

Mrs Jean Miles

Hillingdon House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 21 January 2016. This was an unannounced inspection. Our last inspection took place in December 2014 and we found no concerns with the areas we looked at. The service was registered to provide accommodation for up to 21 people and at the time of our inspection 21 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were supported to keep safe. We saw that medicine was administered and managed safely. Risk was assessed and reduced so that people could be supported to live as independently as possible. There were sufficient staff employed to ensure that people could do this safely. People were supported to make choices and were encouraged to participate in a range of activities. People had their plans reviewed regularly and where relevant families were involved.

The staff team understood the Mental Capacity Act 2005 and were able to explain how people's capacity had been assessed and how they supported them in line with this. They were aware of the principles of the Deprivation of Liberty Safeguards and this had been applied within the home to protect people's human rights.

People were supported by staff who had training and line management to provide an effective service. Staff were knowledgeable about protecting people from abuse and knew how to report any concerns. They had their competency checked by senior staff, for example in administering medicines. Safe recruitment procedures were followed when employing new staff.

People had their nutritional needs met and care was taken to ensure that people's preferences were included in meals. If there were concerns about their health or wellbeing then specialist support and advice was sought from healthcare professionals.

Staff developed caring, respectful relationships with people. Important occasions were celebrated and people were made to feel valued. There were regular meetings so that people and their relatives could feedback any concerns or suggestions to help to improve the service. We saw that quality checks were in place to audit the effectiveness of the service. People and their relatives told us that the registered manager was approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and how to report any concerns that they had. They managed risk with people so that they could maintain some independence and there were sufficient staff to ensure that they were supported safely. Safe recruitment procedures had been followed when employing new staff. People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were followed and Deprivation of Liberty Safeguards were in place to protect people. Staff received training and line management to enable them to work with people effectively. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good ●

The service was caring

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Relatives and friends were welcomed throughout the day.

Is the service responsive?

Good ●

The service was responsive

People were involved in planning and reviewing their care and their families were involved. Hobbies and interests were encouraged and enjoyed. There was a complaints procedure in place and feedback was encouraged.

Is the service well-led?

Good ●

The service was well led

There was an open inclusive culture. The staff team felt well supported and understood their responsibilities. Quality checks were in place to continuously improve the service.

Hillingdon House

Detailed findings

Background to this inspection

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

The inspection took place on the 21 January 2016 and was unannounced. The inspection was carried out by one inspector and one expert by experience. The expert by experience had personal experience of using or caring for someone who used a health and social care service

We checked the information we held about the service and provider. This included the notifications the provider had sent to us about significant events at the service and information we had received from the public.

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

We spoke with ten people who used the service, three friends and relatives, seven carers, the catering manager of staff and the registered manager who is also the provider. We also spoke with a visiting health professional. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and complaint records

Is the service safe?

Our findings

People we spoke with told us that they felt safe. One person said, "I feel safe, they look after you well". Another person told us, "I am never neglected, everything is perfect". People were protected from abuse by staff who understood how to recognise potential signs and knew how to report any concerns. One member of staff that we spoke with said, "I would speak to the manager about safeguarding and if that wasn't appropriate then there is a number to call on the wall". The registered manager had contacted the relevant authorities to investigate any concerns that they had identified.

We saw that risk was assessed and managed to protect people. One person we spoke with said, "I am supported by one member of staff using equipment, which has made me more independent than I was before". When we looked at records we saw that there were assessments in place which guided staff to support people safely to reduce the risk. We spoke with staff who were able to tell us what support people needed and this matched with what was written in the care records. This showed that staff had a good understanding of people's needs and how to keep them safe. For example, there was an assessment which said that in order to protect someone's skin they should use pressure relieving equipment. We checked with the person and saw that this equipment was in place.

Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. We saw plans were in place to respond to emergencies which provided guidance and the level of support people would need to be evacuated from the home in that situation. The information recorded was specific to people's individual needs.

People told us that there were enough staff to meet their needs. One person we spoke with preferred to spend time independently in their room and said, "If I need staff I press the buzzer and they come quickly during the day and the night". A member of staff confirmed this. They said, "We do have enough staff and the managers will come on the floor if we need any extra support". Another member of staff said, "There are enough staff and we get to spend time with the residents". The registered manager explained that staff ratios were planned around people's needs and the layout of the building. This was particularly relevant in the evening because some people's rooms were in a separate annexe. We observed that when people asked for assistance or needed support a member of staff was readily available to assist them.

Members of staff we spoke with told us that they had been recruited following safe procedures to check that they were suitable to work with people. One member of staff said, "I came for an interview and completed an application form. They took references from my previous managers and my DBS has come to me". A DBS is a Disclosure and Barring Service check to see if potential staff have criminal convictions which could mean that they are inappropriate to work with people.

