Hillyfield Rest Home Limited

# Hillyfield Rest Home Limited

## Inspection report

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Date of inspection visit:
28 July 2021

Date of publication:
07 September 2021

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

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 13 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
Environmental risks were not managed effectively; People did not have regular fire evacuations to keep them safe. Peoples individual emergency evacuation plans were not always updated. Lifting equipment was not always checked in line with health and safety legislation to ensure peoples safety.

We could not be assured risks associated with people's needs were always assessed appropriately or managed. Diabetes management and peoples pressure care was not always found to be appropriately managed to keep people safe.

Relevant recruitment checks had not been undertaken. Staff had not received all of the training relevant to their role and had not been receiving regular supervision

A lack of robust record keeping meant medicines were not always managed safely.

During our inspection we found there was a lack of effective management and leadership in the home. Governance systems were not effective in ensure people received high quality care.

The service had started a programme to transfer peoples care plans from a paper-based system to an electronic system. However, conversations from staff informed us staff were not sure which people were on which system or when the transfer would be completed. Therefore, we were not assured staff would be following the most up to date care plan for each resident.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 09 October 2019).

Why we inspected
This inspection was prompted in part due to concerns received about medicines, staffing, infection control and poor management. A decision was made for us to inspect and examine those risks.

We undertook this focused inspection to check people were safely cared for. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillyfield Rest Home Limited on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to health and safety, medicines, staff recruitment, training and good governance, record keeping and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors carried out the inspection with the support of a specialist pharmacy inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Hillyfield Rest Home Limited 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.

Notice of inspection
This inspection was unannounced.

What we did before the 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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the provider, manager, general manager, senior care staff, care maintenance staff.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at five 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 also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Requires Improvement

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Some of the risks to people had been identified, assessed and appropriate management plans were in place to prevent or reduce the risk occurring. However, we found examples where this was not the case. One person's diabetic plan did not contain all of the information required to support staff to manage the risks associated with this health care need. Records showed stated an acceptable range for this monitoring and for staff to escalate their concerns to the senior team if the persons results were out of range. However, the care plan lacked guidance for the senior team on when to seek specialist advice when the results were out of range.

● Management informed us that they had recently introduced an electronic care planning system and that they were in the process of transferring information from the files onto this platform. This would result in all care plans being available online with staff having access to these, on a handheld device. Staff had been updating the system since February 2021 and not all records had been transferred over which meant staff were using both electronic and paper records which people at risk of not having the right information to keep them safe.

● For one person they required repositioning every four hours as they spend most of their time within their bed. Records did not provide assurances that people were being regularly turned to help prevent skin breakdown. Records showed not all staff had received training in pressure care.

● Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. However, not all staff had received fire training and records showed only one fire drill had taken place this year and not all staff had attended. This was not in line with their fire assessment.

● Personal emergency evacuation plans (PEEPs) were kept in an accessible place near to the front door. However, these did not reflect the current occupancy of the home and in the case of one person, did not reflect their current needs. This could impact upon the emergency services being able to safely evacuate the home in the event of an emergency such as a fire.

● We were not confident manual handling lifting equipment was always safe to use. All care homes must follow Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). This is to ensure all lifting equipment is used in a safe manner. As part of these regulations lifting equipment and accessories need to have a LOLER examination by an accredited person every six months or less. Records showed the hoists had received a LOLER examination and showed no concerns with the equipment however the slings used as part of the hoist to move people had not been checked. Some people had bath lifts in their ensuite rooms none of these bath lifts had been checked to ensure they were safe to use by a LOLER examination. The provider informed us this was an oversight. They have taken immediate action to address this. Using equipment

without these checks in place put people at serious risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate some aspects of safety were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some people required equipment to move them safely, for example a lifting hoist. Records showed that not all staff had received training as part of health and safety legislation inculding Manual Handling Operations Regulations 1992. When we spoke to staff some confirmed they had not received training on how to use the equipment or manual handling training to move people safely. This put people at serious risk of injury and did not follow health and safety legislation.

The failure to have deployed trained numbers of suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment
● We could not be assured the service were following safe recruitment practices. Two staff files did not contain a full employment history as no application form had been obtained, or proof of identity including a recent photograph, as required by schedule 3 of the Health and Social Care Act 2008.
● These shortfalls had already been identified by recent outside auditor the provider had brought in and action was being taken to address this and to undertake wider checks of all staff files to ensure that these contained all of the required checks.

