Barchester Healthcare Homes Limited

Hilderstone Hall

Inspection report

Stone
Nr Stafford
ST15 8SQ
Tel: 01889505468
Website: www.barchester.com

Date of inspection visit: 21 April 2015
Date of publication: 22/05/2015

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

Overall summary

This inspection took place on 21 April 2015 and was unannounced. At our previous inspection in August 2013 we did not have any concerns.

Hilderstone Hall is a social care home providing accommodation, personal and nursing care for up to 51 people. At the time of this inspection 43 people used the service. There was a dedicated dementia care unit called Memory Lane, seven people were accommodated in this unit.

The service 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 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff were aware of their responsibility to protect people from harm or abuse. They told us they were confident that any concerns they reported would be acted upon.

Summary of findings

Risk assessments and care plans were completed to reduce the risk of harm to people. Staff had a good knowledge of people's individual care needs but records were not always completed to reflect the care, support and treatment being provided.

Staffing levels were sufficient, people did not have to wait for help and support when it was needed. People's medicines were managed safely; staff were knowledgeable and supported people with their medication as required.

Some people who used the service were unable to make certain decisions about their care. The legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves. Arrangements were in place for best interest meetings and decisions to be made in accordance with the MCA when required.

People told us they enjoyed the food, had plenty to eat and drink and lots of choice. Where people needed help with eating, staff provided the level of support that each individual person required.

Health care professionals were contacted when additional support and help was required to ensure people's health care needs were met.

People were treated with respect and approached in a kind and caring way. People told us they found the staff caring and compassionate. People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home.

A variety of leisure and recreational activities were provided in house and in the community, these were either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices.

Staff, visitors and people who used the service told us they felt well supported by the management and worked well as a team. The safety and quality of the home was regularly checked and improvements made when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. There were sufficient numbers of staff to meet people's individual needs and keep people safe. Risks to people's health and wellbeing were identified, managed and reviewed. On occasions records were not updated to reflect the care, support and treatment that was provided. People received their medication as it was prescribed.

Good

Is the service effective?
The service was effective. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Some people required support to enable them to make decisions about their care and support, the provider acted in accordance with current legislation to ensure all decisions were made in the person's best interest. People told us they had sufficient to eat and drink each day and their nutritional needs were met. Staff told us the training they received supported them to effectively deliver good quality care.

Good

Is the service caring?
The service was caring. People told us the staff were kind and considerate. We saw staff were compassionate and patient when supporting people with their care needs. People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive. Recreational and leisure activities were arranged for people to enjoy either on a one to one basis or in a group. People's preferences to participate or not were respected. Whenever possible people were involved with the planning of their own care. When this was not possible, where applicable, people's representatives were involved.

Good

Is the service well-led?
The service was well led. Staff told us they felt well supported by the registered manager and the management team. People were asked their views and experiences of the home at regular intervals. Effective systems were in place to regularly assess, monitor and improve the quality of care.

Good

Hilderstone Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 21 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with 20 people who used the service and seven visitors. We did this to gain people's views about the care. Some people who used the service were unable to speak with us, so we spent time in the lounge areas and observed the interactions between people.

We spoke with the registered manager, the deputy manager, a nurse, two senior carers, four members of care staff, the activity coordinator, receptionist, catering and domestic staff. This was to check that standards of care were being met.

We spoke with a community psychiatric nurse and another visiting professional to obtain their views on the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

People told us they felt safe, secure and comfortable at the service. A visiting relative told us: "I feel relieved that my relative is here and having good care. I have confidence that they are safe here". Staff confirmed that the levels of staff were sufficient for them to provide the care and support to people in a safe and effective way. Staff were allocated each day to work in various areas and this included the continual supervision of the communal areas within the home. This ensured that when people needed support and help staff were readily available to support them.

Staff explained how they would recognise and report abuse. One staff member explained the procedures they would follow if they witnessed any abusive situations. They told us: "I know what to do but have never seen anything or had concerns with people's safety whilst I have been here". Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

We saw staff supported people when they needed help to move around the home in a safe way. One person with limited mobility and at risk of falling decided they wished to move. Staff were quick to ensure their safety by offering the person their walking frame. They stayed with the person until they were safely where they wished to be. Staff told us that risk assessments were completed when people were identified at being at risk of harm. We saw a risk assessment had been completed and reviewed at regular intervals for a person at risk of falling. All efforts had been made to ensure the person's safety but after they experienced a fall, a referral had been sent to the falls clinic for additional support and guidance.

Staff told us that some people were at risk of developing sore skin and pressure areas. We looked at the care records for one person and saw that a risk assessment and a corresponding plan of care had been completed. The person had a pressure ulcer that required a 'wound dressing to be applied every 3 days'. There was no subsequent recording on the wound care treatment plan. We asked if the dressing had been changed as directed. Nursing staff said it had but there was no record of this.

