

Mayflower Care Homes Limited

Hillgrove Residential Home

Inspection report

79 Eleanor Road
Prenton
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11 January 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 10 and 11 January 2019 and was carried out by one adult social care inspector.

Hillgrove Residential Home is a 'care home' located in the Bidston area of the Wirral. The home accommodates up to 23 people over three floors in one large detached Edwardian building and has a patio/garden to the rear of the property. At the time of our inspection 18 people were living at the home.

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

The home had an experienced registered manager who was also the registered provider and had worked at the home for many years. 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.

When we completed our previous inspection in October 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as parts of the premises required repair and were unclean; fire safety provision and infection control standards were insufficient. We found a breach of Regulation 17, as the registered provider did not have effective systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service. We also found a breach of Regulation 18, as staff had not received appropriate training and appraisal in relation to their job role. Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve in our key question areas of Safe, Effective and Well-led.

During this inspection we found that all the completed improvements recorded in the action plan had indeed been completed and this had led to improvements in our key question areas of Safe, Effective and Well-led. Overall, we found that the home had made sufficient improvements and was no longer in breach of the Regulations.

The registered manager explained that a number of environmental improvements had been made at the home since our last inspection. We found that the home was well-maintained, safe, clean and homely.

During this inspection we found that the registered manager had a variety of methods to assess and monitor the quality of the service provided at the home. These included regular audits of the home, staff and residents' meetings and questionnaires to seek feedback about the home.

Records showed that staff received regular training relevant to their roles and were supported with regular

supervision and appraisal meetings. Staff told us that they felt supported in their roles and all other staff, including the registered manager and deputy manager, were approachable and helpful.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had received training on this and information about how to raise safeguarding concerns was readily available in various places throughout the home. People living at the home and their relatives told us that they felt safe there. We noted that staff at the home took appropriate action when any such concerns arose. However, the home did not always notify CQC of these concerns as is required.

Registered providers are also required to display its most recent CQC inspection rating both at the premises and on its website, if applicable. We found that our last inspection rating and report was clearly displayed at the home. However, the provider's website did not display this rating. Therefore, we have made a recommendation to address this.

Medication was safely administered, stored and recorded at the home by staff who had the required knowledge and skills. The home also had robust systems in place to ensure the safety and quality of medicines administration was maintained.

Staff were safely recruited by the home. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

There was a good range of activities on offer to people living at the home, which were provided enthusiastically by the staff. We observed staff regularly engaging with people throughout the day, chatting, laughing and joking with them.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the Local Authority and there was a system in place to closely monitor and renew them when needed.

The people we spoke with told us that they enjoyed the food and drink available at the home. One person said, "The food is very tasty."

The people we spoke with gave us positive feedback about the staff at the home. We saw that staff had very caring and well-established relationships with the people living at the home.

The care plans we looked at were person-centred, well-maintained and regularly reviewed. The care plans gave staff clear guidance in an easily-accessible format on how to meet people's needs.

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.

Staff were safely recruited.

There were effective systems in place to safeguard people from abuse.

Medication was correctly administered, stored and recorded.

Is the service effective?

Good 

The service was effective.

People's care and support needs were effectively assessed and staff helped them to achieve positive outcomes.

Staff received regular training relevant to their roles and were supported with regular supervision and appraisal meetings.

People's rights were respected in line with the Mental Capacity Act 2005 (MCA) and the associated DoLS.

Is the service caring?

Good 

The service was caring.

There was a very warm and caring culture amongst the staff at the service.

Staff respected people's privacy and treated them with dignity and respect.

Staff regularly interacted with people in a caring way and had a natural awareness of people's interests and preferences.

Is the service responsive?

Good 

The service was responsive.

People's care plans were person-centred and gave staff the information they needed to safely and effectively support them.

There was a good range of activities on offer to people living at the home.

There was an appropriate complaints policy and procedure in place.

Is the service well-led?

The service was not always well-led.

The provider had not always notified CQC of incidents at the service as is required and its website had not been updated to show the latest CQC inspection rating.

