Fox Covert Limited

Hillcrest Residential Care Home

Inspection report

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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

The inspection took place on the 20 and 21 January 2015 and was unannounced. This meant that the provider did not know we were coming.

We last inspected Hillcrest Residential Care Home on 12 October 2013. At that time we found them to be meeting the regulations.

Hillcrest is registered to provide personal care for up to 32 older people. The home has bedrooms which are situated over two floors. Some bedrooms have en-suite facilities. There is a passenger lift and a stair lift. Shared facilities include three lounges, one dining room, a conservatory and bathing and toilet facilities. The home has a garden and patio area. The home is within a mile of the village of Frodsham.

The location is required to have a registered manager. 'A registered manager is a person who has registered with

Summary of findings

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.' There was a manager in place who has been there for five months. They had applied to CQC to become the registered manager.

Those who lived at Hillcrest told us that they felt safe and that staff were caring. They felt reassured because staff had worked there for a long time; they knew them and were "Good at their jobs".

The environment was safe, clean and homely. We saw that improvements had been made over the last few months following suggestions made by those who lived there, relatives and the new manager. There had been refurbishment of some bedrooms, replacement floors and a new wet room.

Staff had a good relationship with those they supported. On both days of the inspection we heard lots of laughter and banter and saw people had fun when they joined in the activities. Staff and people appeared at ease with each other.

Staff displayed a genuine warmth and care towards people and treated them as individuals. Care was given with dignity and respect. Staff explained to people what they were going to do, did not rush and were discreet.

Care and support was planned and delivered in line with individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Community health professionals were contacted where help and support was needed.

Staff were supported through ongoing training and supervision. They were all being encouraged to develop further skills.

There was involvement and consultation with people who lived at the service, their relatives and staff about all aspects of the service including what improvements they would like to see. They were supported to attend meetings as were their relatives. There were quality audit systems in place to ensure that the care and service was effective.

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.

We saw that people received their medicines as prescribed. Medicines were stored safely and accurate records kept.

People told us that they felt safe and had no concerns about how they were cared for. Staff were knowledgeable about what constituted abuse or poor practice and knew how to report this.

The premise was clean and safe and equipment was maintained and serviced to ensure it was safe.

Appropriate recruitment checks were carried out to ensure that staff were suitable to do the jobs they were employed for.

Good

Is the service effective?
The service was effective.

Staff had received training relevant to their job roles.

Persons that required an assessment for Deprivation of Liberty Safeguards (DoLS) had been referred to the supervisory body for authorisation.

People told us that the food was good and they had enough to eat and drink. Dining was a pleasurable experience.

Good

Is the service caring?
The service was caring.

People we spoke to told us that they felt cared for and that the staff were kind to them. Relatives we spoke to told us that the staff took an interest in them as well as their family member.

We observed that staff interacted well with people living at the home and treated them with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People had care that was tailored to their own wishes, preferences and choices. The views of those using the service were taken into account when changes were made

There was a comprehensive activities programme that was carried out by enthusiastic staff and was designed around the needs of the people who lived at the service.

Good

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

The manager had identified key issues in the service and sought ways of improving the care and environment alongside the provider. There were quality audits in place that were completed by a number of staff on a monthly basis.

Good

Summary of findings

Staff told us that they felt supported by the manager and that their views and opinions were sought.

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

The inspection took place on the 20 and 21 January 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we spoke with the safeguarding team and the quality assurance team from the local authority. They told us that they had no concerns about the provider.

We looked at the information that CQC held about the service. We looked at the visits carried out by Healthwatch in March 2014 and found that the majority of the issues had been addressed.

During the inspection we spoke to seven people who used the service, five relatives, a visiting professional, six members of staff, the manager and the nominated individual. We also looked at five care records and four staff files We also looked at the records that the provider and the manager kept in relation to the management of the care and premises.

Good

Is the service safe?

Our findings

We spoke to people who told us that they felt safe. One person said "I feel safe and cared for" and another person said "I feel safer here than I did at home on my own". People who lived in the home and their relatives told us they would feel able to tell the manager or the provider if there was something that they were concerned about.

