Mrs R Linley

Hillside Farm Care Home

Inspection report

Loughborough Road
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Nottinghamshire
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Tel: 01509852900

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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
Hillside Farm Care Home is a residential care home providing accommodation with personal and nursing care to eight people aged 65 and over at the time of the inspection. The majority of people living at the home are older people living with dementia. The service accommodates up to 10 people in one adapted building and is in a rural setting outside the village of Bunny in Nottinghamshire.

People's experience of using this service and what we found
People did not always receive their prescribed medicines safely. Risks associated with the service environment were not always assessed and mitigated.
We recommend that the manager ensures that risks relating to people's health and safety are reviewed. We also recommend that the manager ensures that their management system identifies and manages risks.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Although the manager understood the principles of the Mental Capacity Act, they had not ensured that they had consistently followed these principles.

The manager understood their role and responsibilities in relation to managing a registered care home. The manager undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. However, these audits and checks did not always identify areas for improvement.

People and their relatives felt the service was safe. Staff understood how to recognise and report concerns or abuse. People were protected from risks associated with their assessed health needs. There were enough staff to keep people safe, and people were protected from the risk of infections. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People and relatives felt staff got the right training to meet their needs. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People were supported by staff to access healthcare services when required. The manager had taken steps to ensure the environment was accessible for people.

People and relatives spoke positively about the staff who supported them. People and relatives were involved in making decisions about care. People said staff always treated them with respect. Staff had a good understanding of dignity in care and had training in this. Staff respected people's right to confidentiality.

People were regularly asked for their views about their care. Relatives were also involved in reviewing family

members' care with them. Staff were proactive in responding to people's individual needs and encouraged them to do things which were meaningful to them and made them happy. The manager had a system in place to respond to complaints and concerns. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives.

People and relatives felt the service was well-led. Staff felt supported in their work, and there was a positive team attitude.

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 31 January 2019).

Why we inspected
The inspection was prompted in part due to concerns received about how medicines were managed. A decision was made for us to inspect and examine those risks. We found evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Hillside Farm 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 visit was carried out by one inspector.

Service and service type
Hillside Farm Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no requirement for the service to have a registered manager. The provider was the manager and oversaw the day-to-day running of the service. We have referred to the provider as 'the manager' throughout this report.

Notice of inspection
The first day of inspection, on 16 July 2019, was unannounced. The second day, on 22 July 2019, was announced.

What we did before the inspection
Our inspection was informed by evidence we already held about the service. We sought the views of commissioners from the local authority. 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

During the inspection visit we spoke with five people who used the service. We spoke with one relative and two care staff. We spoke with the responsible person for the service. We looked at a range of records related to how the service was managed. These included four people's care records and how medicines were managed for six people. We also looked at two staff recruitment and training files, and the manager's quality auditing system. During the inspection visit we asked the responsible person to send us additional evidence about how the service was managed, and they did this.

After the inspection

We continued to seek clarification from the responsible person to validate evidence found. We looked at training data and quality assurance records. We also spoke with four relatives by telephone to seek their views.

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.

Using medicines safely

● The provider was not was not consistently managing medicines safely.

● People who received their medicines covertly (hidden in food or drink) did not have appropriate safeguards in place in line with the Mental Capacity Act 2005. There were no documented directions on how to administer medicines safely from the prescriber or the pharmacist.

● Medication administration records were not always complete or accurate. People who were on medicine patches had no records of where their patch was placed on their body. Staff were able to describe how they used different parts of the person's body and were aware of the risk of not using different sites.

● People were not always protected against being given medicines they were allergic to. In two records we looked at there were discrepancies in the information recorded in the care plans, identification sheets in the medicines file and on their administration records. This meant people were at risk of being given a medicine they were allergic to.

● Staff asked people if they would like their 'when required' (PRN) medicines at regular intervals during the day. Protocols to assist staff on when to administer PRN medicines were not in place. Staff were recording the time, reason or outcome for the person receiving the medicine. This meant the effectiveness of the medicine could be reviewed but that people may not always get their medicines when they needed them.