People told us that they were supported to take their medicines in a safe way. One person we spoke with said, "They give me my medicine at lunch time and the staff make sure that I have swallowed them". We saw that medicine was administered to individuals to meet their needs. For example, some people had their medicine explained and were supported to take it from a spoon. Other people were more independent and

knew what their medicine was for. We saw that people were asked if they needed any additional medicine, in relation to pain relief. We observed that medicines were stored securely and that there was guidance for staff to understand the effect of the medicine and how to administer it. We saw there was clear colour coded guidance on a body map to support staff to know where to apply prescribed creams to protect people's skin. Records that we reviewed confirmed that there were systems in place to monitor and manage the risks associated with medicines.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that the provider was working within the legal requirements of the MCA. Staff we spoke with understood the Act and were able to describe people who had capacity and where others may have fluctuating capacity across different aspects of their lives or at different times. For example, one described the day to day decisions that someone could make and how it was important to ensure that were included in the decision, although they may not retain the information after and could need to be reminded. One member of staff was able to show us an MCA mini guide that they carried in their pocket as a reminder. Records that we reviewed demonstrated that capacity assessments had been completed as required. .

We saw that two people had their liberty legally restricted and staff were aware of this and knew how to support people within it. One member of staff told us, "If someone doesn't have capacity and has a DoLS in place we don't assume that their decisions are wrong and we work with them". The provider had made applications for a further six people and was awaiting a decision. We observed that one person's circumstances had changed since the application and the provider had contacted the authority straight away to ask for the assessment to be prioritised.

People we spoke with told us that staff knew how to support them. One person said, "They are always busy and they look after you well". Staff told us that they received training to enable them to support people effectively. They described a mixture of approaches to learning and said that their competence was checked afterwards. For example, one member of staff said, "The deputy does the manual handling training and then checks us". Another said, "I have completed a workbook about mental health and then the registered manager went through it with me and gave me feedback". Some members of staff described how their learning wasn't only in formal sessions. One said, "I haven't done safeguarding training yet but we talk about it in team meetings and the deputy made sure that I understood my responsibilities". They were able to explain what these were confidently.

Staff told us that they completed an induction and were well supported when they started in their role. One member of staff said, "I shadowed a senior for a while, they don't leave you on your own when you are new". Another said, "I am still on probation and learning routines and getting to know residents, the managers understand and support this".

People told us that they had plenty to eat and drink and that it was good quality. One person said, "You can't beat the food it is very good and they use fresh ingredients". Several people told us how their preferences were met. One person said, "The chef will do anything for anyone, my friend doesn't like boiled or mash and so they always makes them roast potatoes". We observed lunch and saw that this person did receive a meal designed for them. The lunchtime environment was relaxed and personalised; for example, the tables were laid with cloths and candles and a selection of condiments were supplied. People were offered a choice of meal and drink; for example some people had a salad and some people chose to have an alcoholic drink. There was classical music playing and a member of staff joined some people to eat together. People who required support to have their lunch were assisted patiently and the member of staff reassured them throughout.

People also said that they had plenty to drink each day. One person showed us the drinks that they kept in their room. We observed that hot drinks were offered steadily throughout the day and any requests were met promptly.

We saw that the kitchen manager took a lead in ensuring that people's nutritional needs were met. They said, "We did some training with the dietician which has helped us to improve how we monitor people". For example, one person who had lost weight had their food fortified and another had a history of medical problems which could be made worse by excessive weight and so was encouraged to monitor intake and choose lowered calorie options. We looked at records and saw that this approach was supported by regular monitoring and recording.

People told us that they had their healthcare needs met. One person said, "They help me to go to my hospital check-ups and a GP calls every week or two to see anyone who needs them". Another person told us, "I am still visited by my own GP because I have known them for years". We saw that referrals were made to provide specialist support when required; for example a referral had been made to the falls team to investigate the deterioration in someone's mobility. A healthcare professional we spoke with said, "The staff are always pleasant and do what is in the plan and I can see that the person has healed well".

Is the service caring?

Our findings

People we spoke with were complimentary about the staff and quality of care in the home. One person said, "Everything is magnificent and they are most kind people". Another person said, "The staff are very friendly and I wouldn't go anywhere else". We saw that there was a warm, friendly environment and people were valued and felt important. For example, one person helped others by making tea for them in the morning. This role maintained some of their independence and meant that other people valued their support. People and relatives that we spoke with told us how special occasions were celebrated. For example, for one person's birthday the staff had planned a party with the person's family and organised a personalised greeting from a favourite celebrity. A member of staff we spoke with said, "We are like a family and if someone is unwell you worry about them".

We saw that people made choices about their care and support. Some people chose to spend time in the communal areas and others preferred to be in their rooms. For example, one person told us that they preferred to eat on their own in their room because they wanted the privacy. Another person said that they liked to spend time in the garden when the weather was fine. We saw that staff communicated with people in different ways to support their individual needs and that they understood different communication methods; such as, asking a question and observing someone to see if they nodded.

We saw that people were supported with personal support discreetly, maintaining their dignity throughout. Members of staff we spoke with described how people were encouraged to maintain their independence as much as possible. For example, one person's mobility had improved and so they chose to only have one member of staff supporting them with personal care because they wanted to be more private.