The failure to have safe recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We were not assured that there were sufficient staff deployed at all times. In the afternoon, there were insufficient staff to ensure the safety of people in communal areas as there were only two staff on duty. Four people using the service needed two staff to manage their care and this meant that there were times when the communal areas were not supervised. We observed the impact of this as at one point the inspector had to intervene to encourage a person to sit down as they were very unsteady and at risk of falling. The second inspector went to find a staff member to provide assistance.
● Recent staff meeting minutes showed staff were raising concerns about staffing levels and not being able to fulfil all of their duties or complete records in a timely way. Staff also raised concerns about having to cover domestic duties due to a shortage of housekeeping staff.
● The provider told us that in response to feedback from staff they had recently increased staffing levels and staff confirmed this was having a positive impact.

Using medicines safely
● Medicines were not managed safely.
● Allergies or the absence of known allergies were not consistently recorded for all people, therefore potentially putting people at risk of receiving a medicine that they could have an allergic reaction to.
● Some residents were prescribed eye drops. The label directions were generally 'to the affected eye' and the service had not sought clarification as to which eye or eyes were affected. Therefore, we were not assured that these eye drops were appropriately administered.
● Whilst the majority of people had one or more medicines prescribed 'when required' or with a variable

dose, in the majority of cases, there were no protocols in place to guide staff on how and when these should be used. The absence of these protocols had already been identified and action was being taken to start to put these in place.
● One person had been prescribed a variable dose, 'when required' medicine to help them sleep. However, the stock balance indicated the medicine had been administered at the higher dose on a regular basis without seeking specialist advice.
● The service had started a programme to transfer the residents care plans from a paper-based system to an electronic system. However, conversations with staff indicated that they were not sure which residents were on which system or when the transfer would be completed. Therefore, we were not assured staff would be following the most up to date care plan for each resident.

This demonstrates a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse
● Relatives told us their family members were kept safe at the service. One relative told us, "It is absolutely safe, and they are on the ball and they take care of her needs and are always visible". Another relative said, "I do feel she is safe and there is always somebody there and they always pop into her room. They are very caring." Another relative told us, "Mum is safe, and she is happy, and the staff look after her very well".
● Staff informed us they were confident about how to identify safeguarding concerns and that any concerns they raised would be dealt with appropriately by the management team. However, records showed that some staff had not completed training in safeguarding and in recognising the signs of abuse.
● Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. However, these were not always dated or reviewed and so we could not be assured that they reflected latest guidance.

Learning lessons when things go wrong
● Due to a lack of records we could not be assured at the time of inspection that lessons had always be learnt when things had gone wrong. For example, the accident and incident file showed that 12 falls had been recorded from 1 January 2021 to 30 June 2021, however the monthly accident record conflicted saying that only seven falls had occurred. Records also showed for one person they had not had an accident or fall recorded since May 2020. For another person they had two recorded falls, however no accident record could be found for one of these had occurred on 26 February 2021.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● The premises were mostly clean and there were no malodours. However, we saw some areas where further cleaning was required of floors and skirting boards.
● Staff were seen moving around the home supporting people with face masks on, however we observed one staff member where their face mask was slipping which meant that the face mask was not always covering both their nose and mouth.
● Cleaning records were not always filled in to demonstrate cleaning had taken place. For example, records of cleaning of high touch point areas such as light switches or handrails were not always kept. We could not be assured, therefore, that cleaning always took place as planned.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Requires Improvement

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 a lack of positive leadership and guidance in the home which had led to a poor culture and care that was not person-centred and did not achieve good outcomes for people using the service. The provider had not oversight of the service which had resulted in the lack of staff retention, limited training being provided for staff and records not being robust which had led to various breaches being found during the inspection.
- Controlled drugs (CD) were not always managed in line with best practice. The service when starting a new controlled drug register (CD) had not transferred all the records to the new register and was not using one CD registers in line with best practice. When we informed staff, a CD medicine was stored in two locations, they moved all the medicine to the CD safe and CD records. Therefore, we were not assured the service had oversight of controlled drugs management.
- We were not assured that medicines requiring refrigeration and those stored at room temperature were being stored at the required temperatures, due to the lack of temperature monitoring records.
- A few people were prescribed medicines with variable doses. However, the exact dose administered was not recorded on the MAR. Therefore, we were not assured which dose within the prescribed dose range had been administered.
- Care plans were not person centred. For example, care plans were seen to include 'he, him or another person's name'. This showed that the care plans had not been written specially for people. Also, some care plans were showing that they had not been reviewed or updated since 2020. Records showed five risk assessments were last reviewed in August 2019, one was reviewed in April 2020, and the other one had been reviewed in February 2020. One professional told us, "Care planning has been an issue at Hillyfield but now that they have started to implement the computerised care plans this will improve greatly."

