findings

Is the service responsive?

The service was not always responsive.

People told us there were not always enough social activities.

People's care plans were individualised, however, did not always provide guidance and direction to staff about how to meet people's care needs.

People received planned, co-ordinated and person centred care when they used different services.

People were encouraged to raise concerns/complaints and they were resolved to their satisfaction.

Requires improvement



Is the service well-led?

The service was well-led.

The registered manager promoted a positive culture.

People's feedback was valued and used to facilitate change.

There was a clear management structure in place and staff were valued.

The registered manager monitored incidents and risks to ensure care provided was safe and effective.

The registered manager worked with external professionals to ensure people received co-ordinated care.

Good



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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.

We visited the care home unannounced on 11 and 12 June 2015. The inspection team consisted of two inspectors and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection of the domiciliary care service took place on 22 June 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure the registered manager would be present. The inspection team consisted of one inspector and an expert by experience.

During our inspection of the care home we spoke with seven people who used the service as well as three relatives. We spoke with people in private and observed people's care and support in communal areas. We observed how people spent their day, as well as people's lunch time experiences. We spoke with three members of care staff, the chef, the deputy manager and the registered manager.

We looked at nine records which related to people's individual care needs. We also looked at records that related to people's medicines as well as documentation relating to the management of the service. These included four staff recruitment files, policies and procedures, accident and incident reports, training records, kitchen menus, and quality assurance and monitoring paperwork.

During our inspection of the domiciliary care service, we spoke with three people who used the service and six relatives. We also spoke with three members of care staff, the deputy manager and the registered manager. We looked at four records which related to people's individual care needs and records associated with the management of the service.

Before our inspection we reviewed the information we held about Hillsborough Residential Home and spoke with the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law. After our inspection we contacted three GPs, a psychiatric nurse and the manager of the local district nursing team.

Is the service safe?

Our findings

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People felt safe living at Hillsborough, comments included, “I do feel safe here, someone is here quickly when I ring my call bell”, and “I couldn’t feel safer”. A relative told us, “[...] is safe here, there is always someone around to assist if she needs help”.

People were protected from abuse because staff knew what action to take if they suspected someone was being abused or mistreated. Staff felt confident if they reported any concerns to the deputy manager or registered manager that they would be appropriately dealt with. Staff had completed safeguarding training and had access to the provider’s safeguarding policy and contact details for the local authority. The registered manager and deputy manager understood their responsibilities and shared with us examples of when they had raised concerns in the past.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

Risks associated with people’s care were managed effectively. The providers “right to take risks” policy empowered people to take risks to help ensure people living at Hillsborough continued to live without restrictions. For example, for one person they continued to remain independent by using their motorised scooter to shop in the local town centre. For people, who were at risk of health difficulties such as recurrent urine infections or choking, the person had risk assessments to help minimise the associated risks. These provided guidance and direction to staff about how to meet people’s needs.

Accidents and incidents were reported, recorded and investigated to help identify themes and take necessary action for improvement. For example, there had been an incident with a person’s specialist mattress. An action plan had been put into place to ensure this did not occur again.

Staff ensured people had their walking frames or sticks with them, to minimise the risk of the person falling. When a person had fallen, it was recorded so the number of falls could be analysed and action taken. For example, one person had been referred to a falls practitioner for support, because they had experienced a high number of falls.

Equipment such as grab rails were in place to help people support themselves, door guards were fitted to doors to ensure they closed in the event of a fire and radiators were covered to prevent people from scalding themselves. The kitchen had been awarded five stars from Environmental Health. This is the highest star rating awarded for hygiene.

The environment did not always promote people’s safety, for example the lounges and dining room were cluttered, which meant it was difficult for people to move around and position their walking frames. Staff also confirmed they had difficulties when assisting people. Some ground floor doors were blocked because of the storage of wheelchairs and boxes. The registered manager took immediate action to address this.

People told us there were sufficient numbers of staff to support them, one person told us, “to me, there are enough staff, they come quickly when I use my call bell” and a relative told us “there are enough staff to cover [...] needs”.