There were effective systems in place to monitor and assess the quality and safety of the service being provided.

The provider had taken effective action to address the areas of concern highlighted during our last inspection.

Requires Improvement ●

Hillgrove 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 checked 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.

We carried out this unannounced inspection on 10 and 11 January 2019. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had 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 also obtained feedback from the local authority who did not have any concerns about the service and told us the service had been positively engaging with them.

We looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to give us their views 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 spoke with five people living at the home, three visitors and five staff who held various roles at the home, including the registered manager, deputy manager, carers and cook. We looked at a range of documentation including three people's care records, medication storage and records, five staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

Is the service safe?

Our findings

People and their relatives told us they felt the home was safe. One person commented, "Oh yes, I'm very safe here." One relative we spoke with said, "It's very safe here, everyone is very well looked after."

During our last inspection we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as parts of the premises required repair and were unclean; fire safety provision and infection control standards were insufficient. During this inspection we found the home had made improvements in these areas and was no longer in breach of this regulation.

We found that the home was well-maintained and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We also saw the home had a legionella risk assessment and carried out regular water temperature checks to monitor and prevent the risk of legionella developing. Legionella is a water-borne bacteria, often found in poorly maintained water systems. The water temperature checks being carried out also reduced the risk of scalding.

Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; fire safety training for staff and regular fire drills. We noted that since our last inspection the home had positively engaged with the fire service to deliver improvements. For example, following advice from the fire service a fire door near the laundry room had been moved and improved. We also saw the home had an easily-accessible 'grab-file' for staff to refer to in an emergency, which included people's PEEPs, a zonal plan of the building and emergency contact numbers.

During our inspection the home was clean and free from unpleasant odours. We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care. This meant that staff and people were protected from the risk of infection being spread.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had received training on this and information about how to raise safeguarding concerns was readily available in various places throughout the home. People living at the home and their relatives told us that they felt safe there. We noted that staff at the home took appropriate action when any such concerns arose. However, the home did not always notify CQC of these concerns as is required. We discussed this with the registered manager to clarify what was required and they agreed to ensure notifications would be submitted appropriately in future.

Medication was correctly administered, stored and recorded at the home by staff who had the required knowledge and skills. The medication administration records (MARs) and medication stocks we looked at had been appropriately completed and medication stocks were accurately accounted for. The home also had robust systems in place to ensure the safety and quality of medicines administration was maintained.

Staff were safely recruited by the home. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport or driving licence, and verified references from most recent employers were also kept in staff files. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

We saw that people had personalised risk assessments in place and these were reviewed regularly. The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, we saw that one person was at risk of skin breakdown. This risk was mitigated by regular inspection of the person's skin, documented repositioning, provision of appropriate and effective pressure relieving equipment.

People told us they thought there were enough staff at the home. We looked at staff rotas and observed staffing levels during our inspection. We saw that there were enough staff to meet people's needs and that staff attended to people promptly through our inspection.

We saw that accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred. Appropriate action had been taken in response to those incidents. The registered manager explained that this information was regularly reviewed to help identify any emerging patterns or trends that needed addressing.

Is the service effective?

Our findings

People were supported by staff that were knowledgeable and had received the training and support they needed for their roles. One person said, "[The staff] know what they're doing, they're very good." One relative said, "The staff know [relative's] needs really well and how to support them."

During our last inspection we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff had not received appropriate training and appraisal in relation to their job role. During this inspection we found the home had made improvements in these areas and was no longer in breach of this regulation.

We saw that staff had received training relevant to their roles and the staff we spoke with gave positive feedback about training provided by the home. Examples of this included manual handling, safe handling of medications, safeguarding, mental capacity, infection control, equality and diversity and dementia awareness, and end of life care. We looked at the home training records and saw that staff were up-to-date with their training. The home's training records were organised and enabled the registered manager and deputy manager to monitor this.

We also saw that all new staff completed an induction programme, mapped against the Care Certificate, at the start of their employment. This included a three-month probation period in which staff completed training, competency assessments, an introduction to policies and procedures and had regular supervisions with the registered manager before being signed off as a permanent member of staff.