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

- At the time of inspection there was no registered manager in place. The last registered manager had left in July 2020. The service had previous managers in place in the past year, but they had not stayed. We viewed exit records of senior staff who had left that showed they felt unsupported through lack of training, communication and support. A new manager took over at the beginning of 2021 and had recently gone back to their previous role in the service. This had resulted in a lot of changes and caused inconsistency with no clear overall management oversight. A relative told us, "I have concerns about the change of managers and

it was upsetting for the residents". Another relative said, "They have had a lot of management changes and it has been difficult for everybody".

● A new manager had applied to become the registered manager and had submitted their application to registered with the Commission. Another general manger had also been appointed in the last few weeks to support staff and to ensure records were in place. An action plan had been produced on how the service and management were going to improve the service and support staff to ensure the service was safe.

● The governance arrangements needed to be strengthened and developed. This inspection has identified concerns in relation to record keeping, training, medicines management, risk management and the deployment of staff. We have found a number of areas where the fundamental standards are not being met.

● The provider had not maintained sufficient oversight of the service to ensure the safety and quality of the service. No regular checks or audits had been completed since 2020 to assist the leadership team with measuring the quality and safety of the service. This meant that the concerns we found had not been identified in a timelier way allowing action to be taken.

●The provider had commissioned an audit recently and had found that a number of improvements were needed. The last infection control audit to be undertaken was in January 2020. This had not been repeated, despite the onset of the pandemic to provide assurances that all of the correct procedures and systems were in place to protect people and staff. This was despite the service experiencing an outbreak of coronavirus in February 2021.

● The new manager had started to implement audits in the last few weeks which included audits of care plans, recruitment and falls. A plan of audits was structured for the rest of the year.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the quality and safety of the service was assessed and monitored effectively. The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

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

● Relatives were happy with the service. One relative told us, "The atmosphere in the home is happy and comfortable. The best thing is the family feel. I could fully recommend it". Another relative said, "It is well run and the owners are hands on". Another relative told us, "It is run very well with a nice relaxed atmosphere not institutionalised in any way".

● Newsletters had been sent to relatives up to the end of last year keeping them updated. However, none had yet been sent in 2021. Some relatives we spoke with felt communication could be improved. One relative told us, "They are not great communicators with families. I would like more communication for distance families". Another relative said, "We do get the occasional e-mail, but communication could be a bit better perhaps and more e-mails". Another relative told us, "Possibly could improve on communication but it has been difficult times".

● The service used to seek feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. However, records showed the last survey was undertaken in 2018. We were informed that there were plans to send out surveys in August 2021.

● The service worked in partnership with the local doctor's surgeries and community health teams. Local health professionals raised no concerns about the service.

● Staff felt supported by the current manager. One staff member told us, [Managers name] was amazing, because of COVID-19 was really hands on, so unable to put things in place so paperwork got left behind, but she wanted to make sure people were getting good care". [New managers name] is good. They have put lots in place like turning charts and cleaning records". Another staff member said, "The new manager seems nice and positive. Think that she is going to do well". A professional told us, "The interim manager [staff members

name] has really been brilliant to keep the home safe and supported the staff through the pandemic I take my hat off to her as it's been hard being for her being an independent home with no head office to support her".

● However, records showed supervisions had were not taking place in line with the provider's policies. Supervision is important because they provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff spoken with informed us that they had little or no training in all areas of the service.

● Staff meetings were held. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Meetings can also be used to reinforce the values, vision and purpose of the service. Staff felt these meetings were useful and told us they felt listed to. Following a recent meeting staffing levels had been increased and new equipment brought for the service in response to feedback from staff.

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 previous inspection report and rating was displayed prominently in the reception area.

● The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

● The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm. However, polices all needed to be reviewed to ensure they reflected current guidance and best practice.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>The care and treatment was not appropriate or meet peoples needs. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Systems were not in place or robust enough to demonstrate safety was effectively managed. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The failure to have safe recruitment procedures. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The failure to have deployed trained numbers of suitably qualified, competent, skilled and experienced staff. |