The registered manager told us people’s care needs were taken into consideration when deciding on how many staff to have working on each shift. Care staff were employed on a part time basis to help provide flexibility when covering annual leave and periods of staff sickness. Some staff told us if additional staff were required the registered manager was supportive of this. However, two members of staff felt there were not enough staff to meet the changing needs of some people living with dementia, and they felt this was not recognised by the registered manager. The deputy manager told us following staff appraisals it had been highlighted that Sunday staffing had been problematic, and action had been taken to rectify this. During our inspection staff were not seen to be rushing people and call bells were answered promptly.

People’s medicines were effectively managed to ensure they received them safely. Medicines were stored and disposed of safely. People who found it difficult to swallow tablets were provided with medicine in liquid form. People had medicine reviews which helped to ensure they were not taking unnecessary medicines. The deputy manager had been working with one person and their GP to reduce the amount of a controlled drug the person had been taking because their symptoms had improved. This demonstrated people’s behaviour was not controlled by excessive medicines.

Domiciliary Care Service

Is the service safe?

People described “feeling safe” when staff entered their home. One person told us, “the carers are friendly and know just what they are doing, I feel very safe with them” and “she always makes sure I have my life line button on”. Another person told us, “they don’t rush me and are very gentle”. One relative told us, “they are very respectful and kind and don’t rush him, he feels very safe” and “he feels very safe with them, they know what they are doing”.

Documentation relating to the management of risks was in place in people’s care plans for example, for the use of equipment and medicines. This meant care staff had risk assessments to follow when providing care to people to help minimise any associated risks to the person or to themselves. Staff explained how they minimised risks, for example making sure people had their walking stick in reach. If there were any changes, staff informed the registered manager or deputy manager so the risk assessment could be updated to help ensure it was reflective of the person’s needs.

People were supported with their medicines by staff. Staff had received training and care plans were in place to provide guidance and direction to staff. A relative told us they were “very pleased” with how their relative’s medicines were managed and another relative told us, “the carers manage her tablets very well”.

People told us the care staff mostly arrived on time, and they stayed the right amount of time. People explained

they were able to have the same care staff visit them; this helped with continuity of care. People were pleased they had continuity of staff and there was not a high turnover of staff.

They told us there were four carers working on a rota; they liked this, as they always knew who was coming. A member of staff told us of the importance of letting the person know who was coming to assist them; they explained “it’s always nice to know who is at your door”. Staff explained if they were running late they would always phone the person or contact the registered manager so the person could be informed. One person told us, “They are usually on time, if they are going to be late they will ring me or the office will ring me”.

Care staff felt they had enough time to provide good care and support to people and to travel to the next person. However, there had been some difficulties with rota planning which had been raised with the registered manager.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

Staff had received safeguarding training and were confident about how to report any concerns they may have and had access to the provider’s safeguarding policy.

Is the service effective?

Our findings

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People received care from staff who had undertaken an induction, continued training, supervision and an appraisal. This helped staff to improve their skills, and to receive ongoing support and development to enable them to effectively care for people. However, staff did not fully understand what the purpose of supervision and appraisal was. The deputy manager told us he was looking at better ways of providing supervision to make it more meaningful. Staff were expected to undertake training related to their role, for example, safeguarding and manual handling. One member of staff told us, “The training is very good. Manual handling two days ago, and privacy and dignity last year, and we will do it again soon”. The deputy manager confirmed they were aware of the Care Certificate and it was being incorporated into the induction process. The Care Certificate is a new national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

A health professional told us the registered manager had been pro-active in trying to improve training for the staff team in dementia care and skin care. They told us they always contacted them for further training when they recognised staff knowledge was lacking. GPs told us if staff were unsure of anything they would always ask for advice.

Staff adapted their communication to meet people’s needs. For example, people who were unwell and in bed, staff were respectful in their pitch and tone. For people who had hearing difficulties, staff spoke clearly, and at the person’s level so the person could hear. For people who had difficulties with their sight, the chef explained to the person what was on their plate for lunch; the person shared with other people, “they tell me what I am going to eat because I haven’t got great sight”.