Staff we spoke to could tell us what the types of abuse there were and that they would do if they were concerned about abuse or poor practice. There was a company policy on safeguarding that was in line with that from the local authority. Staff had received training in safeguarding and this was completed as part of the induction for all new starters. This meant that staff should be able recognise abuse and take steps to protect people from harm

The provider had a policy for staff and residents on equal opportunities, discrimination including those with protected characteristics. Staff we spoke to were aware of how this could and would affect their work. This meant that people who used the service should not be knowingly discriminated against. Staff told us that they "Valued everyone as a person" and respected that "People were all different".

People told us that they received their medicine when they needed it. We saw that medicines, including controlled drugs, were stored securely. Medicines to be kept in the fridge were stored correctly and the temperature of the fridge was taken daily. We saw that there was a robust system in place for the ordering of medication. Medicines for disposal were stored in a locked cupboard but they were not in a tamper proof container. Records showed that people received their medicines when they were required. Where people were on a variable dose, the reasons for this and the administration guidance was recorded on the Medication Administration Record (MARS) and in the care plan. The service had a policy in place for those requiring homely remedies (over the counter medications); at the time of the inspection no one was in receipt of these.

People who lived at the home and relatives told us that the premises was always clean and that there "Was never an unpleasant odour". We walked around all the premises and saw that it was clean and that there were no hazards visible. We spoke to domestic staff who told us they followed a daily cleaning rota. They were required to sign this as a record of work complete. We saw records that indicated that this was being followed.

We saw there were sufficient staff on duty to meet the needs of the people who lived at the home. People told us that they felt that there were enough staff although they were "Sometimes very busy" and things were better at night "When there were three". People told us that staff came when called and we observed that call bells were responded to in a timely manner. We saw from records that, on occasions, there has only been two care staff on nights where staffing rotas indicated the need for three. Only two night staff were indicated on the days of inspection. We were told that this was due to staff sickness and ongoing recruitment of suitable night carers. Staffing ratios remain based on full occupancy and so the manager felt that staff were able to provide a safe service with two if required.

We saw that the premises were safe. All doors and cupboards that should be locked were secure. There were cabinets in rooms where people could keep things safe. Staff had received appropriate training in the event of a fire. There was an up-to-date fire risk assessment. The home had been given a five-star rating by Cheshire West and Chester Council following a food hygiene inspection in June 2014.The provider had a business continuity plan that covered how staff would respond in an emergency such as lift failure, fire and flood.

The care files that we looked at demonstrated that the provider had identified risks associated with a person's care plan and there were adequate measures in place that enabled staff to deliver safe care.

We looked at four staff files. There was evidence in all files that appropriate checks with the Disclosure and Barring Service (DBS) had been undertaken the staff. There were also the references on file. Interview notes were not kept on file so that the provider could not demonstrate why one particular staff member was offered a position. It was noted that a staff member had commenced work with an adult first check and it was a few days before their DBS came through. During this period they worked supervised or carried out training but there was no risk assessment in place.

Good

Is the service effective?

Our findings

People said they enjoyed the food, that there was plenty of it. One person that we spoke told us that it was good that they could "choose their portion size and could always ask for more". We observed breakfast and dinner and saw people had a positive dining experience. Tables were laid appropriately with tablecloths, napkins, and cutlery and there were enough chairs for everyone to sit if they wished. There was menu choice and people were asked to choose earlier in the day. Staff were able to tell us about people's likes and dislikes and these were also recorded in care plans. A staff member told us that they often" showed the meals to people with dementia as this helped them to make a choice." We saw that people were offered appropriate assistance with eating. Some people required monitoring of food and/or fluid intake and staff kept records that contained meaningful description such as two mouthfuls, half a small portion. During our observation on the unit for people who were living with dementia, it was noted, that food came from the kitchen in serving dishes on a trolley. It took up to ten minutes for food to be served in which time it had started to get cold. This was brought to the attention of the provider who told us that they would look at kitchen staff assisting with serving meals and / or the provision of a hostess trolley.

People told us that they had choices and staff discussed things with them. We saw that staff consulted with people and sought their consent and opinion before providing care. For example, we saw that a person undertaking activities sought the consent of people in the group before turning off the Television. Resident's meetings recorded that consent and opinion had been sought about to some of the changes for example a person was concerned their carpet would be changed without their consent and they were reassured that this would not happen.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and told us how this related to their work. The provider had made applications for those whom, though an assessment process, they felt were being deprived of their liberty. They had not been assessed yet by the supervisory body but the provider was aware that they needed to inform CQC of the outcome. The provider had a policy that directed staff in the use of restraint. This policy was detailed but had not been updated to reflect the changes in 2014 to the MCA 2005 and DoLS.

