

Four Seasons (DFK) Limited

Hilltop Manor Care Home

Inspection report

High Lane
Chell
Stoke On Trent
Staffordshire
ST6 6JN

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Hilltop Manor Care Home is a care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection.

Hilltop Manor Care Home can accommodate up to 80 people in one adapted building.

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

Improvements were needed to the way medicines were managed to ensure they were consistently safe and systems were robust. The provider needed to ensure that improvements made throughout the home were thoroughly embedded and sustained to ensure a consistently well-led service.

People were protected from abuse and avoidable harm by staff who knew people's risks and how to reduce them. There were enough staff to meet people's needs and they followed safe practices to ensure people were protected from the spread of infection.

People's needs and choices were assessed and met by staff who were trained and supported to carry out their roles effectively. 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.

People were happy with the food on offer and had choices. Staff supported people to eat whilst maintaining their dignity. People's health needs were met and they had access to healthcare professionals when required.

Staff were kind and caring towards people and encouraged them to make their own decisions. People were supported to maintain their independence whilst their privacy and dignity was respected.

Staff knew people well and encouraged them to participate in activities which were meaningful to them. Staff catered for people's preferences and considered people's diverse needs.

The registered manager was accessible and approachable and had oversight of the service. They had implemented new systems which needed to be fully embedded and sustained to ensure continuous improvement. Staff were supported and encouraged to learn and felt involved in the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2018) and there were three breaches of regulation. We served warning notices and the provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found

improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement, though significant improvements had been made since the last inspection. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating and to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hilltop Manor Care Home

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

The inspection was carried out by two inspectors 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

Hilltop Manor 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 Care Quality Commission. 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 the inspection

We looked at information about important events which the provider is required to send us by law. These include safeguarding concerns, serious injuries and deaths that occur at the service. We looked at monthly improvement updates the provider had sent to us. We also sought feedback from commissioners of the service and looked at information we had received from the local safeguarding adults' team. 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 eight people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, regional manager, a nurse, a care home advanced practitioner and care staff. We also spoke with a visiting health professional. 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 reviewed a range of records. This included six 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 Requires Improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At our last inspection the provider had failed to ensure that people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, further improvements were still required.

- Whilst people told us staff supported them safely with their medicines, we found medicines administration systems required improvement to ensure the processes were consistently safe.
- We found some gaps in the application of topical creams which meant we could not be sure people were receiving their creams as prescribed to treat and manage their conditions. For example, one person was prescribed a barrier cream to help protect their skin due to incontinence. We saw an occasion when they had not received their cream twice daily as prescribed and their skin was then documented as being red and sore.
- One person had run out of their prescribed cream. Staff had not identified or acted when it was running low and this meant new stock had not been ordered in time and therefore the person went without their prescribed cream.
- There was inconsistent recording on some Medicines Administration Records (MARs). A code had been used that required an explanation to be recorded and an explanation was not always recorded. This meant it was not always clear whether the person had received their medicines or not, and any reasons why.
- However, improvements had been made since the last inspection and people told us they were happy with how staff supported them with their medicines. One person said, "I get my medication on time. I have no worries about my medication."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that people's risks were consistently mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People told us how staff supported them to mitigate their risks by ensuring they had the equipment they needed. One person said, "Well I have my frame nearby. When I do the washing up I have a stool."
- When a risk was identified it was assessed and planned for and staff knew people's risks and how to reduce them.
- Some people were at risk of developing pressure sores. We saw appropriate plans were in place which included specialist mattresses for some people. We checked whether mattresses were on the correct settings to maintain people's skin integrity. We found that they were and this was being regularly monitored by staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- People told us they felt safe. One person said, "Yes I feel safe, the atmosphere makes me feel safe."
- Staff had been trained to recognise and report signs of abuse and systems were in place that worked to ensure people were safeguarded from abuse, and investigations were carried out when required.

Staffing and recruitment

- There were enough, safely recruited staff to support people in a timely manner and keep them safe.
- People told us staff were available when they needed them. One person said, "Yes there are enough staff." Another person said, "If I press the buzzer, they [staff] come quickly."
- The registered manager and provider had systems in place to effectively monitor people's dependency levels and how many staff were needed to support them.

Preventing and controlling infection

- Safe infection control procedures were followed to ensure people were protected against the spread of infection.
- We observed the home was clean and tidy and domestic staff were carrying out their duties throughout the inspection. One person told us, "The home is clean and well maintained. It is well looked after."

