

Hillyfield Rest Home Limited

# Hillyfield Rest Home Limited

## 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 ●

# Summary of findings

## Overall summary

### About the service

Hillyfield Rest Home is a residential care home providing personal care to up to 17 older people. At the time of the inspection there were 14 people living in the home. Hillyfield Rest Home provides care in an adapted building close to the local village centre. The home has bedrooms over two floors and shared living spaces on the ground with an accessible garden and summer house.

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

Staff were caring, kind and knew people well. One person's relative told us, "The staff are lovely, very kind and caring." People were involved in planning their care and staff took time to understand people's personal histories and get to know them and people who were important to them.

Staff understood people's individual needs and how best to support them, and had a good understanding of dementia and how this impacted people. Staff encouraged people to do as they wished and provided personalised support. One member of staff told us, "Some places are very regimented but it's not like that here. It felt very warm, like home"

People received safe care and support which protected them from the risk of harm or abuse. The home was clean and well maintained. People's medicines were managed safely and people could manage their own medicines if they wished. Incidents were openly reported and reviewed to improve care.

Assessments and support plans were based on national guidance and reflected professional advice. People had access to healthcare services and the service sought support from other agencies and healthcare professionals as appropriate. People fed back positively about the food, which was cooked from scratch on the site. Supporting people's individual nutritional needs was a strength in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led, with a close-knit staffing team who felt involved and empowered. The management team were open and involved people's families and were working to further improve links into the local community.

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

### Rating at last inspection

The last rating for this service was good (published 20 January 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Hillyfield Rest Home Limited

## **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

This inspection was undertaken by one inspector.

#### Service and service type

Hillyfield Rest Home is a 'care home'. People 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 service had a manager registered with the CQC This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two people's relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, assistant manager, care workers, kitchen staff, activities co-ordinator and the maintenance person.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable and had training in recognising signs of abuse. Staff understood the reasons people were vulnerable due to their circumstances and were vigilant to changes in people's behaviour which could indicate an issue.
- Staff and the managers understood how to report any safeguarding concerns and took necessary steps to report and investigate any concerns.
- Details were available to staff so that they knew how to raise or escalate any concerns they had, including whistleblowing procedures. Staff told us they felt confident to report anything they were worried about and that this would be taken seriously.
- People and their relatives told us they felt safe in the home. We asked relatives if they ever worried for their loved one's safety. One relative said, "Oh no, absolutely not."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's safety and wellbeing. People had detailed support plans in place which advised staff how to support people in a safe way and minimise these risks wherever possible, such as risk of falling or developing a pressure ulcer. Risk management plans took the least restrictive approach and respected people's preferences and wishes.
- People with diabetes had information about their diabetes and how this was managed, however detail about signs of raised blood sugar were not included. Staff knew people well, however, and could identify a change in their behaviour. We advised the registered manager that further information would be beneficial to staff and they agreed to add this information to people's support plans.
- Risks within the home, such as fire, health and safety and legionella risks, were well managed. There were checks in place of the condition of the home, of equipment and fire safety checks in line with national requirements. People had individual evacuation plans which identified the support that would be required in the event the service had to be evacuated.

Staffing and recruitment

- The registered manager used a dependency tool to evaluate required staffing based on people's individual needs. There were two care workers provided at all times, in addition to housekeeping staff, catering staff, activities co-ordinators, the registered manager, maintenance person, head of care, assistant manager and the provider. When there were fewer senior staff – at weekends – additional care workers shifts provided additional support.
- There were sufficient staff during our inspection to support people safely and meet their needs. Rotas evidenced that staffing levels were consistent. Staff told us that, though there were busy periods, they felt there were enough staff. The service did not use agency staff and had staff that worked flexibly to cover any

sickness or absence.

- Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. Staff were trained in administration of medicines and had their competencies assessed. We reviewed people's medicines administration records which showed they received their medicines as prescribed.
- Where people had 'as required' (PRN) medicines, or 'homely remedies' (over-the-counter medicines) there were clear protocols for their use. Protocols advised indications for their use, maximum doses and when to seek guidance from healthcare professionals if symptoms persisted.
- Stock checks were made regularly to ensure medicines were accounted for, and to ensure medicines were ordered in a timely way.

#### Preventing and controlling infection

- The home was clean and well maintained. There were adequate hand washing facilities and personal protective equipment, such as gloves and aprons, was available for staff.
- Staff had training in infection control procedures and followed these in practice. There were clearing schedules in place and housekeeping staff kept the building clean to a high standard.
- The home had received a food hygiene rating of five out of five from the Food Standards Agency in May 2019, indicating high standards of cleanliness, food storage and handling.