Staff demonstrated a limited knowledge of the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) however, staff were seen to ask people for their permission prior to assisting or supporting them. Staff explained they would always consult with the registered manager if they had any queries. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are

assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager and deputy manager showed a good understanding and provided examples of when best interests meetings had been carried out. The deputy manager was in the process of making applications for DoLS for some people who lived at the care home.

People’s care plans showed care reviews were carried out and care plans were signed, this indicated people were involved in their care and were consenting to the care plan which was in place.

People were supported to maintain a balanced diet and to eat and drink enough. People told us, “The food is all freshly cooked”; “The food is absolutely beautiful, the chef comes round every morning to ask what I would like, I do have a choice” and “Home food is tasty and I mostly enjoy it, I get a choice.” Relatives told us, “Meals are ok; Mum’s a vegetarian” and “My [...] says the food is very good indeed”. Staff were seen to frequently offer people drinks.

The chef was knowledgeable about people, for example if a person was diabetic or required a soft diet. The chef told us staff communicated any changes promptly. The chef had robust records in place about people which were reviewed and updated. The registered manager told us the menu was based on people’s likes and dislikes. She told she felt it was important people had fresh vegetables as well as frozen vegetables and explained, “If it is not good enough for me, it is not good enough for them”.

People were effectively supported during lunch time, for example care staff asked people if they would like their food cut up or if they needed any help. They also asked people what cutlery they would like. One person made no attempt to eat the meal, a member of care staff came to sit with the person to encourage them to eat, it was done in a gentle, caring manner.

When there were concerns about people not eating and drinking enough, staff recognised this and put into place recording tools to monitor people’s diet, and sought external health advice. The deputy manager told us about

Is the service effective?

one person who had not been drinking very much, they had recorded this and as a result of reporting their concerns to health professionals, the person was admitted to hospital for further treatment and care.

People's day to day health care was monitored. Staff recorded important information and shared it at staff handovers so necessary action could be taken. People were supported to maintain good health, and had access to health services. People's records showed health professionals such as GP's, district nurses and mental health nurses had been involved in people's care. The deputy manager told us they had positive relationships with external professionals and welcomed their support. Referrals were made promptly, for example one person was experiencing changes in their mood, the staff had recognised this and steps had been taken to contact a psychiatric nurse for further advice and a review.

Domiciliary Care Service

People's mental capacity was reflected in their care plans so staff were aware of how to support the person with certain decisions. For example, one person's care plan showed they could make "fully informed decisions for themselves".

Staff told us they obtained consent from the person before speaking with their family or GP, and they always explained to the person how they were going to support them, before they did it. A relative told us, "they always talk to him and explain what they are doing".

People were supported to eat and drink. One person told us, "I am given a choice, of boiled egg or poached egg; I can have anything I ask for". A relative explained, "they assist with breakfast and lunch [...] is always given a choice of meals". When there were concerns, with the person's consent, staff would record and share the concerns with the registered manager, the person's family or their GP. One member of staff told us how they would gently encourage the person, by tempting them with different choices, or by giving the person new ideas.

Staff explained to us the training they had been asked to do, one member of staff told us, "it is all very interesting, we get a lot of training" and "we do so much training". Some staff told us they were provided with supervision whilst others told us they were not. A relative told us, "the carers are skilled".



Is the service caring?

Our findings

People told us staff were kind and were complimentary of the staff who worked at the care home. People's comments included, "It is a home from home, you couldn't get anything better", "I would say this is five star excellent", "I've been happy here for 26 years". One person told us, "It was my choice to move here, I had several friends here that I used to visit so I knew what the home was like. I didn't want to move to any other home; I wanted to move to this home. I first came here for respite then decided to stay as it was just like a five star hotel." Relatives told us, "Mum is treated with care and respect", "it's not a job it's a vocation, the staff are brilliant" and "efficient and friendly". A thank you card which had been written to express thanks stated "the standard of care... I found it to be outstanding... attention to detail such as getting the fruit juice she liked".