● Staff showed that they took time with people and were respectful on how they supported people to take their medicines. Staff had up to date medicines training and competency was checked regularly. Medicines were stored securely.

Assessing risk, safety monitoring and management

● Risks associated with the service environment were not consistently assessed and mitigated. Staff had a system in place for regular checks on all aspects of the environment. However, this had not identified or managed the risks associated with inconsistent use of window restrictors. We noted that window restrictors were not in place on all the ground floor windows at the service. One person's care record stated window restrictors were required to reduce the risk of them trying to exit that way. Staff confirmed that this was a historic behaviour and had not happened recently. However, the person's care plan had not been reviewed to ascertain whether the risk still remained an issue.

We recommend that the manager ensures that risks relating to people's health and safety are reviewed.

● People's needs were assessed, and any risks associated with health conditions documented. These were reviewed regularly with people and relatives and updated when required. For example, one person was at risk of choking, and needed staff to monitor them when eating and drinking. We saw that staff did this and

understood how to support the person to eat safely.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives felt the service was safe. One person said, "I feel safe here. I'm happy with my care."
● Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns.
● The manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The manager had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Staffing and recruitment
● There were enough staff to keep people safe. People and relatives felt there were enough staff to meet their needs. One relative said, "The small size of the home really helps – there's always enough staff." Staff said there were enough of them to assist people at the service.
● The manager reviewed staffing levels regularly, and when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
● Staff told us, and records showed the manager undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Preventing and controlling infection
● People were protected from the risk of infections. The service was kept clean which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures and we saw they followed these using personal protective equipment when required. Staff carried out a range of regular tasks to ensure the service was clean.
● The manager ensured checks were done in relation to cleanliness and infection prevention and control. This ensured the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong
● Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw evidence where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff. For example, staff told us and we saw records relating to re-training in relation to a past medicines error. This was used with staff to promote a culture of acknowledging errors and learning from them to improve care.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's assessments of capacity did not document the specific decision being considered and did not record what the best interest decision was. For example, where people lacked capacity to consent to their care arrangements, the manager had not followed the principles of best interest decision making. This put people at risk of not being protected by the safeguards in the MCA in relation to their rights. We spoke with the manager about this. They said they would review each person's decision making ability in relation to their care to ensure that the safeguards in the MCA were in place.
- The manager had identified where people were at risk of receiving care in circumstances that may amount to a deprivation of their liberty. The manager had made applications for people to be assessed. They had also ensured that people's care was less restrictive and followed the principles of DoLS.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of malnutrition.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
- Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives felt staff got the right training to meet their needs. Relatives commented positively on

the skills and experience of staff. One relative said the small size of the service and consistent staff team meant their family member received the care and support they needed. Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to read people's care plans.

● Staff had an induction, which included shadowing more experienced staff and being introduced to people before providing care and support. Staff told us they had supervision, where they could get feedback on their performance and discuss training needs.

● Staff told us they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.

● The manager ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared.

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

● People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. One person said, "I like the food here. I get choices and snacks I like." A relative said their family member had not been eating well before moving to Hillside Farm Care Home. Since moving to the service, the relative felt their family member ate regularly and enjoyed a good varied diet.

● People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met. For example, people who preferred to eat in their own rooms were supported to do this.

● People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets. For example, fortified diets or appropriately textured food and thickened drinks.

● People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals. This reduced the risk associated with people losing weight or becoming dehydrated.

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

● People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to.

● Relatives said people's health was monitored well, and staff took action promptly to get external medical advice when needed. One relative said, "They [person] get to see the doctor regularly, which was an issue when they lived at home." Care plans stated what people's needs were and said what staff should do to help people maintain their health.

● The service used the NHS "red bag" scheme. If a person becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the person's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items. This meant key information about people's needs was shared with health professionals when people went into hospital.

●Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

● The manager had taken steps to ensure the environment was suitable for people's needs.

● People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. The service had clear signs around the building to help people orientate themselves.

● There were also adaptations for people with mobility needs to promote independence and accessibility. For example, handrails in corridors and bathrooms.