Where health concerns were identified, such as pressure ulcers, staff sought appropriate help and guidance from relevant professionals. We spoke to a visiting professional who told us that staff were "Very caring, sought advice when needed followed appropriate guidance, and care was effective and shown in the improvement in somebody's condition". They told us that staff take an active interest in learning and asked questions.

Staff told us that they received regular training and updates. This was sometimes in the form of a DVD and questionnaire. On other occasions training would be face-to-face and staff told us that they felt this was most effective. A number of staff had enrolled to undertake National Vocational Qualifications in Care at levels 2 and 3. (NVQ).

Staff we spoke to had undertaken an induction that included mandatory training, orientation to the home and a period of work under supervision and guidance This meant that people were cared for by people with knowledge of their job roles. There was further evidence if this was seen within staff files.

The manager has started an ongoing programme of supervision and annual appraisal recorded this in a timetable. Staff that we spoke to told us that they had already received supervision and an appraisal. This addressed issues of professional and a personal nature and gave the staff the opportunity to discuss issues with their line manager.

There was a stair lift to the rear of the home and a through floor lift to the front. The provider had recently refurbished the downstairs bathroom into a wet room to meet the needs of the people who lived there. There has also been significant refurbishment of flooring, seating, the treatment room, and the outside space. The unit that is used for those living with dementia was spacious and had access to a conservatory .The provider needed to consult environmental best practice guidance in order to optimise the effectiveness of this unit as the needs of the people accommodated there increase.

Good

Is the service caring?

Our findings

People told us that they felt cared for and staff were kind to them. A person told us that staff “were like family" and they went about their work “with a smile and a sense of humour”.

Relatives said staff were caring towards them as well as their as loved ones. They felt that they were kept up-to-date by staff, involved in decisions about the home, and that staff “Appreciated [relative] as an individual” and staff “went the extra mile”. Relatives said that they appreciated the manager being “Open and transparent” and that the “Office door was always open”. A relative recounted that when they first visited they did not have to make an appointment and were told "You take us as we are". Another said that staff had taken time to get to know their relative when they first arrived as they were finding it hard to settle. They were “Patient” with them and now “They really get” them.

We saw people were treated with dignity and respect. Many of the staff had worked at the home for many years. There was a feeling of warmth, homeliness, and genuine care displayed by staff. People told us that staff always told them what they were doing and we saw that staff knocked on people's doors before entering. Doors were kept closed whilst personal care was being delivered. Staff were discreet when encouraging people to go to the toilet and this meant that their right to privacy and dignity was preserved.

Meetings were held monthly with people who lived at the home and we saw minutes of these meetings. People had expressed concerns around laundry and the manager acknowledged that this had been an on going issue. We were told a laundry assistant had been appointed and was due to start this month. People also were asked their opinions about meals, asked for suggestions as to what food that they would like that was not currently on offer. A person told us they now get piccalilli as they had requested if. We also saw that as a result of consultation with people who lived at the home, the concept of "teas on knees” was introduced so people could have a choice of having tea on a tray rather than sitting at the dining table.

Regular quarterly meetings were held with relatives and the last meeting was November 2014. Minutes were on a notice board. We spoke to someone who attended the last meeting and they said the” Meetings were used as a way of updating relatives as to any changes being made at the home as well as seeking their opinions.” Relatives were positive in feedback about the "holistic care" given at the home and the "positive and friendly interaction between staff and residents”.

No one in the home used an advocate and the manager told us that every person living there had a family or friend that took an interest in them. There was no information available in the home relating to advocacy and the manager told us that they will contact Age UK for information leaflets.

Good

Is the service responsive?

Our findings

We found that people were given choice when it came to the daily routines so care was personalised. There was consultation with people as to where they wished to sit and what activities they wish to participate in. The care plans clearly indicated people's choices and preferences in relation to getting up, going to bed, likes and dislikes and preferred gender of carer. People told us that if they had a choice staff would accommodate this wherever possible.