We were invited to see some people's bedrooms and saw that they were full of items from home such as photographs and pictures on the wall. We saw that people had personal belongings with them and that their image was considered. We saw that people were wearing jewellery, carrying a handbag or wearing a hat. This meant that people's identity and dignity were considered.

People we spoke with told us that their visitors were always accommodated. One person said, "My relative visits every day and is always welcomed". Another person said, "When my relative visits we pop out for a pint". We saw that visitors were warmly welcomed and made to feel at home. We saw families reminiscing over old photos, people sharing a drink and a conversation and some people having a private visit in their room. A member of staff told us that one person's family lived away and so they were supported to telephone them at weekends to maintain this important relationship.

Is the service responsive?

Our findings

People told us that the care and support that they received met their preferences and needs. One person said, "I am woken with a cup of tea and then they help me but I can get up when I want to". Another person told us that their religious beliefs were supported and arrangements were in place to ensure that they could practise. One person showed us photos from their holiday and talked about their plans to go to the same place again. Staff we spoke with knew people well and understood how to support them while still encouraging their independence. They told us that one person was able to do a lot for themselves but often needed some more guidance in the evening when they could become confused. Records that we looked at showed that care was planned around each individual.

People told us that they had their care reviewed. One person said, "We have reviews and talk about what we like and don't like". Records confirmed that reviews took place regularly and that people's families were included in the discussions if the person wanted them to be. Staff told us that they had regular meetings, for example at handover, where they discussed any changes to people's needs and their general health and wellbeing. This showed that they were up to date with how to support people.

People told us that they could join in with organised activities or choose not to. One person said, "I have a lot of comedies in my room and I enjoy watching them on my own". Another person said, "We do lots. I enjoy bingo and baking; and we made Christmas decorations". We observed a reminiscence session where a member of staff, who was an activities coordinator, led a group discussion. We also saw this member of staff spend some one to one time with people who were living with dementia which was individually focussed, for example reading the newspaper and providing a hand massage. People told us that staff helped to decide what they wanted to do. One person said, "We have a residents meeting on a Wednesday". The member of staff said, "We meet every week to decide what we should spend our money on. We have a budget for activities and we also do some fundraising".

Some people we spoke with told us that they missed their family and friends. One person said, "I did have a mobile phone but I can't use it very well now". The activities coordinator said that they had sent over four hundred Christmas cards to help people stay in contact and they were exploring solutions. The registered manager said, "We have had some money donated which we will use to set up Skype so that people can stay in touch". This demonstrated that the provider was taking action to relieve people's isolation and maintain important relationships.

People we spoke with said that they knew who to speak to if they were unhappy with anything. One person said, "I don't usually have to say anything but when I have the registered manager is very good and sorts them out quickly". One relative said that the provider had introduced regular family meetings. They said, "We get to meet residents and relatives and review how they are getting on". We saw that the provider encouraged feedback. The complaints leaflet was clearly displayed, there was a suggestions box in the reception and they kept a book to record any concerns that people had raised. We spoke with the registered manager and they said, "There had been no formal complaints but we do write down how we resolved any issues raised; for example, someone reported a malodour in the lounge and so we had the carpets cleaned a

couple of days later".

Is the service well-led?

Our findings

People we spoke with said that they knew who the registered manager was and that they were approachable. One person said, "They are ever so good, more like a friend". Staff also told us that they felt well supported by the registered manager. One said, "They are lovely and you can go to them. They are building up my confidence". A relative also said, "I haven't had to raise anything but I know the manager well if I needed to".

The registered manager told us in the provider information return that they were training a new management team so that they could take on a less demanding role. We saw that there was a handover in place with a new leadership team. People we spoke with were informed of this development. One person said, "The registered manager is very hands on and they are handing over at the moment. They are all good". This showed that the provider was transparent about their plans with people and were keen to ensure that the new team were competent in their roles.

Other staff we spoke with were aware of their roles and responsibilities and felt well supported in them. One said, "We have regular supervision when we can talk about how things are going. We have also started small team meetings weekly which are good to keep up to date". Staff felt that they were listened to and one said, "If I have anything to say they take it into consideration". For example, some routines in the home had been altered because of feedback from staff about how they could be completed more efficiently. They also said that they would raise concerns; for example, one said, "We talked about whistleblowing in the team meeting and I know I could speak to them in confidence".

Quality checks were completed by the registered manager and the leadership team. These included checks of medicines management and areas of health and safety such as the monitoring of falls. Where concerns were noted we saw that actions had been put in place to remedy them; for example, we saw that falls had been analysed for each person and across the home. We saw that procedure had been adapted, such as providing additional support and referrals for specialist support had been made to assist the management team to resolve the situation.

We saw that improvements were made from feedback from people and their relatives. People told us that they had regular reviews and meetings and we saw that the provider listened. For example, one person had suggested that the lounge should be reorganised and this was done. The registered manager told us that relatives had expressed some concerns about the staff turnover in the past year at a recent meeting and they had been able to share their staffing plans to reassure them.