

Hillswood Care Limited

Hillswood Lodge

Inspection report

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Tel: 01782505221

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 12 December 2016 and was unannounced. At the last inspection on 6 October 2015, the service was rated as Requires Improvement overall with specific concerns that there were not enough staff to meet people's needs and manage the risks associated with their care and to ensure people who needed help with decision making were appropriately supported. The provider sent us an action plan on 30 October 2015 which stated how and when they would make improvements to meet the legal requirements. At this inspection, we found that some improvements had been made but further action was needed to ensure people's mental capacity to consent to care or treatment was always correctly assessed and recorded.

Since our last inspection, refurbishment works have been carried out to extend Hillswood Lodge and the home now provides accommodation and or personal care for up to 21 people. At the time of our inspection, 19 people were living at the home, some of whom were living with dementia. There was a registered manager at the service. 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.

We found that people's capacity to make decisions was being considered. Staff sought people's consent before providing care and supported people to make choices over their daily routine. However, the provider still needed to make improvements where people lacked the capacity to make certain decisions for themselves to fully demonstrate that their rights were being upheld. We have recommended the provider seeks advice on best practice in this area. Where people were being restricted to the home's environment in their best interests to keep them safe, the appropriate approvals had been sought.

We found the required improvements had been made and risks to people's health and wellbeing were assessed and managed; staff understood the actions they should take to minimise any identified risks. The provider had taken action to ensure there were sufficient, suitably recruited staff to keep people safe and promote their wellbeing and staffing levels were kept under review to ensure they continued to meet people's changing needs. There were effective systems in place to ensure people's medicines were administered, recorded and stored safely.

People felt safe living at the home and staff understood their responsibilities to protect people from the risk of abuse. Staff received training so they had the skills and knowledge to provide the care people needed. People were encouraged to eat and drink enough to maintain a healthy diet and were able to access the support of other health professionals to maintain their day to day health needs. People were encouraged to keep in contact with family and friends and visitors were able to visit without restriction. Relatives they felt involved in people's care and were kept informed of any changes.

Staff had caring relationships with people and respected their privacy and dignity. Staff knew people well and people received personalised care. People's care was regularly reviewed to ensure it continued to meet their needs. Improvements had been made and people were offered opportunities to take part in social activities and follow their hobbies and interests.

There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and were positive about the improvements made by the provider. People felt able to raise concerns and complaints and were confident they would be responded to. Staff felt supported by the provider and manager and were encouraged to give their views on the service to improve people's experience of care.

The manager carried out a range of checks and audits to continually assess monitor and improve the quality and safety of the service.

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.

The required improvements had been made and risks to people's health and wellbeing were assessed and managed. The provider had taken action and there were sufficient, suitably recruited staff to meet people's needs. Staff understood their responsibilities to keep people safe and protect them from abuse. People received their medicines as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Further improvements were needed to ensure the provider consistently met the legal requirements where people were unable to make certain decisions for themselves and we have recommended the provider seeks advice on best practice in this area. Where people were being restricted to the home's environment in their best interests to keep them safe, the appropriate approvals had been sought. Staff received the training and support they needed to meet people's needs. People were supported to eat and drink enough to maintain their health and accessed other health professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People had choice over their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were offered opportunities to

take part in activities and follow their hobbies and interests. People's care was reviewed to ensure it remained relevant. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been made to ensure the service was continually assessed and monitored to drive improvement. There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and were positive about the improvements made by the provider. Staff felt valued and supported in their role.

Hillswood Lodge

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.

This inspection visit took place on 12 December 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. We spoke with the service commissioners who are responsible for finding appropriate care and support services for people, which are paid for by the local authority. We asked the provider to complete 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 used this information to formulate our inspection plan.

We spoke with five people who used the service, four relatives and one visitor. We also spoke with five members of the care staff and the manager. We did this to gain views about people's care and to ensure that the required standards were being met. Some people were not able to give us their views so we spent time observing care in the communal areas to see how the staff interacted with the people who used the service. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care.

We looked at the care records for four people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks.

Is the service safe?