We found that staff were well-supported with regular supervisions and annual appraisals with the registered manager. This provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and to address any training needs. Staff told us that they felt supported in their roles and all other staff, including the registered manager and deputy manager, were approachable and helpful.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed by the service. We saw that the service carried out appropriate capacity assessments when necessary. Deprivation of Liberty Safeguard (DoLS) applications had been appropriately submitted to the local authority and there was a system in place to monitor and renew them when needed.

We did note that the home used CCTV in its communal areas. People living at the home should have been

made aware of and consented to the use of CCTV and for people who lack capacity to understand the implications of the CCTV, documented best interest decision should have been made. At the time of our inspection this had not been done. However, the registered manager provided us with evidence this had been done shortly after our inspection.

People's needs were effectively assessed before they were supported by the service. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion.

We asked the registered manager to tell us about a positive outcome they had supported someone living at the home to achieve. They told us about one person who had recently moved in to the home after suffering a prolonged period of self-neglect and social exclusion at their own home. The registered manager explained that staff had sensitively worked with this person to improve their standards of personal hygiene and they now actively accepted support with this from staff. This person's engagement with staff and other people living at the home had improved. For example, we observed that this person now happily enjoyed their meals sat with other people in the dining room.

The people we spoke with told us they enjoyed the food at the home. One person said, "The food is very tasty." We saw that meals were freshly prepared each day and people were given a choice of suitable nutritious foods to help them to maintain a healthy and balanced diet. Relevant information regarding anyone who required special diets, such as diabetic, soft diets or thickened fluids was stored in the kitchen for guidance. The food we sampled during our inspection was well-prepared, fresh and hot and tasted fine. We saw that staff offered people alternative meal options if they changed their mind. For example, we observed that staff recognised one person was not eating their porridge. Staff promptly offered them an alternative, in this case Weetabix, and asked the person if they would like warm or cold milk and whether they would like sugar on it.

Records showed that people were being supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff. We also saw that people at risk of malnutrition had appropriate care plans in place and had their weight monitored monthly.

We saw that people had been supported to personalise their rooms with their own pictures, items and furniture. Overall, the atmosphere and appearance of the home was very warm and homely and people looked happy and relaxed. Some of the people living at the home were living with dementia. We saw there were some dementia friendly adaptations at the home, such as signage and large, easy-read noticeboards and date.

Is the service caring?

Our findings

The people we spoke with spoke positively about the staff at the home. One person said, "[The staff] are lovely, very caring." One relative commented, "The staff are very friendly and welcoming, they treat [relative] like family and we can't praise them enough."

We observed staff regularly engaging with people throughout the day, chatting, laughing and joking with them. Throughout these interactions we saw that staff had a natural awareness of people's interests and preferences. One example of this was one person who enjoyed singing with staff and the staff cheerfully joined in. This demonstrated that staff had well-established and caring relationships with the people they supported.

We found there was a very warm and caring culture amongst the staff at the service. We observed many caring interactions between staff and the people living at the home. One example of this included a passing comment made by a member of staff who said, "You know you're never on your own [person], we're always here for you." We observed this type of naturally caring and respectful communication between staff and the people living at the home throughout our inspection.

People told us that staff respected and supported them to be as independent as possible. Examples of this included, people making their own choices about when to get up in the morning and when to go to bed at night or how and where to spend their time.

We saw that that staff respected people's privacy and treated them with dignity and respect. Examples of this included, staff communicating discretely with people when they needed assistance going to the toilet and knocking on people's doors before entering.

All staff had received equality and diversity training. We saw from people's care plans and the staff we spoke with that the home treated people as individuals with individual needs. For example, the home considered people's personal histories and any religious and cultural preferences. The home also assisted people to keep up with their religious preferences, as a sister visited the home to give Holy Communion and a vicar also visited the home.