People had completed a survey to provide their feedback about the staff and the care and support they received, comments included, "I would like to thank all the staff for the manner in which they attend our needs", "thank you for all what you do at Hillsborough" and "everybody is so nice, I enjoy living here".

The registered manager told us she was appreciative of the staff who worked at the care home and confirmed there was a low staff turnover. A low staff turnover meant people received care from staff who had worked in the care home for a long time. So staff knew people well, and their individual needs and preferences.

Staff were inspired to demonstrate the caring values of the registered manager and deputy manager. The registered manager and deputy manager demonstrated through their interactions and conversations that they cared deeply for people. One person turned to the registered manager and said, "we do love you". The registered manager responded by saying "I love you too". One member of staff described the registered manager as having a "heart of gold". The deputy manager took time to speak with people when they wanted his attention. One person wanted to speak with the deputy manager on numerous occasions and each time the person repeated the same concern. The deputy manager respected the person, listened intently to the conversation each time, showed interest and gave a response. A health professional told us they felt the registered manager and staff team demonstrated compassion. GPs described staff as "kind" and "caring"

People were treated with tenderness and consideration by staff who recognised the little things mattered. For example one person had become unwell. Compassion was shown to the person so as to alleviate the person's embarrassment. A member of care staff who had been leaving at the end of her shift, noticed and returned to help. The person was kindly supported and then assisted to the lounge. The person was given their teddy bear by a member of staff; the teddy bear was stroked by the person, providing them with comfort. Another person apologised for spilling their drink over the table cloth. The person was treated with respect, reassured and was told that it "did not matter".

People were supported to express how they felt and then given help and reassurance to make sense of things. For example, during our inspection one person became frequently confused and upset about losing things. Each time this happened, staff took time and adapted their communication and approach to explain sensitively to the person where their things were. Staff sat next to the person and/or put their arm around the person to comfort them whilst they were experiencing anxiety. On one occasion the person became tearful about losing some jewellery, staff took time to search for it and eventually found it. The person was overjoyed when the deputy manager came to present her with the lost piece of jewellery.

People, who displayed emotional irritation, were supported by staff who were patient and gave clear explanations, which helped reduced people's frustrations. For one person who had experienced incontinence, they shouted at staff to leave them alone. Staff sensitively explained to the person that it would be better if they were helped to have a wash, they politely said, "you like being clean", the person responded by saying, "Yes I do", and with that, care was then able to be provided and the person became less angry.

People were encouraged to continue to be independent. For one person, they had been having difficulties with their continence which was causing them anxiety. With the support of the staff, the person was assisted to try out different continence aids. This reduced their concerns, improved their dignity and helped enable them to be independent. Another person told us, how staff encouraged them to wash the parts of their own body that they could reach, to empower them to be as independent



Is the service caring?

as possible. One person had experienced difficulties in walking. Staff supported the person to walk more frequently and as a result of this, the person's mobility had steadily improved.

People's care plans focused on people's aspirations and whether they would like to achieve anything in later life. For one person they wanted to continue to visit the local shops and be part of the community, and this was being encouraged by staff.

Staff spoke fondly about providing care to people. One member of staff described the importance of helping someone new settle into the home. They told us she "spends time putting them at ease". Staff were knowledgeable about people and about their personal histories. For one person who suffered anxiety, a member of staff demonstrated great respect and affection as she talked through the care she provided to the person. The member of staff understood the person's personal history and how this had contributed to some of the person's current behaviour and emotions.

Staff respected people's privacy, they knocked on bedroom doors prior to entering and in a cheerful way announced to the person they were coming in. Staff who were leaving for the day appreciated that it was people's home, and took time to say goodbye. One member of staff had a humorous conversation with one person, they called out "see you again in the morning, be good" the person replied "I'll try!"

