Freeways

Hillsborough House

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Hillsborough House is a residential care home providing personal care to 13 people at the time of the inspection. The service supports autistic people and people with learning disabilities, people with mental health needs, physical disabilities, sensory impairment and older people. The service can support up to 14 people.

Hillsborough House consists of two former domestic properties converted into 1 care home. The service is laid out over three floors, with private bedroom accommodation on each floor. To the ground floor, people have access to a level garden, communal lounge, and dining area. There is an additional lounge on the second floor and communal toilets and wash facilities accessible on each floor. The registered manager's office is located on the top floor.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care: The provider failed to implement fire safety measures consistently and effectively, placing people at risk in the event of a fire. The provider had failed to mitigate infection risks and the environment was visibly unclean. The provider failed to ensure medicines were stored and managed safely. The provider failed to provide consistently safe care in relation to 1 person's weight management and another person's oral healthcare.

Right Culture: Checks and audits undertaken at senior leadership and service level had failed to identify the shortfalls we found at this inspection. The provider sought people's feedback, however there was no evidence to show the feedback was reviewed and used to drive improvement in the service. Staff used people's communal garden as a smoking area, people had not been asked their views about this.

Right Support: The provider failed to apologise to 1 person who was not being supported in line with their assessed needs, and who subsequently had some teeth extracted after they had decayed. People had mixed experiences of being supported to access the community and their hobbies and interests. We observed kind and caring interactions between staff and people; staff knew people well.

Overall 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. However, we found occasions when people were not supported in this way, including in relation to 1 person not being supported to access the Dentist and staff smoking in people's

communal garden.

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 03/01/2019).

Why we inspected
The inspection was prompted in part due to concerns received about the cleanliness of the service, the efficacy of the registered manager and safeguarding concerns in relation to 2 service users. Additionally, we considered the length of time since our last inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.
The overall rating for the service has changed from good to inadequate based on the findings of 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.

In response to our feedback during the inspection, the provider made some changes, including arranging for a deep-clean, a fire risk assessment to be undertaken with an external contractor and amendments to how medicines were stored.

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

Enforcement and Recommendations
We have identified breaches in relation to safe care, checks and audits and the duty of candour at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Hillsborough House

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 Health and Social Care Act 2008.

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
The inspection team was made up of 2 adult social care inspectors. An assistant inspector requested feedback from professionals and relatives remotely after our site visit.

Service and service type
Hillsborough House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillsborough House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We undertook a visual inspection of the premises. We reviewed various records in relation to the running of the service including care records, fire management records, checks and medicines files. We spoke with 6 members of staff including the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 people and observed interactions between staff and people in communal areas. After the inspection site visit, we sought feedback from professionals and received feedback from 2 professionals who had recently worked with the service. We received feedback from 4 relatives.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- The provider could not be assured they were doing all that was reasonably practicable to prevent 1 person's weight loss. In their previous review, the person was identified as being at risk of weight loss and, "Low weight." Across 2 consecutive months in 2023, the person lost approximately 13 lbs of weight. Although the person was being weighed and the weight loss documented, the provider failed to implement a risk assessment and review how the person was being supported to maintain, or increase their weight.
- The provider could not be assured they were doing all that was reasonably practicable to prevent 1 person's teeth decaying. The person was at increased risk of tooth-decay due to their preferred diet. They were assessed as being unable to book dental appointments independently, requiring staff to book appointments 6-monthly. The person had multiple teeth extracted during an emergency appointment. Records we reviewed showed the person had not been supported to access the dentist in over a year prior to the extractions. The registered manager told us appointments in 2022 had been impacted by the pandemic, however there was no evidence to show the provider had attempted to arrange dental check-ups for the person.
- The provider placed people at increased risk of harm in the event of a fire. In November 2022, the provider undertook fire door inspections and identified shortfalls, including fire-doors with excessive gaps, which could undermine the door's performance in the event of a fire. At this inspection, in April 2023, we found the provider had failed to rectify these shortfalls and people remained at risk of harm in the event of a fire.
- The provider failed to ensure there was an up-to-date fire risk assessment in place. An external consultant completed a fire risk assessment in 2014, the provider reviewed it in 2019. The risk assessment recommended a full review 12 monthly and after fire alarm activations. The provider's policy required reviews at least annually. We found reviews were not being completed in line with the provider's policy or the fire risk assessment's recommendations. This meant the provider could not be assured their fire risk assessment reflected the current fire risk and any mitigations.
- The provider failed to ensure fire drills were completed 3-monthly in line with their policy. The most recent, planned fire drill had taken place in January 2022, over a year before this inspection.
- The provider failed to ensure people's Personal Emergency Evacuation Plans (PEEPs) were accurate and adhered to. For example, 1 person's PEEP stated it should be reviewed monthly, however the PEEP was undated and there was no evidence to show the reviews were being completed. Other PEEPs required the person's involvement in fire drills, however routine fire drills were not being undertaken.

