Mrs M Hope and C Hope

Hillcrest Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
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 was unannounced and carried out on 2 October 2014.

Hillcrest Residential Home is a care service for up to 13 older people who may be elderly, have a physical disability or be living with dementia. It does not provide nursing care. At the time of our inspection there were 11 people who used the service.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection on 15 April 2014, we asked the provider to take action to make improvements relating to records and assessing and monitoring the quality of service provision. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we found that improvements had been made with further plans in progress to strengthen the management team to improve and maintain overall quality in the service. We found a breach of the Health and Social Care Act 2008 (Regulated Activities)

Summary of findings

Regulations 2010, in relation to protecting people by maintaining the home to a clean and hygienic standard. You can see what action we told the provider to take at the back of the full version of this report.

People that we spoke with told us they felt safe, were treated with kindness, compassion and respect by the staff and were happy with the care they received.

Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in a way that was safe and protected people. Risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe. Systems were in place to provide people with their medication in a safe manner.

There were sufficient numbers of suitably skilled staff to meet people's care needs. Staff received an induction, ongoing training, regular supervision, an annual appraisal and opportunities for professional development.

People's care records were up to date and provided clear guidance to staff on how to meet people's individual needs, promote their independence and maintain their health and well-being.

We found that people were supported to attended appointments with other healthcare professionals such as opticians, physiotherapists, dentists and chiropodists. This showed that people were supported to maintain their health and well-being.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

We found the service was meeting the requirements of the DoLS. The registered manager had a full and up to date knowledge of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. This meant that people who could not make decisions for themselves were protected.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals including both hot and cold options. We observed that people were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and had a good understanding of people's individual care and support needs.

People were supported with their hobbies and interests and had access to a range of personalised, meaningful activities which included access to the local community. People knew how to make a complaint and felt that their choices were respected.

Improvements had been made to assess and monitor the quality of the service provided.

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.

People were at risk because some equipment and areas of the service were not cleaned or maintained properly. Infection prevention and control measures were not robust because cleanliness and hygiene standards in the service had not been maintained.

People who used the service told us they felt safe and secure. Staff were recruited safely and knew how to recognise and report abuse appropriately

Requires Improvement

Is the service effective?
The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they had plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

Is the service caring?
The service was caring.

People were happy and positive about their care and the way staff treated them.

Staff understood people's individual needs and care choices and acted in their best interests. Throughout our inspection we saw that staff were kind and attentive in their interactions with people.

Good

Is the service responsive?
The service was responsive.

People's health and care needs were assessed, planned for and monitored.

People were supported with their hobbies and interests and had access to a range of personalised, meaningful activities which included access to the local community. People knew how to make a complaint and felt that their choices were respected.

Good

Is the service well-led?
The service was well-led.

Improvements had been made to the culture of the service to make it open and transparent. Arrangements were in place to assess and quality monitor the service provided.

Good

Hillcrest Residential 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place 2 October 2014 and was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five health and social care professionals about their views of the care provided. Feedback received was complimentary about the care but concerns were raised about the cleanliness of the service. We spoke with eight people who used the service and one visitor. We also spoke six members of staff and the registered manager.

People who used the service were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewing care records and other information to help us assess how their care needs were being met.

We spent time observing care in communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

As part of this inspection we observed four people's care and reviewed their care records. This included their care plans and risk assessments. We looked at induction and training records for two members of staff. We reviewed information about maintenance, complaints, compliments, quality monitoring and audits. We also looked at health and safety records.

Requires Improvement

Is the service safe?

Our findings

We found significant problems with cleanliness and hygiene in the service. Communal bathrooms and toilets, which we saw were regularly used by people, were not clean, hygienic or well maintained. Bathrooms contained dirty cleaning equipment. Several tiles on one of the bath panels were chipped and some had fallen off leaving the plaster exposed making it hard to clean thoroughly.

Two professionals expressed concerns with the cleanliness and maintenance of the service. One told us the service was often cluttered when they visited and the, "Environment could be improved and the carpet cleaned to reduce infection and smells." Another professional said at their last visit to the service there was, "An offensive odour downstairs and there were no paper towels in the toilet / bathroom."

The manager was unable to tell us the last time the carpets had been deep cleaned. There were shortfalls in the cleaning records we looked at. It was not clear which areas in the service were cleaned, when and by whom.

There were poor hand washing arrangements in place. Throughout the service there was an absence of hand sanitizers/ liquid soaps and paper towels for people to use when washing their hands. These issues put people who used the service, staff and other people at risk of acquiring or transferring infections.