Learning lessons when things go wrong

- Lessons had been learned since the last inspection and a number of improvements had been made.
- At the last inspection, risks were not always consistently managed. At this inspection, we found the registered manager had implemented a number of processes to ensure risks were consistently managed. For example, when a person's prescribed diet changed this was updated in their care plan. It was also documented on handover records and on a daily allocation to ensure staff were aware of the changes. Staff told us they are always reminded at handovers of any changes to people's risks and gave us examples of this. This showed lessons had been learned when things had previously gone wrong and changes had been implemented.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that people were supported to eat and enjoy their meals in a dignified and respectful manner. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People told us and we saw they enjoyed the food on offer. People had choices and alternatives were made for them if they did not fancy the options on the menu. People's comments included, "The food is marvellous" and "You can ask for what food you want and there is a choice."
- People had been consulted about types of food they wanted to eat and when. One person said, "They changed the meals. Now, at lunch time we get sandwiches [or lighter options] and a cooked meal in the evening. I can't eat a big meal at that time, so I have my meal at lunch time. I used to send the food back when I did not like it." We saw that people's individual preferences and needs were catered for and they had meals and snacks at times that suited them.
- When people needed support to eat, staff provided support in a dignified way. For example, one person was supported to eat their meal by a staff member who sat down with them, chatted with them and talked about the food that was on offer. They took their time and used respectful techniques to encourage the person to taste and enjoy their food.
- When people needed specialist diets such as soft food or thickened drinks, staff knew about this and provided food and drink in line with professional guidance. Presentation of pureed meals had been considered and they were served to look appetising.

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

At our last inspection we recommended the provider consider current guidance available to make improvements to the environment for people living with dementia. The provider had made improvements.

- The environment had been refreshed. One person said, "It has improved a lot. The decoration is better, we have pictures on the walls."
- Dementia friendly signage was used to help people independently navigate around the home, such as

pictures and large print indicating the bathrooms.

- There were personalised signs including pictures on people's bedroom doors to help those living with dementia to identify their own space. Bedrooms were personalised to people's taste and with their own belongings.
- A sensory garden was in the process of being established. People had been involved in creating the garden by painting and planting and people had access to the secure outside space. There were further plans to maximise the use of the outside space to improve people's wellbeing and experiences.

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

- People's physical, mental and social needs had been thoroughly assessed including a detailed pre-admission assessment before people started to use the service or when they were readmitted to the service from hospital.
- People's needs and choices were well planned for and regularly reviewed to ensure their changing needs were met.

Staff support: induction, training, skills and experience

- People told us staff were well trained to meet their needs. One person said, "They are trained well and they always do their best." Another person said, "I imagine they have the right training. They are very good at what they are doing. I am very grateful for it."
- Since the last inspection the provider and registered manager had made further improvements to staff training. Staff had attended further training on dignity in care and focussing on the experience of people living with dementia. Staff were able to describe how this practical training had made them think and practice differently when supporting people. A staff member said, "I can now relate better to the people who live here and I can see how and why they might get frustrated and what I can do to reduce that."
- We saw this training had improved the way staff interacted with people and provided respectful and dignified care.
- Staff felt well trained and well supported. They received regular training, regular supervision, observations of their practice and regular meetings. These all helped to improve staff skills and the effectiveness of the support delivered to people.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together well and with other agencies to deliver effective care.
- Twice daily handovers were in place to ensure information was shared appropriately between staff and from other professionals to ensure consistent and timely care.
- Handover processes and paperwork had been updated to ensure staff had all the information they needed including people's holistic needs.
- A staff allocation sheet had been introduced to help with staff deployment, organisation and accountability. For example, a named staff member would be responsible for offering choice of meals, another staff member responsible for the drinks trolley and so on. This helped to ensure people received consistent, effective and timely care.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare professionals when they needed them. One person said, "I have seen the doctor twice. The optician comes here to see me, also for my hearing aid."
- A visiting healthcare professional said, "Since [the registered manager] has been in charge there is a massive difference; the attitude of staff, how it is managed; everything. We get appropriate referrals and staff are pro-active in improving people's independence. The guidance provided [by health professionals] is followed and acted upon."

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 (DoLS).

We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent before supporting them. One person said, "They ask my permission before helping me."
- People's mental capacity to make specific decisions had been assessed when required and decisions had been made in people's best interests when required. This information was clearly recorded.
- Staff understood their responsibilities and acted in accordance with the MCA.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

At our last inspection the provider had failed to ensure that people were consistently supported in a caring, dignified and respectful way. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were happy with the care they received and the way staff treated them. Comments included, "First class care", "[Staff] are caring and kind. They listen to me" and "I can trust them [staff]. I love them all."
- We observed kind and caring interactions between people and staff. Staff did not rush people and spent time chatting to them, whilst supporting them appropriately.

