Caring Alternatives Limited

Hillcrest Residential Home

Inspection report

Hillcrest
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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

Hillcrest Residential Home 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 home is situated in Tyldesley, Greater Manchester and is registered to provide accommodation for up to 17 people who require personal care and support. At the time of this inspection 17 people were living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

During the last inspection, although the home was rated as good overall, it was rated as requires improvement in the KLOE safe, as we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to medicines management. During this inspection we found the provider had addressed the previous regulatory breach and was now meeting all requirements of the regulations.

The service had a registered manager. 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.

People told us they felt safe living at Hillcrest Residential Home. Relatives were also complimentary about the standard of care provided. Staff had received training in safeguarding and knew how to report concerns.

Care files contained detailed risk assessments, which were regularly reviewed to reflect people's changing needs. This ensured staff had the necessary information to help lessen risks to people living at the home.

Staffing levels were determined based on people's dependency levels. People, their relatives and staff all told us enough staff were on duty to safely meet people's needs.

Medicines were managed safely. The home had effective systems in place to ensure medicines were ordered, stored, received and administered appropriately.

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

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role.

People were encouraged to make decisions and choices about their care and had their choices respected. People's consent to care and treatment was also sought prior to care being delivered.

People's nutrition and hydration needs were being met. Meal times were observed to be a positive experience, with people having a choice into both what and where they ate.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect.

Care plans contained detailed, personalised information about the people who lived at the home and how they wished to be cared for. Each file contained detailed care plans and risk assessments, which helped ensure their needs were being met and their safety maintained.

The home had a complaints procedure in place and whilst people told us they had no cause to complain, they knew how to do so, should they need to.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans were drawn up, to ensure any issues had been addressed. Feedback of the home was sought from people, relatives and staff and used to drive continued improvement.

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 has improved to safe.

Staffing levels were appropriate to meet people's needs.

People we spoke with told us they felt safe living at Hillcrest Residential Home.

Staff were trained in safeguarding procedures and knew how to report concerns.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed regularly.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains good.

Hillcrest Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 14 and 15 March 2018. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience (ExE). An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance team at Wigan Council.

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

During the course of the inspection we spoke to the registered manager, deputy manager, chef and four care staff. We also spoke to 11 people who lived at the home and five visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included; five staff files, three care files, six Medication Administration Record (MAR) charts, policies and procedures and audit documentation.

Good

Is the service safe?

Our findings

We checked the progress the provider had made following our inspection in November 2016 when we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not managed medicines safely.

At this inspection we found the provider had made improvements and medicines were now being managed safely and effectively. As part of the inspection we reviewed all medicine related documentation, checked stock levels and ensured staff had received the necessary training and supervision to administer people's medicines safely and as prescribed.

We found medicine administration records (MAR's) had been completed accurately and consistently, with times for administration clearly recorded. A prompt sheet had been drawn up as a reminder for staff to administer certain medicines, which need to be given early in the morning or prior to eating. This ensured people received their medicines at the correct time.

Each person had an information sheet alongside their MAR, which contained their name, date of birth, photograph, allergy information and how they liked to take their medicines. We saw 'as required' (PRN) protocols in place for people who took this type of medicine, for example paracetamol. These provided staff with information about whether the person could request the medicine and if not how to identify it was needed, how much to give and how frequent. This ensured staff administered medicines to the correct people, when necessary and in the way the person wanted.

At the time of the inspection nobody required their medicines covertly, which means without their knowledge or consent. This is usually done when a person who lacks capacity, regularly refuses to take them when offered. We saw the home had 'pathway' document in place, which listed the steps which needed to be taken, prior to administering medicines covertly, which we saw had been followed for one person, who was expected to require this method of administration in the future.

People we spoke with told us they felt safe living at Hillcrest Residential Home. Comments included, "Yes I like it and I am safe." Relatives also spoke positively, with one telling us, "I sleep at night knowing she is safe here."

People and relatives we spoke with told us enough staff were on shift to safely meet their needs. One person said, "There is always someone around." Whilst a relative told us, "Yes, there is enough." Staff we spoke with confirmed staffing levels were appropriate, with one stating, "We can meet people's needs and never leave a room unattended."

The home used a system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. We found staffing numbers indicated on the tool, matched the rotas we looked at. This along with our observations during inspection and the feedback we received demonstrated enough staff were on shift to support people safely and appropriately.