Care staff told us that some people needed support with repositioning every two hours throughout the 24 hour period due to them being at risk of sore skin. Records were completed following each intervention. The nurse told us there were daily skin checks by care staff and 'staff would report changes'. We saw that for a period of 10 days staff had consistently recorded "Yes" to concerns with the skin condition of a person. We asked to see the person's wound assessment and treatment plan, the nurse confirmed this had not been completed. However, staff demonstrated they had a good knowledge and understanding of this person's individual needs and the risk of harm as a result of poor record keeping was low. We spoke with the registered manager about our findings. They immediately offered an assurance that the issue would be discussed with all the nursing staff and action would be taken to ensure a concise and accurate record would be completed without delay.

People told us that staff made sure they received their medicines when they needed them. One person said; "The staff make sure that I get my pain killers in the morning and then again before I go to bed. I feel so much better when I have had them". Staff told us that some people had prescribed medication that needed to be given at very regular intervals and at the same time of day each day. We spoke with a person who received this regime of medication they told us: "I have had my tablets and feel better when they start working". Arrangements had been made to ensure people benefitted from the effectiveness of the medication because it was given exactly as prescribed.

Good

Is the service effective?

Our findings

People told us the staff were experienced, well trained and good at what they did. One person said: "They [the staff] know exactly what they are doing, they help me with the things I can no longer do for myself". We spoke with two members of staff who both said the training they received was good. One staff member told us: "We have a lot of training and can request additional training if we feel that it would be useful". A long-standing member of staff told us that regular updating of training was carried out; they said a training day was arranged approximately every 6 months. Most staff attended and received updated training in most key areas. They commented they found this "very useful". A more recent employee told us about a 12 week induction for new staff, they had shadowed more experienced staff before working alone with residents. The staff member told us the registered manager had been involved in the bulk of the induction training.

We met people who were living with dementia. They told us they were 'happy and comfortable'. Staff consulted people at all times in relation to making decisions and choices. For example, what they would like to do, what music they would like to listen to and what they would like to eat and drink. The rights of people who were unable to make important decisions about their health or wellbeing were protected. The staff demonstrated they understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The manager confirmed and we saw from records that most people had an assessment of their mental capacity to make informed choices and decisions about their care and treatment. One visitor told us they had a Lasting Power of Attorney (LPA) authorisation for their relative in relation to finance and property. They said they had been involved in planning care when their relative moved from another area and had since been kept involved in the person's care. They went on to say: "We are always consulted and involved in decisions that need to be made". This showed that when a person did not have capacity, their representatives were consulted and decisions made in the person's best interests.

The registered manager told us there were no DoLS authorisations in place but because people were subject to continuous supervision and not free to leave due to safety reasons applications to the Local Authority had been made. We saw that the restrictions of movement for people were minimised and in the least restrictive way. People could access all areas within the home and staff were available to support people with going out of the home should they wish to do so.

Some people had a Do Not Attempt Cardio Pulmonary Resuscitation order (DNACPR) on file. This is a legal order which tells a medical team not to perform CPR on a person. Where people were unable to make specific decisions, their representatives, doctor and other professionals were clearly involved in the decision making process.

Without exception people told us they enjoyed the food and were highly satisfied with the daily menu. One person said: "We have a good choice. If we want a change we can have it". We saw the mid-day meal served in a restaurant like setting in the main dining area. Some people had meals delivered to their bedroom or chose to eat in the lounge area. The chef went to people in the dining room before the meal was served to ask and check what they would like to eat. There were options for main course and sweet. We saw someone being offered alternatives that were not on the menu. The person told the chef that they did not 'fancy' what was available so the chef offered an alternative they knew the person liked.

In Memory Lane people were involved with preparing for the meal, they helped to set the dining table and clear away afterwards. One person said: "It's lovely here, I do enjoy the food".

Throughout the day we saw that people were offered drinks and snacks in the lounge area and people we saw in bedrooms had access to drinks.

Staff told us that some people were at risk of not eating or drinking sufficiently throughout the day. Each person had a nutritional risk assessment with a corresponding care plan. People considered to be nutritionally at risk had food and fluid charts to monitor their daily intake. Records had been consistently completed and evaluated. Referrals had been made to the speech and language therapists and dieticians following consultation with the GP where people had lost weight or were reducing their intake of food or fluid.

People were supported to access a variety of health and social care professionals if required. For example one person's mental health was deteriorating; a referral had been made to the community psychiatric services for help

Good

Is the service effective?

and support. We met with the visiting community psychiatric nurse who told us: “The staff are always very welcoming, they will listen and are proactive with the advice we offer”.

The registered manager told us they provided end of life care. People currently receiving end of life care, were being seen by the palliative care nurse and their doctor, their care was being reviewed to ensure they remained peaceful and comfortable. The registered manager told us the deputy manager was currently receiving training to gain the Gold Standards Framework (GSF) in end of life care. The (GSF) enables staff to provide a gold standard of care for people nearing the end of life.

Good

Is the service caring?

Our findings

One person who used the service invited us into their private room and told us: “I am not too well at the moment I can’t get about as well as I used to. I get a lot of pain, staff are very good at helping me and they give me some tablets but they only work for so long. I like the staff they are very good and kind but I would like to be at home”. We saw that staff spoke with this person in a kind, caring and patient way, they knelt in front of the person and offered the person choices of where to sit, what they would like to do and what they wanted to eat.