All of the staff employed at the service (except the cook) were responsible for delivering care to people as well as carrying out the domestic duties. Two members of staff told us how this impacted on people. One member of staff said, "We need more staff especially in the morning; a cleaner, then I could spend more time with residents, especially where meds [medicines] are concerned. Some residents take a long time before they take their meds [medicines]. Another staff member told us, "More carers or a cleaner would be better for residents as I cannot do everything; I have laundry to do and people need the toilet." Whilst we observed good care being delivered to people in a timely manner by the staff, we were concerned that given the shortfalls we had identified with the cleanliness and hygiene of the service, staffing levels were not sufficient to meet people's care needs and maintain a standard of cleanliness that would keep people safe from the risk of acquiring or transferring infections.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us that they felt safe and secure. One person said, "You know that someone is there if you need them and the staff help you and we are looked after."

The provider's safeguarding adults and whistle blowing policy and procedures provided guidance to staff on their responsibilities to protect people from abuse. Staff had received up to date safeguarding training and demonstrated good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them.

Staff told us the care plans reflected people's current needs and were regularly updated. Records showed that individual risk assessments were carried out and reviewed. Assessments covered identified risks such as nutrition and moving and handling with guidance for staff on how to meet people's needs safely.

The provider had safe and effective recruitment practices in place. People were safe and had their health and welfare needs met by staff who had the right skills and experience to work at the service. Staff confirmed the provider had interviewed them and carried out the relevant checks before they started working at the service. Two staff files we looked at confirmed this.

People told us they received their medication as prescribed and intended. One person said, "I need to be reminded to take my meds [medication] as I forget and then I get sick. They [staff] remind me and give me my tablets and this keeps me well." We saw that the provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. We observed a member of staff appropriately administering medication to people.

Good

Is the service effective?

Our findings

People told us the staff met their individual needs and that they were happy with the care provided. Another person told us, "They [staff] do listen to me. I prefer to be helped with bathing but my privacy and dignity is respected."

Staff said they felt were provided with the training they needed to meet people's care needs. Throughout our inspection we saw that staff had the skills to meet people's individual needs. They communicated and interacted well with people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring.

Staff told us they received training they required to meet people's needs. Team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. This was verified in the team meeting minutes we looked at. Records showed that formal supervision and appraisals were in place to support the on-going learning and development of the staff. Staff were encouraged and supported to gain nationally recognised vocational qualifications, which developed their skills and understanding in supporting people and enabled them to consider their own career progression.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the human rights of people who may lack mental capacity to make particular decisions were protected. The manager was liaising with the Local Authority and in the process of making DoLS referrals where required for people. Staff had a good understanding of MCA and DoLS legislation and new guidance to ensure that any restrictions on people were lawful. Staff we spoke with understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out.

People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food. They told us they had plenty to eat, their personal preferences were taken into account and there was choice of options at meal times. One person said, "The food is very nice; hot meals are well cooked and there's a variety of food." Another person told us, "They [cook] does what I want. I don't eat beef or lamb so I have chicken and sausages. There is plenty on the plate and I eat what I want and leave what I do not need."

Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. People were supported to eat and drink sufficiently and to maintain a balanced diet. For example care plans seen contained detailed information for staff on how to meet people's dietary needs and provide the level of support required.

When people had any identified risks associated with eating and drinking there were measures in place to manage the risks. For example using thickened or fortified drinks as advised by the dietician to assist people who had difficulty swallowing. We found that staff were aware of people who were at risk of dehydration or malnutrition and took action to manage this. For example, we observed an exchange between two staff members concerned about the amount of fluid one person had consumed. The staff members checked the person's records which confirmed their observations that the person had not drunk very much. They decided to encourage and prompt the person to take more fluids during regular intervals and continue to discreetly monitor them. We observed these actions being carried out by staff during our inspection.

People had access to healthcare services and received ongoing healthcare support where required. One person said, "If I have to go to the hospital or to the dentist they [staff] will take me." Records showed when doctors, district nurses, dieticians, mental health practitioners and speech and language therapists had visited people. A member of staff told us, "At the start of the shift we have a handover verbal and written." They explained how people's needs

Good

Is the service effective?

were discussed and various tasks allocated amongst the staff and continued, “Everyone [staff] knows their job.” This included making and attending healthcare appointments and showed the provider had systems in place to ensure people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

People we spoke with were happy about the care provided. One person said, “It is an extremely good place to live and the staff are very kind and I am happy living here.” Another person said about the staff, “They are pleasant enough and make you welcome, they are a kind lot.”

A visitor told us about their positive experience when they visited their friend. They said, “I always ring to see if it is convenient to visit and the staff come up and check with [person who used the service] to see if it is ok. They [staff] are always welcoming. I sign the visitor’s book and they [staff] often come up ahead of me to my friend’s room and ask us if we want tea/coffee. They [staff] are always obliging.”

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth, compassion and kindness for the people they supported. For example staff made eye contact and listened to what the people were saying, and responded accordingly. One person told us they felt listened to because, “The cook gives me food I like and at night there is someone to help me [with my personal care needs] and help me get ready for bed; they [staff] look after you.”

Staff demonstrated knowledge and an understanding about the people they cared for. They told us about people’s individual needs, preferences and wishes and spoke about people’s lives before they started using the service. This showed that staff knew people and understood them well.