People at the end of their lives had care plans in place so staff were aware of people's wishes. One person told us, "I have talked about end of life care with my [...] and with the owner here in the home". A relative had sent a thank you card to express their thanks, "thank you and all the staff at Hillsborough for the care that you gave [...] especially in her final weeks". Another relative told us at the end of their [...] life the staff were "brilliant". People were supported when someone they knew had passed away. For one

person, we saw them being comforted by the registered manager and by the staff. Staff placed their arm around the person when the person became tearful, and showed empathy in response to the person's loss.

Domiciliary Care Service

People told us they were supported by kind and caring staff who knew them well. Comments included, "they are very respectful and I feel very comfortable with them", "sometimes I feel down, but when the carer comes we have a bit of a joke, she makes me laugh". A family member told us that her relative was deaf. They explained the care staff communicated very well and told us, "I hear him talking and laughing with them".

People told us how staff went the "extra mile" for them, for example, "they often post letters, or get shopping for me if I run out of things" and "they don't just do what they are told in the care plan, they do lots more. They always ask if there is anything else we need". A relative told us, "they will always go the extra mile; they have genuine concern for his care". Other comments included, "excellent service", "absolutely perfect", "My [...] care is 100%" and "the quality of the girls is good, they genuinely care".

People told us staff respected their privacy and dignity at all times. One person shared with us that the staff are "very respectful and I feel very comfortable with them". Relatives told us, "they are very respectful of his dignity, they don't rush him and they are very concerned about his wellbeing" and "they are very respectful and kind".

Staff explained how they showed kindness, by being "happy and cheerful" and taking time to speak with people when providing care and support. One member of staff recognised that they may be the only person they saw that day, so it was always important to be cheerful.

People had been asked about their personal history. When the person wanted to share this, it had been recorded in their care plan, so staff were aware of what people had achieved in their lives. A person's history helped to enable staff to have meaningful conversations with people.

Is the service responsive?

Our findings

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People did not participate in activities organised by staff during our inspection; they spoke with staff, watched the television, or sat in the garden. People had commented to the provider in a recent survey that they would like more social activities. One relative told us, “doesn’t go out except with family”. We were told a lady visited for several hours every other week to do arts and crafts, baking and singing. The registered manager explained they used to have an activities co-coordinator and recognised improvements were required.

People had care plans in place to provide guidance and direction to staff about how to meet their needs. Care plans also helped to ensure people received personalised care which was responsive to their needs. However, some care plans did not always give clear guidance to staff about how to meet a person’s needs, for example one person was being repositioned every two to four hours to reduce the risk of the person experiencing skin damage. However, the person’s care plan did not detail this. Our feedback was taken positively and we were told improvements would be made promptly.

A health care professional told us for what the service lacked in paperwork, they made up for in “care” and “compassion”. They told us there was always an open dialogue about people’s care and support. GPs told us, good information about people’s clinical history was shared and routine checks, such as blood pressure and temperature recording helped inform GPs about the person.

People were not sure whether they had a care plan, but told us they had seen a “folder” and explained that was probably it. A relative told us, “Yes, [...] does have a care plan.” People’s care plans were regularly reviewed with the person.

People were able to continue their religious beliefs; the registered manager had links with the local churches and services took place in the care home, along with communion. People were always given a choice about whether they wanted to be involved and their decision was respected. For example, people were asked, and some chose not to attend a service on the day of our inspection.

People’s needs and preferences were shared with other professionals to help ensure continuity of care. People had a summary care plan so their needs and preferences could be known. For example, one person was collected by an ambulance on the day of our inspection. Staff provided the ambulance crew with a copy of the summary care plan so the ambulance crew were fully informed of the person’s individual needs.

People told us they did not have any complaints, but expressed they felt confident to complain. Comments included, “I’ve not had any problems or complaints”, “If I had any worries I would talk to my daughters who would deal with it” and “I’ve not had any complaints since I’ve been here”. The complaints procedure was displayed and shared with people in the provider’s service user guide.

People’s complaints were listened to, recorded, and responded to. Complaints and feedback were used to improve the service for people. For example, one person had complained about the laundry. The complaint had been thoroughly investigated, and an action plan put in place to make improvements.