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file which contained a copy of the local authority reporting procedure. We noted only one referral had been made in the last two years. Reviews of accident and incident information, along with discussions with staff members confirmed this was accurate. We saw staff had all received training in safeguarding and those we spoke with, where able to clearly explain how they would report concerns.

We looked at accident and incident information and found these had been documented as necessary. Care files contained accident and incident logs, which had been used to keep a further record of any occurrences, to help look for trends and prevent future risks. Where people had experienced a fall, risk assessments had been updated and action plans put in place to reduce the likelihood of further falls.

Care files also contained a range of personalised risk assessments, covering areas such as moving and handling, falls, nutrition, skin integrity and personal emergency evacuation plans (PEEPS). A PEEP is a document designed to ensure the safety of a person in the event of an emergency evacuation. It details the escape route and identifies the people who will assist in carrying out the evacuation. Each risk assessment included an action plan which explained how any assessed risks would be minimised.

We looked at five staff files to check if safe recruitment procedures were in place and saw evidence references, Disclosure and Baring Service (DBS) checks and full work histories had been sought for all staff. These checks ensured staff were suitable to work with vulnerable people.

Throughout the course of the inspection, we found the home to be clean and free from offensive odours. We saw detailed cleaning schedules were in place, which included regular deep cleans of bedrooms and communal areas. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

The home had effective systems in place to ensure the premises and equipment was fit for purpose, including a yearly schedule which clearly stated when checks or assessments were due. We found gas and electricity safety certificates were in place and up to date. Call points, emergency lighting, fire doors and fire extinguishers were all checked to ensure they were in working order. Hoists, slings and the lift had been serviced within required timeframes, with records in place evidencing this. This ensured this equipment was safe to use and protected people from harm.

Good

Is the service effective?

Our findings

We found people continued to receive effective care and support from skilled staff who had received regular training to ensure their knowledge remained up to date. Staff knew the people they supported, which was evidenced through conversations with people living at the home and their relatives, one of whom told us, "Staff know everyone very well; I've seen it with everyone not just my wife."

Staff continued to receive a comprehensive induction, consisting of both e-learning and practical sessions. For those without a background in care, the care certificate had also been completed. Staff spoke positively of the on-going training provided and the home's matrix demonstrated completion was monitored to ensure all staff remained up to date, to ensure they could effectively meet people's needs.

A matrix had also been introduced to track completion of staff supervision and appraisals. Supervisions gave staff the opportunity to meet with a manager and discuss areas of improvement, training needs and anything else they wanted to raise. Staff told us they found supervisions to be useful and confirmed they were held regularly. Comments included, "I had one last week, was useful" and "We have these every three months, I'm happy with this."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

We checked whether the provider was working within the principles of the MCA. We found DoLS applications had been submitted for anybody deemed to lack capacity to consent to their care and treatment, with a matrix in place to log referrals and outcomes. Best interest meetings had also been held, to ensure decisions made on behalf of people who lacked capacity where in their best interest. Staff confirmed they had received training in MCA and DoLS and demonstrated a good understanding of the main principles.

People continued to be supported to access medical and healthcare professionals as required, which included GP's, district nurses, speech and language therapy (SaLT) and podiatry. Each care file contained a section to document any involvement along with an account of the treatment received or advice provided. People's weights had been monitored in line with their needs, and people at risk of developing pressure sores, had care plans and risk assessments in place along with pressure relieving equipment, such as mattresses and cushions.

People spoke positively about the food. Comments included, "Lovely food, can't fault it" and "Always hot and fresh." We saw people's dietary requirements continued to be monitored and met, including people requiring a modified diet, such as 'soft' or 'pureed' meals. All puddings and custard had been made using sweetener to ensure it was suitable for diabetics.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection we found the service continued to be caring.

People spoke positively about the care provided at the home. Comments included, "Yes, the staff are very kind and caring, very pleasant to me" and "Lovely girls, they listen to me." Relatives were also happy with the care received by their loved ones. One told us, "I'm very satisfied with the care here."

Throughout the inspection we observed positive interactions between staff and people living at the home. We observed appropriate physical contact between staff and people which was natural and symbolised the familiarity and relationships that had developed between them. Staff took time to fully explain any aspects of care, prior to commencement, to ensure the person was comfortable and in agreement. It was clear from observations, staff knew each person well and people felt comfortable in staff's presence.

When reading care files, we noted one person reportedly became anxious during any manual handling procedure. We observed this person when being supported to transfer from a chair into a wheelchair. The staff supporting clearly knew about the person's anxieties, and as well as calmly explaining what was they intended to do, engaged the person in jovial conversation throughout, which acted as a distraction. The transfer was completed without any signs of distress.