People confirmed they were involved in making decisions about their care and in the development of their care plans. One person told us “They [staff] listen if you suggest anything.” The care plans seen showed that people were involved in making decisions where they were able and their decisions were respected. This provided staff with appropriate information to provide personalised care for people.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, “Breakfast is when I want it and I have me meals in my room; this is my choice and I leave it [food] if I want not if I don’t.” Another person told us, “I get up when I choose to at 7.30 am and come down for breakfast and I go to my room between 6.30 -7.00pm and I go to bed at 8.00pm and I turn the lights off myself.”

People told us staff respected their privacy and dignity. One person told us that the staff, “Rap the door before coming in.” We saw that staff knocked on people’s doors before entering and called out their names to let them know who they were as they entered the room. We saw staff ask people’s permission and provide clear explanations before and when assisting people with medication and personal care. This showed that people were treated with respect and provided with the opportunity to refuse or consent to their care and or treatment.

Good

Is the service responsive?

Our findings

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person told us, “The staff are kind. I have never had to wait long for help.” This was confirmed during our observations. We saw that staff were attentive; checking on people in the communal areas and bedrooms and requests for help were responded to immediately.

The provider had systems in place to ensure that staff were provided with information and guidance about how to provide personalised care for people. One member of staff said, “The care plans are all being updated. The new format is much better and tells staff all about the person and what they need and how they like things done.” The care plans seen showed that people’s individual needs were assessed, recorded and reviewed. Issues that occurred such as falls and changing healthcare needs were responded to with referrals made to the appropriate processionals if there were any concerns.

Some people chose to sit in their own rooms and others were in the communal areas. During our inspection a number of activities took place that people could get involved with. Staff also provided more individualised support with people who had a specific need. People said they were able to participate in interests of their choice either individually or in groups. We saw staff encourage people to pursue their hobbies for example one person with knitting, another person with their word search and we also saw staff provide newspapers for two people who said they wanted to read. One person told us, “I enjoy the trips to the seaside best.” Another person said, “Every Sunday I go to church in the morning and come back for dinner and in the evening go back to church. On Monday evening I go to choir practice.” A third person told us how, “It is quite good here. I used to stay in my room but I like to come downstairs and I sit here in this chair”.

People felt confident their complaints would be treated seriously and knew they would not be discriminated against for making a complaint. One person told us, “I go to the office first, never had to make a complaint and most of them I am cheeky with; I like a laugh.” Another person told us, “I haven’t had to make a complaint, if I am not happy or satisfied with something I tell one of the girls and it is acted on straight away. I have information in my room from when I came here about the complaints process but I haven’t needed it.”

Good

Is the service well-led?

Our findings

At our last inspection 15 April 2014, we were concerned about the systems used to assess and monitor the quality of the service. We asked the provider to send us an action plan and tell us how they would make improvements. During this inspection, we found that there were some improvements made, for example formal measures to obtain feedback from people who used the service had been introduced. People had taken part in meetings and completed a satisfaction questionnaire. Their views had been taken into account and acted on by the manager. One person told us, "I said we should have more trips out of the home and they (manager) arranged this. We went to the seaside the other week."

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager is also one of the providers at the service.

We saw that people were comfortable talking to staff and the manager. People were positive about the manager and told us they could speak freely with them. One person said, "The manager is very good and always there if you need them." Another person said, "Yes, the manager is very nice and approachable." A third person told us, "My needs are being met, I have nothing to complain about and if I did I would go to the owner."

We found that progress had been made by the manager regarding supporting staff. A supervision schedule was in place and team meetings had been held. Staff said the manager treated them fairly and listened to what they had to say. One staff member said, "The manager is supportive and if I had any concerns I wouldn't hesitate to speak to them." Another member of staff said, "If I was concerned about something I would go to the manager."

The manager was an active and visible presence in the service; they spent most of their time delivering care to people and supporting staff. This meant they had limited time to ensure administrative and maintenance tasks were consistently monitored and carried out. For example internal audits and checks used to identify good practice and areas for improvement had not been carried out. These included areas where we had found shortfalls in the service for example, cleanliness and hygiene standards within the service.

The manager had recognised this and had plans to increase management support appointing an administrator to assist them with quality monitoring all aspects of the service. We saw that plans were in place to introduce formal measures to record and assess service provision including evaluating the effectiveness and quality provided.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of three incidents documented showed that staff followed the provider's policy and written procedures and liaised with relevant agencies where required.

Feedback received from the main funding local authority was positive about the care delivered. They told us people benefitted from safe and co-ordinated care as the manager was co-operative in investigating any incidents or concerns, and there were good joint working relationships in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not have sufficient staff and effective systems in place to protect people from the risks of acquiring health care associated infection as appropriate standards of cleanliness and hygiene had not been maintained. Regulation 12 (1) (a) (b) (2) (a) (c)