We saw that the home had supported people who required the assistance of advocacy services to do so. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

We found that people's confidential information, such as care plans, was stored securely at the service's office and only people who required access could do so.

Is the service responsive?

Our findings

People living at the home had personalised care plans and risk assessments. The care plans we looked at were regularly reviewed by staff and, where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information. We found the information in people's care plans was clear and concise. This meant that staff who were new to the home were able to quickly understand people's care and support needs. The care plans we reviewed also contained details about people's life, family and social history, which helped staff get to know people and develop caring relationships.

People's care plans gave staff clear information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. This included ensuring any such aids were regularly tested and checked to make sure they were working properly. This meant the service was acting in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given.

There was a good range of activities on offer to people living at the home, which were provided enthusiastically by the staff. For example, we saw several people enjoying a music quiz in the main lounge. This involved playing a song by a well-known artist and prompting people to name the artist. We saw that people had fun doing this and some even took the opportunity to have a dance. The activities coordinator was very enthusiastic and had a very positive impact on the atmosphere at the home. They also assisted with care and support tasks when this was required. We also noted that the home had received some positive feedback about the activities at the home from a visiting health professional.

We found the home offered people different ways to spend their time. Examples of this included a cosy sitting area and the recent introduction of a cinema room. We saw that the home had installed a large TV in a separate room, purchased some popular films and decorated the room with traditional cinema posters.

People were supported to make choices about how they spent their time. For example, we saw that people could spend time in their rooms on their own if they wished to do so. We also found that staff assisted people to enjoy their hobbies or interests. This included one person who was a keen bird-watcher. We saw that the home had put up a bird feeder outside to attract birds for the person to watch. The registered manager also told us they had bought this person a bird calendar.

There had not been any complaints about the home since our last inspection. We saw the home had a complaints policy and procedure in place to manage this if and when required. People and the relatives we spoke with told us they have never had any need to make a complaint but all felt comfortable and able to do so if needed. One relative said, "We've never had any complaints but we're confident they'd be dealt with if we did."

At the time of our inspection none of the people living at the home were receiving end of life care. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. We also saw people's wishes on whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of them becoming unresponsive had been sought and documented appropriately. We also saw that all staff had received basic training on end of life care and some had also completed additional training and accreditation in this area.

Is the service well-led?

Our findings

People told us they felt the home was well-led. They told us that senior staff at the home were "very friendly" and "approachable". One relative commented, "The management staff are very approachable and we've got confidence in them."

During our last inspection we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the quality audits being carried out were ineffective and had failed to identify the problems we saw during our inspection.

During this inspection we found that the registered manager had a variety of methods to assess and monitor the quality of the service provided at the home. These included regular audits of the home, staff and residents' meetings and questionnaires to seek feedback about the home. The registered provider also regularly visited the home to provide support to the registered manager. The registered manager also spoke with people living in the home to ask for their feedback about the service. The records we reviewed were well-organised and up-to-date. The improvements we saw in the general environment of the home also indicated that these audits were now working effectively.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the home. We saw that the home had not always notified the CQC of all significant events which had occurred in line with their legal obligations. We discussed this with the registered manager to clarify what was required and they agreed to ensure notifications would be submitted appropriately in future.

Registered providers are also required to display its most recent CQC inspection rating both at the premises and on its website, if applicable. We found that our last inspection rating and report was clearly displayed at the home. However, the provider's website failed to display this rating.

We recommend that the registered provider ensures its website is updated to display the most recent CQC rating.

The home had an experienced registered manager who was also the registered provider registered with the Care Quality Commission and had worked at the home for many years. 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.

We noted that the registered provider had taken effective action to address the areas of concern highlighted during our last inspection. This had also involved positive engagement with other agencies, such as the local authority and fire service.

The home had clear lines of accountability and there was a stable staff team in place. The registered

manager was supported by an experienced deputy manager, who had also worked at the home for many years.

The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. These included policies on safeguarding, medication administration, whistleblowing, equality and diversity and complaints. We saw that these policies and procedures were up-to-date and regularly reviewed.

Records showed that the registered manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information.