Good

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 Outstanding. At this inspection this key question has now deteriorated 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

- People and their relatives said the staff were caring and kind. One relative said, "The quality of care is fantastic. [Person] is very happy there, and other people also look happy." Staff had a good understanding of people's diverse needs and took time to support them in the ways they wanted.
- Throughout our inspection we saw staff and the manager took time to spend with people. Whether this was chatting or doing an activity, there was laughter and good-humoured conversations between people and staff.

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

- There was a daily meeting at the service for people to talk about what they wanted to do that day. This meeting was very informal which reflected the homely atmosphere of the service. Staff ensured that everyone was involved and supported to share their views and thoughts about the care and support they received.
- People and relatives were regularly asked for their views about the care and support, but this was not always consistently documented. We spoke with the manager about the need to ensure that people's views about their care were recorded. They agreed they would review how people's wishes about their care was documented.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with dignity and respected their privacy. A relative said, "We get privacy for visiting, and they treat [person] with dignity and respect their privacy.
- Staff had a good understanding of dignity in care and had training in this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity.
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times.
- Staff understood how to support people to have private time either with their relatives, or on their own.
- Staff respected people's right to confidentiality. They ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care, and records relating to people's care were stored securely.

Good

Is the service responsive?

Our findings

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

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

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

- People were regularly asked for their views about their care. Relatives felt involved in reviewing people's care and spoke positively about the good communication they had with the staff and responsible person. This meant that staff had up to date information about whether the care and support was meeting people's needs.
- People's care plans were detailed, containing information about how they liked to be supported, their daily routines and preferences. Relatives said the manager spent time with them and their family members finding out about their lifestyle before they needed to receive care. One relative said, "The home has an approach of learning about the person pre-dementia. They always ask about person-centred information. For example, [person] always liked a sherry before Sunday lunch. [The manager] and the staff make sure they are still offered this as it is important to them."
- Staff we spoke with demonstrated good knowledge of the different ways people like to be supported, and a good understanding of the different lifestyles people had. Staff used this knowledge to support people to take part in different activities that were meaningful and enjoyable.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture and this was documented in care records.

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.

- People received information in accessible formats where they wanted this, and the manager knew about and was meeting the AIS.
- Staff had good knowledge of people's different communication styles (as recorded in care plans) and used this information to communicate effectively with people. This meant people were supported to express their views and wishes in their own way.

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 and relatives felt staff had time to support them in relation to social activities, hobbies and interests. People told us about trips out which they enjoyed, and there were photographs around the service showing people and staff out and about in their local community.

Improving care quality in response to complaints or concerns

● The complaints procedure and questionnaires people completed were in an easy to read format. The manager had a procedure for investigating and resolving complaints and identifying and making improvements. People were given information about independent advocates that could assist them with making a complaint.

End of life care and support

● People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances.

● Records also showed that people were encouraged to discuss any wishes relating to their faith or culture that were specific to end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the manager 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 manager undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment. However, these checks had not identified some of the issues we found on this inspection. For example, issues with recording medicines administration and ensuring that assessments of people's capacity to consent to care were documented in line with the principles of the MCA. We spoke with the manager, and they assured us they would take action to address these issues.

We recommend that the manager ensures that their management system identifies and manages risks.

● The manager understood their role and responsibilities in relation to managing a registered care home. Staff also understood what was expected of them to provide safe care to people.

● The manager was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

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

● People and relatives felt the service was well-led. They knew who the manager was and said they were extremely approachable, supportive and responsive to their needs. One relative said, "I can't praise them enough at the care home. We knew about its reputation. Care is second to none." Another relative said, "Best care home I have ever been to. I don't have to worry about [person], they're really settled there. The quality of care is fantastic."

● Staff felt supported in their work, and there was a positive team attitude. Staff we spoke with were motivated and proud to work for the service.

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

● People said they felt involved in the home and what went on there. People's individual life choices and preferences were met. People, relatives and staff were involved in planning care and support and the manager regularly spoke to people and involved them in decisions about the service. This included regular meetings with people and relatives, and also for staff. These meetings were used to provide information and seek feedback on different aspects of the quality of care.

● Staff had developed links to other resources in the community to support people's needs and preferences.