

Qualia Care Limited

# Hillside Care Home

## Inspection report

Hillside Avenue  
Liverpool  
Merseyside  
L36 8DU

Tel: 01514430271

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27 August 2020  
02 September 2020  
07 September 2020

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hillside Care Home accommodates up to 119 people who require personal and nursing care. At the time of the inspection there were 36 people using the service. The service provides accommodation in four separate units over two floors. At the time of the inspection two units were in use. One unit is for people with nursing needs. The second unit is split into two areas, with one area for people living with dementia who also have nursing needs and the other area for young adults with a physical disability.

At our previous inspection in July 2019 the provider was in breach of regulations. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations. The evidence that inspectors could review was limited as many of the improvements were recently made and improvements made needed to be embedded and sustained over a longer period of time to achieve a rating of good.

### People's experience of using this service and what we found

Risks to people were assessed and their safety was monitored. Regular checks were carried out on the safety and cleanliness of the environment and equipment and prompt action was taken to mitigate any risk identified. Risks in relation to aspects of people direct care was assessed and measures put in place to guide staff on how to keep people safe. People's safety was monitored, and outcomes recorded in line with risk management guidance.

People were safeguarded from the risk of abuse. People told us they felt safe and were treated well and family members told us they were confident their relatives were safe. The manager and staff were knowledgeable about the different types and indicators of abuse. Allegations of abuse were managed in line with the providers and the local authority safeguarding procedures. Clear records of incidents of a safeguarding nature were maintained.

Safe recruitment processes were followed. A series of pre-employment checks were carried out on applicants to assess their suitability and fitness before an offer of employment was made. Where it was required information was followed up and verified.

The providers systems and processes for assessing, monitoring and improving the quality and safety of the service were used effectively. Checks and audits were completed in line with the providers quality assurance framework and areas for improvements were made. Records were regularly reviewed, kept up to date and checked for accuracy. People, staff and family members told us they were engaged and involved in the running of the service and they were provided with opportunities to feedback about their experiences of the care provided. There was good partnership working with others including external health and social care professionals.

Medicines were safely managed by staff with the right training and skills. Medication administration records

were kept up to date with details of people's prescribed medicines and instructions for use.

Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and managed. Staff followed good infection, prevention and control (IPC) practices. They had access to the required personal protective equipment (PPE), and they used and disposed of it safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 02 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Hillside Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection in February 2020. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

#### Follow up

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

This service has been in special measures since 02 April 2020. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

## 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.

However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

Details are in our safe findings below.

**Requires Improvement**



### Is the service well-led?

The service was well-led.

However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

Details are in our well-Led findings below.

**Requires Improvement**



# Hillside Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection visit was carried out by two inspectors.

Hillside is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager was appointed in May 2020 and they have applied to CQC to become the registered manager.

#### Notice of inspection

We announced the inspection visit the day before it took place. This was because we needed to give time to prepare in advance for our visit due to the COVID-19 pandemic.

Inspection activity started on 27 August 2020 and ended on 07 August 2020. We visited the service on 27 August 2020.

#### What we did before the inspection

We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service about their experiences of the care provided. We also spoke with the manager, area manager and ten members of staff including nurses, care workers and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at the recruitment files for three staff employed since the last inspection.

#### After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site, and were unable to speak with family members, due to visiting restrictions. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We contacted five family members by telephone about their experiences of the care provided.

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's safety had improved. However, improvements made needed to be embedded and sustained over a longer period to achieve a rating of good.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to follow safeguarding processes placing people at risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13. However, the incidents that inspectors could review were limited as the improvements had only recently been made.

- People were safeguarded from the risk of abuse.
- People told us they felt safe and staff treated them well. They also told us they would tell someone if they had concerns about their safety. Their comments included; "I'm safe here, I've no worries" and "I'd tell someone if I was treated badly." Family members told us they had no concerns about their relative's safety or the way they were treated.
- Managers and staff had completed safeguarding training and had access to information and guidance about keeping people safe and safeguarding reporting procedures. They knew the different types and indicators of abuse and how to report any concerns they had.
- Allegations of abuse were promptly reported to the relevant agencies and records of these were maintained.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and mitigate risks to people's health and safety.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, many of the changes were recent and inspectors want to monitor the sustainability of the improvements.

- Risks to people were assessed, and measures put in place to manage and monitor people's health, safety and welfare.

- Regular safety checks were carried out on the environment, equipment and utilities. Records of the checks were maintained, these showed prompt action was taken to mitigate any risks identified.
- People's care was monitored, and outcomes recorded in line with their risk management plans. This included daily monitoring and recording of air flow mattress settings for people at risk of developing pressure wounds.
- Records of accidents and incidents were maintained and analysed to help identify any patterns or trends. Lessons learnt on how to minimise the risk of further occurrences was shared across the staff team.

## Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19. However, records that could be reviewed were limited so the improvements will continue to be reviewed.

- Safe recruitment processes were followed and there was the right amount of suitably skilled and qualified staff deployed across the service to safely meet people's needs.
- Applicants fitness and suitability to work at the service was assessed through a range of pre-employment checks prior to a job offer being made.
- Staffing levels and skill mix were determined based on people's needs and dependency levels. People told us there were enough of the right staff to meet their needs. Their comments included; "They [staff] are around when you need them" and "The staff are very good and there seems to be plenty."

## Preventing and controlling infection

- Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and managed.
- Staff completed IPC training including COVID-19 related training. They had a good understanding of safe IPC working practices.
- There was a good stock of personal protective equipment (PPE) of an appropriate standard and staff used and disposed of it in line with current national IPC guidance.
- The environment, furnishing and equipment were kept clean and hygienic. Cleaning schedules were amended in response to COVID-19, this included more regular cleaning of high touch areas.

## Using medicines safely

- Medicines were used safely.
- Staff with responsibilities for managing medicines had completed the required training and their competence was checked regularly.
- Medication administration records (MARs) detailed people's prescribed medicines and instructions for use. MARs were signed to show people received their medicines at the right time.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved. However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

At our last inspection the provider failed to operate effective systems for checking on the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17. However, the management of the service had changed since the last inspection and many of the improvements were recently made so evidence that could be reviewed was limited.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had a clear understanding of their role, quality performance, risks and regulatory requirements.
- The manager followed the provider's systems for checking on the quality and safety of the service to good effect. Checks were carried out and audits completed at the required frequencies and outcomes were recorded including areas for improvement. Improvements were acted upon in a timely way.
- Risks to people's health, safety and wellbeing were identified and mitigated effectively through effective monitoring of the service.
- Managers and staff worked as a team to make improvements following our previous inspection and based on feedback from others including local authority commissioners and safeguarding team and the clinical commissioning group (CCG).
- The ratings from the last inspection were clearly displayed in the reception and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager promoted a positive culture. People received person-centred care with positive outcomes.
- Staff were person centred in their approach. They interacted well with people, included them in decisions and empowered them to make choices. People told us they felt involved and listened to, their comments included, "They [staff] talk to me a lot and ask what I think" and "They know me well."
- The manager operated an open-door policy and welcomed everyone's feedback, views and opinions about the service and ways to improve it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The manager and provider were open and honest with people, their family members and others about previous failings and how they intended to improve the quality and safety of the service.
- The manager shared appropriate information with other agencies in a timely way and learnt from incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in the running of the service and how their care was provided. This was done through regular reviews, meetings, surveys and general discussions.
- Family members were engaged and involved in people's care and updates about the service through telephone discussions, emails and newsletters during the COVID-19 pandemic.
- Managers and staff worked in partnership with external health and social care professionals and the local authority.