The registered manager and deputy manager were both keen to work alongside staff and provided care and support to people. They explained they felt this gave people an opportunity to speak with them about any worries they had. The registered manager told us, “People can approach us at any time... I like to deal with things; we don’t push anything under the carpet”.

Domiciliary Care Service

People told us staff knew how to support them and how to meet their individual needs. One relative told us, “they are very aware of his needs”.

Staff confirmed people had care plans in place to provide guidance and direction about how to meet a person’s needs. One person told us, “the manager of the care home comes to see me and we go through my care plan”. However, some people told us, their care plan was not up to date. Comments included, “The owner went through the care plan with me in the beginning, I have recently received another one but some parts are not right”. One relative explained that a care plan had been posted to them, but they did not agree with it and posted it back to the registered manager with the changes, but they had not

Is the service responsive?

received a response. The deputy manager showed us how care plans were currently reviewed and updated. Although, there was a system in place, it was going to be changed to make improvements.

People told us staff were observant of their health care needs and explained they would contact a GP if necessary. One person told us, “they would recommend I make an appointment with the doctor if they noticed anything”. A relative told us “they keep me informed of everything, they noticed some medical problems and I was able to deal with them immediately”. Staff were aware of their responsibilities and explained any concerns would be documented and shared with the registered manager.

People were given a copy of the provider’s complaints policy when they started to use the agency. People told us they did not have any complaints. One person told us “very satisfied with the company...no complaints”. This person told us they were very dubious about having carers, but now enjoyed their company. Staff described how they would support people if they had a complaint to make. One member of staff described passionately about supporting people to make a complaint, they told us, “I always encourage people to tell someone...somebody has to be told otherwise it cannot be corrected...you should be happy in your own home. I really try to get that across to people”.

Is the service well-led?

Our findings

People, staff, and relatives all told us the registered manager and deputy manager were approachable people. One person told us, “she [the registered manager], is marvelous, she really is marvelous”. A relative told us, “The owner/manager is a dedicated woman, there should be more like her, she does a good job and tries to keep everybody happy”.

There was a positive culture where people felt included and consulted. For example, all staff we spoke with confirmed they could openly speak with the registered manager or the deputy manager about any concerns or queries they had, such as care or personal learning. Comments included, “the deputy manager is very good, really good as a manager, if you say anything to him, things get done, I deal most of all with him. He’s pretty good at getting things done”, “I don’t have a lot of dealings with [the registered manager] she’s a hard worker though”, “I can talk more to [...] than to [the registered manager] cos she’s kind of doing everything. She’s a nice boss but I tend to go to [deputy manager] if I want anything.” The deputy manager told us, “she’s [the registered manager] the one that’s trained me. That it is not just about washing people but treating people with dignity.” During our visit, the registered manager was visible, made herself available, spoke kindly, compassionately and enthusiastically with people, visitors and staff.

The quality of the service was continually monitored and under review. There were audit tools in place which looked at the possible risks to the service, and were used to create action plans for improvement. The deputy manager had

also spent time analysing the five key domains of the Commission’s inspection process and had created their own action plan to help ensure they were rated positively. People’s feedback was used to make continuous improvements to the service. Feedback had shown that some people would like more activities. An action plan had been created to address this.

There was a clear management structure in place. Staff meetings took place and the registered manager and deputy manager met formally to discuss the day to day running of the service. Staff were valued and their opinions mattered. Staff were also asked to complete a survey sharing their views about working at Hillsborough.

There was a whistle blowing policy in place to protect staff, and staff told us they would not hesitate to report any concerns to the registered manager or deputy manager.

The registered manager worked positively with health professionals and was pro-active in engaging with professionals for their feedback. For example, surveys were sent for GPs and district nurses to complete. GPs told us they did not have any concerns regarding the management of the service.

Policies and procedures were in place to support practice and were updated when legislation changed. The deputy manager used guidelines to help update and ensure policies reflected current regulations. For example, the medicine policy had been updated taking into consideration the NICE guidelines. Care documentation was reviewed, and time had been taken to research “best practice” prior to the implementing of paper work, such as end of life care plans and mental capacity assessments.