

Stour Sudbury Limited

Hillside Care Home

Inspection report

20 Kings Hill
Great Cornard
Sudbury
Suffolk
CO10 0EH

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17 July 2017

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Tel: 01787372737

Website: www.caringhomes.org

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Hillside Care Home provides accommodation and personal care for up to 44 people, some of whom are living with dementia. At the time of our unannounced inspection of 17 July 2017 there were 38 people using the service.

We carried out an unannounced comprehensive inspection of this service on 15 February 2017 and rated the service as Requires Improvement. We had serious concerns relating to the lack of adequate numbers of staff on duty and the management of medicines.

We issued a warning notice to the provider and registered manager dated 3 May 2017 to inform them that the service was required to become compliant with Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 May 2017. We received an action plan from the registered manager which informed us that the service would be compliant with the Regulation by 27 May 2017.

We carried out this focussed inspection on 17 July 2017 to assess the safety of the service. This report only covers our findings in relation to people's safety and welfare regarding there being sufficient staff on duty to meet people's needs and medicines management.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillside on our website at www.cqc.org.uk

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. The registered manager had recently left the service. A new manager had been appointed and commenced in post on 1 June 2017. They informed us that they were seeking registration with the Care Quality Commission.

Improvements had been made in how the service effectively calculated the numbers of staff required to ensure that people's needs were met safely. Where shortfalls in staffing numbers had been identified the service had taken action to actively recruit more staff and in the short term use agency staff until this was addressed.

Improvements had been made in the systems in place to ensure that people were provided with their medicines safely. There were now effective organised systems in place for the safe handling of medicines. We have changed the rating for this key question to 'good' but the overall rating for the service remains as 'requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff on duty to meet people's needs.

Medicines were administered safely.

Hillside Care Home

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 and to check upon the compliance of the warning notice about appropriate levels of staffing under the Care Act 2014.

We also had concerns about the safe management of medicines which we checked.

The inspection took place on 17 July 2017 and was unannounced. The inspection team consisted of an inspection manager and one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This included notifications sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with five people who used the service, the area manager, the manager, two senior carers, one member of care staff, a member of the domestic staff and an agency member of staff.

We also spoke with staff from the local authority provider support team to gather information about the service.

We reviewed five care plans, 20 medicines records, dependency tool, staffing rota and other records relating to the safety of the service.

Is the service safe?

Our findings

At our last inspection of 15 February 2017 we found that the service was not safe. This was because there were not enough staff on duty to meet the needs of the people living at the service. We also identified concerns with the safety of medicines.

We issued a warning notice dated 03 May 2017 which was sent to the provider and registered manager informing them that the service needed to be compliant by 27 May 2017. The warning notice stated there were not sufficient members of staff on duty to keep safe with regard to their assessed needs. The action plan we received from the registered manager stated how this would be achieved and the service would be compliant by 27 May 2017.

At this inspection we found action had been taken to assess people's needs and ensure there were sufficient staff on duty to meet those needs. Also peoples prescribed medicines were administered to them in a safe and proper manner.

We reviewed the staff rotas for the last eight weeks and found that they had been organised from the information provided by the dependency tool. Each person had their needs assessed on a monthly basis which included if they required one or two staff members to support them with their needs. This information was recorded in their care plan and on the dependency tool. The manager calculated, from the dependency tool, the number of care hours required to meet each person's needs. They were then able to construct a staffing rota in line with the care hours required.

The manager informed us that they would recalculate the staffing rota should a person's care needs change significantly resulting in additional care being required. This meant the manager was organising the staffing rota to take account of people's assessed needs.

Most staff worked shifts of 12 hours, with some staff with the agreement of the manager working eight hours. A senior carer informed us that there was sufficient time for a handover at the end of each shift. As well as establishing which staff wished to work days or nights the manager had also assigned senior staff and care staff to usually work in the same area of the service. This was so that staff would get to know people better and build up relationships. With this knowledge staff could accurately identify people's needs which would be used in the dependency tool.

When we arrived at the service we heard call bells ringing, which meant that people were calling for assistance. During the inspection we heard bells in operation but these were only ringing for short periods of time, showing that they were answered promptly. One person told us, "Staff usually come quickly when I use the call bell, occasionally I have to wait but only for a few minutes, I do not mind." The manager informed us there were three members of agency staff on duty that day. This was because the manager had identified the need to cover the shifts so that people's assessed needs would be met by there being enough staff on duty. This included answering call bells efficiently to support people to meet their needs.