The provider failed to ensure potential risks to people's health and safety were consistently assessed, and effectively mitigated. This placed people at increased risk of avoidable harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In response to our feedback, the provider acted to mitigate fire risks while work was completed to rectify shortfalls. Measures included, staff undertaking walk-around checks of the premises and working with an external health and safety consultant to review fire safety across the premises.
● We shared our concerns about fire safety with the local Fire Service and the Local Authority.
● We raised a safeguarding alert with the Local Authority Safeguarding Team in relation to 1 person having tooth extractions.

Preventing and controlling infection
● People were placed at increased risk of avoidable harm from the spread of infection. The premises looked visibly unclean. For example, throughout the service there was staining to surfaces, unknown residues and debris on walls and floors. One person's bedroom was malodorous and smelled strongly of urine, the same person's toilet was stained black.
● Some people had complex needs that increased the risk of bodily fluids, soil and cat faeces being brought into the environment. There was no staff member, such as a cleaner, responsible for mitigating this risk. Staff told us cleaning was their collective responsibility, however, staff we spoke with said they did not always have time. There was no cleaning schedule or records to show which areas of the service had been cleaned and when. We observed dried faeces on the banister and in 1 person's bedroom, surfaces, including the floor and a chest of drawers, were covered in dried soil and discarded food wrappers.
● The provider failed to ensure furniture, fixtures, and fittings were consistently maintained and in a good state of repair. We observed chipped and worn paint on furniture, skirting boards and handrails throughout. Such damage increases the risk that cleaning will not be effective.
● The provider failed to ensure the laundry was managed in ways that consistently prevented the spread of infection. The laundry was situated in a corridor leading to a communal toilet/shower room. We observed items such as mops and sweeping brushes stored here, with freshly laundered items hanging to dry in the same area. We also observed laundry in baskets on the floor in the communal dining area. This increased the risk of cross-contamination.

The provider failed to ensure infection prevention and control measures were identified and implemented consistently and effectively. This placed people at increased risk of avoidable harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In response to our feedback, cleaning was undertaken and the premises looked cleaner on the second day of our inspection. After our inspection, the provider implemented cleaning schedules.
● During our inspection, the provider agreed a permanent cleaner would be recruited and the role was advertised. A deep clean of the premises was planned for the week after our inspection.

Using medicines safely
● The provider failed to implement risk assessments and guidance in relation to potentially flammable topical creams. Staff we spoke with were unaware of the flammability risk. This meant no measures had been identified and implemented to help reduce this risk.
● The provider failed to ensure people's topical creams were managed safely. When prescribed topical creams were opened, the date had not been recorded on containers. This meant the associated 'medication expiry dates log' was not effective because staff did not know the date topical creams had been opened in the first instance. It is important to know when topical creams have been opened because this informs the shelf-life of the product.
● The provider failed to ensure safety checks were in place when medicines information was transcribed. Medicines Administration Records (MARs) with handwritten information had not been double-checked by another staff member for accuracy. We identified transcribing errors. This increased the risk people would

not receive their medicines correctly.
● One person's ear spray was not administered in line with directions. The person's MAR showed they were administered their ear spray daily over 27 consecutive days. The directions required the spray to be administered in each ear once weekly.
● We found 2 service user's medicines profiles were missing from their records. This meant information such as the person's date of birth, medical conditions and emergency contacts was not available in line with the provider's process.
● The provider failed to mitigate potential medicines contamination risks. We observed bleach, flycatchers and toiletries stored on worksurfaces of the medicine's room. The bin in the medicine's room was full of rubbish. The same bin did not have a lid, to help prevent the risk from the spread of infection.

The provider failed to store and manage medicines safely. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● In response to our feedback, the provider arranged for creams to be stored securely and implemented thermometers to help staff monitor the temperatures of medicines storage.
● On the second day of our inspection, we found the medicines room had been cleaned and de-cluttered.

Staffing and recruitment
● Staff were not provided with consistent supervision sessions. However, staff we spoke with told us they felt well supported in their roles.
● The service was staffed in line with the provider's required staffing levels. We received mixed comments about staffing levels from staff. Comments included, "It would be good to have more staff; sometimes there are 2 staff on and it doesn't feel enough" and, "Core staffing is improving, we were using agency."
● Recruitment checks we reviewed showed measures were in place to help prevent unsuitable applicants from being employed in the service.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● At the time of our inspection, 7 people had DoLS authorisations in place and the registered manager maintained oversight of these.

Systems and processes to safeguard people from the risk of abuse
● The registered manager had a safeguarding log. However, there was no evidence to show this information was reviewed to identify potential themes and trends to help prevent a recurrence.
● Staff spoke confidently about how they would identify potential abuse and what actions they would take if abuse was witnessed or suspected. Comments from staff included, "[I have] never seen abuse. Any bruises,

or changes of behaviour, I would whistle blow" and, "No concerns about people being abused; I would go to the manager (if abuse was witnessed)."
● The registered manager raised potential safeguarding concerns with the Local Authority safeguarding team and worked with the team when required.