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

- People told us they made their own choices and decisions about their care. Comments included, "I have freedom to go where I want and do what I want. I am not a prisoner" and "I can stay up all night if I want to. I can choose."
- We saw staff offered people choices and involved them in decisions throughout the inspection.
- Staff gave people the time they needed to think and make their own choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "[Staff] treat me with dignity and respect. They respect my privacy." Another person said, "They [staff] treat you like one of their own"
- People's independence was promoted. One person said, "They [staff] try to encourage me to do things for myself. I ring my bell if I need support."
- A visiting professional told us how staff proactively promoted people's independence and involved relevant professionals when required. For example, a physiotherapist had been involved in helping one person to get out of bed. We saw the delight in their face as staff took them outside in their wheelchair and they sat and conversed with people in communal areas.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People's needs were fully assessed and considered, including their diverse needs such as religion, gender and sexuality. This information was recorded and an 'at a glance' document gave staff quick access to important, individual information about people, to help them provide personalised care.
- People told us staff knew them well and met their preferences. One person said, "Yes [staff] know me. They have got used to me. They know how to look after me." Another person said, "They know what I like and dislike. They know I like my own company."
- Care plans were personalised and reflected people's preferences. They were reviewed and updated when required and people were involved in developing their own plans as much as possible.

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 AIS. Staff had been trained to understand people's communication needs and people had access to the information they needed, in accessible formats if 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 participate in activities they enjoyed and access the local community.
- One person told us, "I make my bed. I do colouring, knitting, reading and watch films on the television. We go to [the local] church for a coffee morning on a Wednesday. Someone comes from the church every three months to do communion. I also go out with my [family] every Tuesday afternoon." Other people told us they enjoyed listening to singers that attended the home and participating in game and music sessions as well going out to a coffee morning in the local community.
- There was an activities coordinator who consulted people on activities they would be interested in and arranged these. We saw people enjoying a game of bingo with other people and relatives and we saw people making wind chimes to display in the new sensory garden. Other staff told us about fund raising ideas to help raise money for the sensory garden.
- People were also supported and encouraged to participate in activities around the home that were meaningful to them such as washing dishes, tidying up, setting the tables. Some people expressed a desire to do these tasks and were supported and enabled to do so.

Improving care quality in response to complaints or concerns

- People told us they had no complaints but they knew how to complain and felt able to if needed. One person said, "I've no complaints. I am quite contented. I would complain to the staff." A relative said, "If I had a complaint, I would make it to [registered manager's name]."
- When complaints had been dealt they had been dealt with swiftly and appropriately and any learning was shared with staff.

End of life care and support

- People's wishes for their end of life care had been considered and recorded.
- The service had explored people's preferences and choices in relation to their end of life care and involved family in this when appropriate.
- There was an end of life care champion and staff felt trained and able to deliver dignified end of life care.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership needed to ensure that improvements made were fully embedded and sustained.

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

At our last inspection the provider had failed to ensure that effective governance systems were operated to monitor the service, mitigate risks to people and improve the standards of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection the registered manager had implemented new systems and processes which had improved oversight of people's needs and risks and the quality of the service provided. For example, a '24-hour report' included a daily check of all charts kept in people's rooms such as skin checks, topical medicines administration records and food and fluid monitoring. However, we still found some inconsistencies in medicines administration records and some contradictory information in people's care plans. This meant these systems needed to be further embedded into the home to ensure consistent improvement.
- The registered manager had introduced improved systems and processes which meant the home was compliant with regulations. However, these needed to be sustained as the amount of people using the service increased. We will assess at the next inspection whether improvements have been sustained.
- The registered manager now had better oversight of people's clinical risks and action was taken when required. For example, a monthly weight audit ensured action was taken in relation to explained or unexplained weight loss such as referrals to GP or dietician and increased monitoring.

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

- People, relatives and staff all knew the registered manager and felt they were approachable and supportive. One person said, "I have a laugh with the manager."
- The registered manager was visible within the service and knew people well, chatting with them throughout the day and maintaining oversight of practices within the home. People and staff told us this was usual practice for the registered manager.
- There was an open and honest culture where staff and management worked together to promote better

outcomes for people. When things had gone wrong, the service had learned from this and implemented new ways of working.

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 understood their responsibilities and complied with their legal responsibilities of the duty of candour.

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

- The registered manager used a variety of methods to ensure that people, relatives and staff were engaged and involved in the development of the service.
- People, relatives and staff were asked for their feedback via surveys and could also give feedback via an electronic device in reception of the home, anonymously if they wished. Feedback and suggestions were listened to and actions were communicated to people via a 'You said, we did' board within the home.
- A variety of meetings took place including relatives and residents' meetings, clinical governance meetings, staff meetings and dignity meetings. This ensured people had the opportunity to feedback and be involved with the service and the registered manager maintained their oversight and communication with all.

Continuous learning and improving care

- The registered manager had improved and increased face to face training for staff since the last inspection, demonstrating a commitment to continuous learning and improving care.
- 'Policy of the month' had been introduced. Each month a topical or relevant policy was selected by the registered manager and all staff signed to say they had read it. Staff confirmed they were actively encouraged to read and discuss the policy of the month. Records showed that staff had read and signed and staff demonstrated their understanding of the policies.

Working in partnership with others

- The service worked in partnership with a number of other professionals and agencies to make improvements at the home.