#### Learning lessons when things go wrong

- Incidents were reported when things went wrong, and were reviewed for any themes or trends. Staff felt confident to report any concerns they had and told us they received feedback about any learning or improvements.
- The service had identified an increase in incidents of behaviours which might challenge related to an advance in people's dementia symptoms. In response, the provider had sought additional training for staff in supporting people with dementia.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Risk assessments and support plans followed good practice guidance and national standards. People were supported to achieve good outcomes by maximising their independence and supporting people with behaviour which might challenge.
- The registered manager and assistant manager kept up to date with research and guidance and looked to reflect this in the support provided.
- People's relatives told us that the service supported their loved ones to achieve their goals. One relative said, "[Loved one] has put on weight since being here, which is very good, that is one of her problems you see."

Staff support: induction, training, skills and experience

- Staff were knowledgeable in their role. They had appropriate training to give them the skills they needed to provide effective care.
- New staff had a period of induction to the service to ensure they got to know people and were supervised by experienced staff to learn how to best support people.
- Staff told us they felt supported and that the staff team worked well together. Specific staff had training relevant to their role, for example kitchen staff had additional training in nutrition and diabetes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet which met their needs and preferences. The kitchen staff knew people well. They worked with people to plan menus and offered choices. Food options were reflective of people's cultural history. On one day of the inspection, the meal was reflective of wartime meals to celebrate a historical anniversary.
- We saw people had appropriate portions of well-presented food which was nutritionally balanced. All food was cooked from scratch and the kitchen staff took pride in the quality of the food. People were offered snacks throughout the day and had access to drinks.
- People fed back positively about the food. One person said, "The food is good. we get sweets and treats. We get a choice." Another person told us, "The food is good, yes, you can have a choice, you can have a dessert or cheese and biscuits instead. I have a sweet tooth."
- Mealtimes were a social event and people sat with others with similar level of communication and social interests. People could eat in a shared dining room, or in their own room if they preferred.
- Where people had a modified diet, this was provided with care. If people were underweight or requiring nutritional supplements, kitchen staff were imaginative in how they achieved this. One person required more support to eat. Staff supported them in their own room, which was their preference, or their relative

came to support them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other healthcare professionals to ensure people had access to support which met their needs. For example, during our inspection staff had reported to managers that one person's mood had been low and they had not been their usual selves. The assistant manager had contacted their GP to discuss their needs and book an appointment.
- Professional guidance was reflected throughout people's support plans to ensure they were effective.
- People had access to healthcare services, such as the dentist, GP and optician. People were supported to attend appointments and to book them if they wished.