Learning lessons when things go wrong
● There was an accidents and incidents log. However, there was no evidence to show this information was reviewed to identify potential themes and trends to help prevent a recurrence.

Inadequate

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 our last inspection we rated this key question good. At this inspection, the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Checks and audits undertaken at senior-leadership level had failed to identify the shortfalls we found at this inspection, including in relation to medicines management, risk assessment, fire safety and infection prevention and control.
- Service level checks were not robust and had not been used effectively to identify the shortfalls, errors, and omissions we found at this inspection.
- The provider had not used their infection prevention and control audit effectively to identify and improve cleanliness in the service. For example, the audit identified the environment was not clean or dust free, however no actions were taken to rectify this shortfall. Other infection prevention control risks were not identified, including where flooring, chairs, furniture, and fittings were unclean and in a poor state of repair.
- The registered manager failed to implement checks and monitoring to ensure medicines were managed and administered safely. No medicines audits had been undertaken since they assumed leadership of the service. This meant they failed to identify medicines related shortfalls and risks we found during this inspection.
- While a maintenance check had identified some fire-safety shortfalls, such as poorly fitted fire doors, the provider failed to act and rectify these shortfalls without delay. This placed people at increased risk of harm in the event of a fire.
- The registered manager's office was located on the top floor of the service, away from communal living areas. This did not support the registered manager to have oversight of the day to day running of the service, or identify and address the widespread and significant shortfalls we found during our inspection.

The provider failed to operate checks and audits effectively to identify shortfalls, errors and omissions and drive improvement in the service. This placed people at increased risk of avoidable harm. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection, the provider was implementing an electronic care-planning and recording system so staff could access records and record care provision in hand-held devices in real time. This meant going forward recording and care-planning would be a more streamlined process.
- One senior leader we spoke with said they would be sharing lessons learned during this inspection with other service's in the provider's organisation.

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 provider failed to apologise to 1 person who had experienced tooth extractions and who had not been supported in line with their assessed needs in relation to oral healthcare.

The provider's failure to apologise when 1 person experienced an unintended outcome while receiving a regulated activity was a breach of regulation 20 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Staff who smoked used people's communal garden to do so. On the first day of our site visit, we observed an ashtray full of smoked cigarette ends on a garden table. People had not been asked if they wanted staff to smoke in their garden. The nominated individual told us people had not complained about staff smoking in the garden.
● We observed kind and caring interactions between people and staff. People we spoke with said staff were kind to them. Comments from people included, "Yes, staff are fine. Sometimes… I talk to them about their pets" and, "[Staff] help you with showers." One professional said, "Overall my interactions have been positive and [people] that I am involved with appear to have a lovely relationship with the staff and I feel staff are very open to my input."
● Relatives spoke positively about staff. Comments included, "'It is a very caring house, the staff have always been very friendly and quite efficient and helpful" and, "The staff are lovely."
● People had mixed experiences of being supported to access activities, hobbies, and interests. Records we viewed showed some people had not been supported, or offered support, to access the community for prolonged periods of time. Comments from people included, "I would like to go out more to do fun activities, I don't get out very often" and, "I go out, I go to [a local centre] and play on the drums."
● The activities board displayed in the communal dining room that was supposed to inform people about activities timetables was blank on both days of our inspection. Comments from staff included, "We provide most of the activities, before covid we had a lot going on; we had a fitness group that still happens…I think it would be better to get them out more" and, "Before covid everyone went out a lot more."

We recommend the provider undertakes a holistic review of activities provision in the service to ensure people are consistently provided with opportunities to engage with meaningful activities.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was no evidence to show lessons were learned and care provision was continuously reviewed and improved.
● People were supported to provide feedback about their experiences of care provision. However, the provider was not reviewing and using the information to improve the service.

Working in partnership with others
● During our inspection, we observed staff being supported with training from an external professional. The training was designed to meet 1 person's specific healthcare needs and similar training had been arranged in the past.
● Staff had recently worked with a person during a complex health emergency. One professional said, "They [staff] have recently done very well with a person who went into hospital for emergency surgery and have been responsible for supporting [them] since [their] discharge from hospital."

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 20 HSCA RA Regulations 2014 Duty of candour The provider's failed to apologise when one person experienced an unintended outcome while receiving a regulated activity.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure potential risks to people's health and safety were consistently assessed, and effectively mitigated. This placed people at increased risk of avoidable harm. The provider failed to ensure infection prevention and control measures were identified and implemented consistently and effectively. The provider failed to store and manage medicines safely. This placed people at risk of harm.

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate checks and audits effectively to identify shortfalls, errors and omissions and drive improvement in the service. This placed people at increased risk of avoidable harm.

The enforcement action we took:

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