People who visited the service were very complimentary of the care. We met with a visiting relative they told us: “I visit three times each week my relative has been here for three years. They are always clean and smart like today and you can see they have had total care. The carers are so helpful. I am totally happy with the care I have seen here over a period of years. My relative does not have capacity to make decisions anymore but I don’t want their quality of life to deteriorate further. I cannot watch them being hoisted, it really upsets me, so carers use the hoist and a wheelchair and move them to the quiet lounge before I come and so we can spend time there together”.

We spoke with another visitor, they told us their relative was currently experiencing periods of unease and anxiety and at times refused the care and support offered by staff. “The staff are excellent with my relative and respond so well. My relative can be very difficult and awkward but staff attitudes never change regardless of how my relative acts. They are not an easy person to deal with; staff always treat them with the utmost respect. In fact staff always speak to all residents pleasantly. I have every confidence in the staff here.”

We observed very positive and caring relationships between people and staff. People were treated with respect and approached in a kind and caring way. People were listened to and staff spent time talking and responding to people. Some people had limited verbal communication and we saw they were given time to express their wishes and requests. A visitor told us: “Staff are very patient and show a great deal of care and respect to all people who live here”.

A member of staff told us that each person had a keyworker and the agreement was that the staff member will spend 10-20 minutes with the person each time they were on duty. A key worker is a named member of staff who has a central role in respect of a particular person. One person who used the service told us they had a ‘special friend’ in their key worker.

The registered manager told us they had introduced the ‘Resident of the Day’. Resident of the Day is an initiative that helps care home staff to really understand what is important to each person and to review in depth what would make a difference to them. Staff from each department within the service visited the person and asked if the person had any special requests. For example the person may request something different to eat or drink or go on an outing. Staff told us they try to make the day a ‘little bit different and special’ for the person.

Good

Is the service responsive?

Our findings

People were very pleased with the care and support that was provided. A visitor told us: “We all got our lives back after our relative came in here, the care and treatment has been wonderful”. A visiting professional said: “It’s not like a care home – I could come here and live myself”. All people had an individualised plan of the care and support they required. Where ever possible people were involved with the care planning and review process. Where people did not have the capacity or were unable to fully make their needs known their representatives were involved. One relative told us: “They [the staff] phone me if anything changes, or there are things I need to know. I come for a review with one of the nurses about every 6 months”. Care staff we spoke with were able to tell us about people’s individual care needs and how they liked their care provided, and about things and people that were important to them.

People told us there was ‘always something going on at the home’. A programme of activities were arranged and included in house and community events. A ‘Daily Sparkle’ newsletter was available and shared with people. The newsletter was a professionally written reminiscence and activity tool which was intended for older people living with dementia. Items of interest were shared with a group of people and this created further discussion and debate on the local bird population and the patron saint of England, St George. Not everyone liked to join in the group activities, we saw people reading the daily newspapers, watching television, sitting quietly or speaking with other people. Staff respected this and were responsive to people choices and preferences.

One person told us how much they looked forward to the regular visits by the local clergy and the comfort they got from the monthly service. The registered manager told us that people were supported to go to the parish church nearby when they wished to do so. Links with the local community were also being developed. People in the local vicinity were invited to the afternoon and evening entertainment that was arranged.

People told us they would be comfortable in speaking with the registered manager if they had any concerns or complaints with the service. One person told us they had recently been to see the registered manager because they had a concern. Staff told us about the concern and the action they had taken to resolve the situation and to reduce the risk of a recurrence. A person who used the service said: “What is there to complain about? If you want something you just have to ask and they will do their best to provide it”. Information on how to make a complaint was available at the reception area.

Good

Is the service well-led?

Our findings

Without exception people told us the registered manager and management of the service were open, welcoming and approachable. A member of staff commented: "If you have any problems you can go to the manager, she is always around the home and is very helpful". There were clear lines of responsibility within the various staff teams and staff knew who to report to. Ultimately the registered manager knew exactly what was going on as they had introduced very regular head of departments meetings to ensure effective communication.

Meetings with the various staff teams were planned in advance each month. Minutes of the meetings were completed and available for the staff unable to attend. At a recent care staff meeting it was decided to trial staff working in different areas. Staff reported this was working well so it had now been implemented. Staff said that it gave them a much better overview of the care and support needs of all people who used the service. Regular staff supervision and appraisals took place and staff were encouraged to discuss work related issues and their training and development needs.

Systems were in place to seek people's views and experiences of the home. People had the opportunity to discuss and comment on a variety of issues, for example on the food, activities, the environment and the staff. The registered manager told us that all comments and suggestions were looked at and improvements were made when needed.

The registered manager told us and we saw that checks and audits were completed each month throughout the year to assess the quality and safety of care the home provided. For example, accidents and incidents, infection control, medication, care plans and reviews. The monthly audits were then inputted on the clinical governance electronic site and were accessible to all support teams within the company. The information was then analysed and a manager's action plan was developed when concerns were identified. The registered manager told us that this system speedily identified any shortfalls in the quality and safety of the service and they were able to respond quickly.