Adapting service, design, decoration to meet people's needs

- The premises were suitable to meet people's needs. Rooms were accessible for people's mobility level, there was sufficient space for people to have quiet time and time outdoors.
- Some people in the home were living with dementia, though this was largely in early stages. The service had not fully utilised dementia friendly guidance in the décor and signage in the home, such as signs for facilities. This guidance would be beneficial, particularly as people's dementia progressed, though during our inspection this didn't seem to negatively impact anyone's independence. We fed this back to the registered manager and provider who agreed to review the décor in line with guidance.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent was assessed, where appropriate. Applications under the Deprivation of Liberty Safeguards had been made where people lacked capacity to make a decision to live in the home.
- Staff had a good understanding of mental capacity and gave people choice and control of their lives. We saw staff offering people choices and respecting their decisions.
- People's families helped to give staff information about people's character and personal histories to support making decisions in their best interests, should they lack capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and compassionate in their approach. People were given emotional support and staff recognised when people were not themselves or needed comfort. Support plans identified sources of anxiety or distress and how to best reassure people.
- Staff spoke highly of the people they supported and were respectful in their approach. Staff consistently said that the people they supported were the best thing about their job. One member of staff said, "The residents [are the best thing], they're lovely. Every single one of them."
- Staff took an interest in people, their life history and families. Staff knew people well and spent time talking with them during their day-to-day support.
- People and their families told us the staff were kind and respectful. One person's relative said, "She has a bond with the staff, which is lovely. The staff are lovely, very kind and caring." Another person's relative said, "It's a nice home. The staff are very good."
- People's cultural and religious needs were explored with them and people were supported to maintain their access to spiritual services where appropriate.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood how to offer people choices in all aspects of their life, such as what to eat, what to do and what to wear. People were given time to process information to make a choice. One staff member told us, "People can do as they like, they get up when they want to get up, go to bed when they want to go to bed, if they want to have a pyjama day they can. Some places are very regimented but it's not like that here."
- People's families told us that staff involved them and consulted with them on important decisions and to gain a better understanding of their loved one. One relative told us, "They let me know about hospital appointments, they sort it out and tell me, so I can go along." One person told us, "They speak with [loved one] when there is a decision to be made."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and personal space. Staff knocked before entering people's bedrooms, and asked people if they wanted their doors open or closed when they left.
- People were treated with dignity. Staff spoke with people as equals and respected their choices. Some people preferred to spend more time alone, and this was supported by staff.
- People were encouraged to maintain their independence, in line with their wishes. Some people preferred to have staff support them or do things for them. This was reflected in people's support plans and in the care they received.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support was personalised to meet people's needs and reflect their individual preferences. Staff were responsive to changes in people's needs and adapted their approach based on the individual. They knew people well and understood their preferred routines.
- Staff had a good understanding of dementia and were able to support people as their dementia progressed. Staff recognised the importance of maintaining a regular routine to support people's sleep-wake cycle. A number of elements of support assisted in orientating people to the time and the activity, such as encouraging people to move to the dining room to eat, having tea times, regular activities at certain times and adapting the environment to ensure rooms reflected their function.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the requirements of AIS and could provide information to people in a range of formats should this be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop relationships with other people living in the home and with their friends and family outside of the home. One person said, "My husband lives nearby. He visits every other day or so". One person's relative told us, "She has made some friends with the other ladies." Another relative said, "She settled well into the home."
- There were activities every day which were relevant to people's interests and hobbies. There was a dedicated activities co-ordinator who worked weekdays. Volunteers and outside entertainers were sought to cover weekends and any quieter periods.
- All staff took responsibility for involving people, whether that was talking and reminiscing or leading activities. The kitchen staff supported people to do baking and cooking, the maintenance person supported people to do gardening in or outdoors and spent time with the residents.
- One person was living with limited eye sight and hearing, the activities co-ordinator told us that they supported the person to prevent isolation and to access the community. They enjoyed sitting by the sea, and the staff member would sit close and describe what was happening to them.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they were unsure how to make a complaint but said they could find out and would speak to the manager. They said they had no complaints to make. They told us the registered manager and assistant manager were visible and available to them.
- The service had an appropriate complaints procedure in place which gave timeframes and details of how to make or escalate a complaint. There were no formal complaints from people or their relatives in the previous 12 months. One complaint was made by a member of the public over concerns for a person's safety; this was managed appropriately.

#### End of life care and support

- People were supported to explore their wishes around end of life care, including their spiritual and religious needs. The service had worked to ensure staff were trained in end of life care and people were supported to stay in the home if that was their wish.
- Where a person was approaching the end of their life, the service worked with other professionals to ensure they had the support they required in place.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open and inclusive culture within the home. Staff reflected the "home from home" values of the service. Staff felt able to suggest and try new things and felt supported and empowered by the home's management team.
- Staff were positive about the staff team and were passionate about their jobs. One member of staff told us, "We are a close-knit team, we all know each other and work together really well." Another member of staff said, "I love it, it is so rewarding."

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 registered manager and assistant manager understood their responsibilities to be open and honest when things go wrong. People's families reflected that staff kept them up to date and informed them if anything happened, such as if their relative had a fall.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was on maternity leave at the time of the inspection, however they visited to speak with us. There were good measures in place to support staff while the registered manager was off, and staff fed back that they had continued to feel very well supported.
- There was a clear management structure and any delegated responsibilities were clear to staff. Staff had areas of expertise and supported the management teams with those areas, such as activities, health and safety and maintenance or food and drink. Staff took ownership and pride in their area of expertise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, assistant manager and provider spent time with people to gain their point of view. People were involved in meal planning, choosing plants for the garden and activities around the home.
- The service had a newsletter for people and families to keep them up to date of events or changes in the home.
- The service sent out formal questionnaires annually to gain feedback from people and their families.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other healthcare professionals, voluntary organisations and agencies to ensure people's needs were met and they had continuity in their care.
- The home had identified areas for continued improvement and was building staff knowledge and skills. This would better support people's changing needs relating to dementia or when they approach the end of their lives. This would enable people to stay in the home and have their needs met with high quality care, regardless of how their needs changed.
- The registered manager and assistant manager were working to increase links with the local community and had strengthened links with the community centre. The service hosted a local 'dementia action group' which aimed to make the community more inclusive for people living with dementia.