Records were kept in regards to people's weight, any changes indicated on a monthly review of their care plan and action was taken to address any concerns. The provider did not use a recognised tool called the Malnutrition Universal Screening Tool to assess and monitor people's weight loss. The manager reviewed the records on a monthly basis to identify any concerns and make sure that appropriate action was taken.

An activities coordinator worked Monday to Friday across both parts of the home. An activities programme for each unit was clearly displayed. There was a range of activities from group to individual sessions. Over both days of inspection we saw people being offered activities such as Zumba, board games crosswords, reading daily papers and reminiscence. People enjoyed these activities and were given the choice as to whether or not to participate. The coordinator was highly motivated and active in looking for new things to do. They recognised the difference in people's abilities and choices. The home had fundraised for an iPad and this was used to for people to e-mail family, to send photographs to Skype etc. A number of people visited from the community to participate in activities e.g. the piano player and local church representatives.

The provider, when there were vacancies, had accommodated people for respite and day care, particularly in those situations where people wished to try out the home before a permanent move. We spoke to people about how it impacted upon their lives. People told us that it was "Nice to have different people to talk to" and they hoped that some "Would come to live here permanently." The manager or deputy undertook a comprehensive pre assessment prior to a new person being admitted to the home. We saw that detailed care plans were also in place for those on respite or day care.

The provider had responded to changes in the business market and felt that they wanted to offer a more specialist service for people who were living with dementia. They had consulted with people who lived at the home, staff and relatives. Some people had expressed concern. One person had not wanted to move from their room that was located within the unit now designated for people who are living with dementia. The provider accepted their decision but also recognised their concerns about people wandering into their bedroom. The person was able to remain in their room and a key safe put on the bedroom door so that it could be locked, but still allow staff to gain access when necessary.

Staff, people and relatives were aware of how to raise a concern. There had been one formal complaint made in the last six months and there was evidence that an action plan had been put in place to minimise the likelihood of this happening again. There was a complaint process in place that was clearly visible and that directed people as to how to make a complaint.

Good

Is the service well-led?

Our findings

The manager in post was not registered with the Care Quality Commission but had submitted an application. She demonstrated a good knowledge and understanding of the staff and people at the Home. Staff told us that they had been anxious about a change in manager as the previous person had been there for many years. However, she had made them feel at ease, and challenged their practice in a way that was positive. Staff told us that the manager took an interest in both their professional and personal lives and that they felt supported

There was continuity of staff with many having worked at the home in excess five years. Staff told us that this was because it was "Lovely place to be", "Caring and homely", and "Supportive towards its staff".

We observed staff taking breaks and both the provider and manager acknowledged that this was important when working long shifts.

A program of monthly audit was evident and undertaken by the deputy manager but overseen by the manager. These include audits of infection control, medicines, environment, health and safety. These had been competed monthly and any actions followed up.

Records showed that accidents and incidents were being recorded appropriately. There was evidence that actions were taken as a result of these such as the provision of sensor mats by people's beds to alert staff of their movement, and the manager reviewed the actions and the outcomes for each person. The manager also undertook a further analysis of accidents and incident trends in order to address any wider issues

Staff and people told us that the "owner" visits the home every week and takes an active interest in what is going on. The provider carried out the last quality assurance survey with people who lived at the home and relatives in the summer of 2014. This looked at personal care, food, and general levels of satisfaction. Responses indicated that "Care staff interacted well with residents" in a way that made them "Feel respected, cared for and safe". People were satisfied with the food. An area of improvement highlighted was that people and relatives did not feel sufficiently involved in care planning. As a result of this the new manager had started to invite relatives to regular care plan reviews and recorded comments by people and relatives on the care plans. There were also suggestions for refurbishment within the building and many of these tasks are now completed.

We saw evidence of monthly staff meetings for both day and night staff. As well as a forum for discussing concerns about individuals, the meetings were reflection of current concerns around practice, documentation, and recording.

The provider had a statement of purpose that was regularly reviewed the last time being dated September 2014. There was a brochure and guide for people who want to come to the home.

The provider and the manager informed us that they are currently reviewing all policies and procedures to ensure that they are up-to-date, reflect the current ethos of the home, and reflect any recent changes in best practice and legislation.