Staff were mindful of the importance of maintaining people's privacy and dignity. One said to us, "I always ask if okay to support, explain what I'm doing. If it's personal care, close curtains and cover with a towel." People's experiences mirrored this, one person said, "The staff are very kind to me, I feel respected."

Staff understood the importance of promoting people's independence and encouraged people to do as much for themselves as possible. One person was supported to prepare meals in the kitchen, whilst another encouraged to 'dust' the home, as this was a task they wanted to complete.

People's spiritual needs were supported with a local church visiting the home to carry out a service and communion on a monthly basis. The home also provided the opportunity for people to watch a mass on TV, as well as sing hymns each Sunday.

We saw people's views, along with those of their relatives, had been captured via bi -annual satisfaction surveys. Feedback and action points had been displayed in the home, so people could see their views had been acted upon.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection we found the service continued to be responsive.

People and their relatives confirmed people received care that was responsive to their needs. People's comments included, "Staff always check what I want and ask me" and "I can talk to anyone if I don't like something." A relative stated, "She has a special cushion for her chair and mattress for her bed. They look after things like that she needs."

Prior to people moving in, the home continued to complete a pre-admission assessment, to ensure they could meet the person's needs and gather information to ensure care provided was person centred.

We found the home continued to provide personalised care, designed around each person's needs and wishes. Care files contained comprehensive information about people's backgrounds, likes, dislikes, preferences, medical and social needs. Care plans had been written with the involvement of people or the relatives, and provided staff with clear explanations about how each person wanted to be supported. People and their relatives confirmed they were involved in decisions about the care provided. Comments included, "Yes I'm involved all the time" and "I'm very involved there is never a problem with that."

People's social needs were encouraged and promoted. The home provided a range of weekly activities and had recently invested in more games and equipment, in response to comments made on satisfaction surveys. People's comments included, "I can join in whatever is going on if I want to. We played pass the ball this morning", "I play dominoes in a morning" and "I do get to go out but not on my own, however that's okay". Staff we spoke with also felt enough stimulation was provided, explaining they provided activities in house, days out on the home's minibus as well as attending the local club and coffee mornings at a nearby church.

The home had complaints procedures in place, including posters explaining the procedure and a complaints and compliments file, were these had been logged. We saw only one complaint had been received in the last two years, which had been responded to appropriately and within the required timeframe. People living at the home and their relatives, told us they had not had cause to complaint, though would happily speak to staff if they did. One comments included, "I've not had to say anything bad about the place."

At the time of inspection, no-one living at the home was receiving end of life care. The home had documentation in place to capture people's wishes, should they be prepared to discuss these. We saw the home worked closely with GP's and district nurses, to ensure people who wanted to remain at the home when approaching the end of their life, could do so safely and respectfully.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection we found the service continued to be well-led.

At the time of our inspection there was a registered manager in post. 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.

Since the last inspection the previous registered manager had left and one of the owners, who had also been registered, had taken over the day to day running of the home, supported by a new deputy manager.

People and their relatives spoke positively about the owners and how the home was run. Staff also confirmed the registered manager and other owner were a regular and visible presence in the home. Comments included, "They are very approachable,", "Nothing is too much trouble for them" and "The management are lovely to work for, very friendly and you see them about regularly."

The registered manager promoted an ethos of involvement and empowerment to ensure people living at the home and their relatives were involved in their daily lives and decision making. We saw meetings had been held with people living at the home, and their relatives to enable them to express their views, whilst also being updated on developments or plans within the home.

Staff we spoke with told us regular meetings had also been facilitated, which provided a forum for discussing any issues of concern and being involved in decisions about the home. We were also told bi-annual staff survey had also been completed to capture their views on what it was like to work at the home. One staff told us, "We have meetings quite regularly, we can bring up anything we want to, We do surveys a couple of times a year as well, I do feel involved."

We saw there were a number of audits and monitoring systems in place to monitor the quality and effectiveness of the service. These were completed following an annual schedule, which ensured all areas had been completed. The audits in place included areas such as falls, medication, daily care documentation, complaints and dietary management. For any issues identified, a quality action plan (QAP) had been drawn up, which detailed how these would be addressed and by when.

Policies and procedures to guide staff were in place and had been updated to recognise any changes in legislation. We spoke with staff that were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and infection control.