A member of staff told us, "Things have improved since the last inspection, you do not have to go looking for staff to help you because there are enough staff now." A senior member of staff told us, "Very positive changes, using agency staff now, so there are enough of us. Morale is better and staff will do some extra hours when needed. We have time to chat with people now." Another member of staff told us, "The new manager communicates very well and we all know what we are doing, there are enough staff both days and nights." This meant there were enough staff on duty and they were effectively organised to provide care and support to people.

A member of the agency staff informed us that they had been made welcome when they began to work at the service. They had an induction which included being shown around and fire safety information. The senior staff were helpful and supportive. They told us, "The staffing levels are fine." They further explained that they were able to support people with their choices about what time they got up and went to bed, as there were enough staff and they had enough time to support people. One person told us, "I can get up and go to bed when I want to, the staff are lovely."

The manager informed us since commencing with the service on 1 June 2017, they had recruited two new members of staff. They were also being supported by a new deputy manager and were planning a recruitment open day in July 2017. They had also recruited a new member of staff but they had not commenced as yet because the manager had not received clearance from the disclosure and barring service. This meant the manager was operating a safe recruitment practice.

The manager's time was designated to the management of the service to ensure there were sufficient staff on duty and the staff were trained and knowledgeable to meet people's needs. The manager planned to provide some direct care themselves to show leadership to the staff and also to keep in regular contact with people. They were aware that first and foremost the role was to manage the service. They informed us that they had good support from the regional manager and also from the registered manager of another service on the same site. This meant the manager was supported and they focussed upon ensuring there were sufficient staff on duty at the service.

The medicines administration records we looked at included people's allergy information, a diagnosed condition such as diabetes and a photograph of the person to make sure they were correctly identified during administration. We saw that since our last inspection the manager had clarified the guidance for staff on the different ways that each person preferred to take their medicines. All of the medicines administration records (MAR) had been signed to show that medicines were administered as prescribed. One person told us, "They bring my medicines to me without fail."

We saw protocols were used to manage some medicines to be taken when needed (PRN), for example for pain relief. The protocols were written clearly and staff had signed the person's MAR chart when these were administered. We saw a member of staff administer a person's medicines and they asked if the person was experiencing any pain and if they required any PRN medicine. We also saw the staff member talking with a person while offering them each of their prescribed medicines on a spoon one at a time. We saw in the person's care plan a risk assessment had been written which identified that the person had a swallowing difficulty and could easily choke. The member of staff was following the instructions to give one medicine at a time rather than all together to reduce the likelihood of choking. This meant that staff had assessed and recorded how to administer medicines safely.

Separate record charts were used to confirm that prescribed creams had been applied. The creams that had been opened were clearly dated with their opening date. The senior staff we spoke with was aware of the expiry date. This meant that we could be assured that they were safe and effective to use.

We saw from the training records that all staff had received medicines training and this information agreed with the staff names and their signatures in the front of the MAR file. A senior carer informed us about the training they had completed in order to learn about medicines and how to administer them safely. They knew that they were required to focus upon one person's medicine at a time and not to sign the MAR chart until the person had taken the prescribed medicines. The senior carer explained to us that some medicines needed to be given before the person consumed any food and other people needed medicines for their conditions every four hours. This information was recorded in people's care plans and also on their MAR with the times clearly identified. This meant staff had been trained and knew how and when to administer medicines safely.

Medicines were stored securely on both floors of the service and a new lock had been positioned on one medicine room door for this purpose. We saw that the staff had recorded temperatures of the rooms and refrigerators where medicines were stored. In order for medicines to remain effective they must be stored at the correct temperature. There was a procedure in place for the ordering and returning of any unrequired medicines. The manager had worked with the GP practice for the smooth ordering and delivery of prescribed medicines and particular attention was paid for ensuring medicines were available for people returning to the service from hospital with new prescriptions.

A senior carer explained to us about the daily medicine audit. This was to check the actual medicines in stock agreed with the records of stock. The records were in agreement with the stock. The purpose of the audit was to identify on the day if there had been a discrepancy of a medicine. The senior staff once aware could then take any actions required to manage the medicines at the service safely.