Our findings

At our last inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure risk management plans were in place to guide staff on how to minimise identified risks associated with people's care. At this inspection, we found that the required improvements had been made. Risks to people's safety were identified and assessed and care records we looked at had risk management plans in place for all aspects of people's care. Staff we spoke with had a good knowledge people's needs and any associated risks and explained how they supported people to keep them safe. One told us, "We have all the information we need in the care plans". Another member of staff told us how a person needed encouragement to mobilise safely and we saw them assist the person in line with their documented requirements. Relatives we spoke with confirmed that staff understood people's needs and ensured they were safe. One told us their relation needed support to keep their skin healthy, "The staff monitor [Name of person's] skin and apply the cream prescribed by the GP. I have no concerns". This showed us that risks to people's skin integrity were managed safely.

People received the support they needed when they presented with behaviour which challenged the safety of themselves and others. We saw that staff responded quickly when people became unsettled and used distraction techniques to divert people. We saw that incidents associated with behaviour that challenged, were documented to record what had happened, including what had triggered the incident, if it could be identified. Records were monitored by the manager and advice sought from the community mental health team. This showed the provider sought to understand and reduce the causes of behaviour to minimise the risk of reoccurrence.

At our last inspection, we found communal areas were cluttered which meant people with mobility problems were at risk of trips and falls. At this inspection, we saw that improvements had been made to ensure the environment was safe for people. We saw that the communal areas were free of obstructions and a new conservatory area provided more space which meant people were able to move around freely using walking frames.

At our last inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider needed to ensure there were sufficient staff to meet people's needs at all times. At this inspection, we found the required improvements had been made. People and their relatives told us they did not have to wait when they asked for assistance from staff. One told us, "If I press my buzzer staff are here within seconds". A relative said, "There are always enough staff". Another said, "Whenever I come in there are staff around and they have time to bring us a cup of tea in [Name of person's room]". We saw that people did not have to wait when they asked for support and staff had time to chat with people and supported them when with their hobbies and interests. At lunchtime we saw there were sufficient staff to serve people's meals promptly and provide assistance where people needed it. Staff told us that staffing levels had been increased since the last inspection. One told us, "Staff morale is back up and there are enough staff now". Another said, "Staffing levels are okay now, things are much better". At the last inspection we found that staff had to work in the kitchen which took them away

from their caring duties. At this inspection, we found there was an additional member of staff rostered to work in the kitchen between 7am and 5:30pm to act as the cook. The manager told us all staff were trained to act as cook and this gave them some flexibility for sickness and holidays. We saw the manager kept staffing levels under review to ensure they were sufficient to meet people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I had to wait seven weeks before the check came back and I could start work". This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

People told us they were well cared for and had no concerns about their safety. One person said, "I'm well looked after, it's much better than being at home". Another said, "I don't worry about anything really". Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. All the staff we spoke with were confident that any concerns they raised were acted on but told us they had the information they needed to escalate their concerns if necessary. One member of staff said, "I wouldn't have any qualms about going to the owner or to social services if I felt I needed to". Our records confirmed we received notifications from the manager when safeguarding concerns were raised at the home. This showed the manager and staff understood their responsibilities to keep people safe from harm.

We observed a medicines administration round and saw that people received their medicines as prescribed. We saw that the member of staff administering medicines spent time with people and checked to make sure they had taken the medicine before leaving them. Staff we spoke with had received medicines training and had their competence to do so checked by the manager. One member of staff told us, "The manager lets us know if we are doing anything wrong and we would be taken off administering until we'd been retrained". We saw that medicines were stored securely and disposed of in accordance with legislation.

Is the service effective?

Our findings

At the last inspection, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure that the provider followed the requirements of the Mental Capacity Act 2005 (MCA) which 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that where people lacked the capacity to make certain decisions, mental capacity assessments were not always decision specific and were carried out routinely for all the people who used the service. Staff did not understand their responsibilities to support people to make their own decisions.

At this inspection, we found some improvements had been made but we found that further action was needed to ensure there was a consistent approach to supporting people with decision making. Staff had received further training in MCA and the associated Deprivation of Liberty Safeguards (DoLS) and demonstrated an understanding of the principles of the MCA. One told us, "People here have dementia; the MCA makes sure we act in their best interest if they can't say what they want themselves". We saw that decisions had been made in people's best interests and discussions with relatives demonstrated that they had been involved in supporting their relation. However, the manager had not always recorded the decision making process to show that the decision was in the person's best interest. Mental capacity assessments were carried out but these were not always decision specific and in some cases they had been carried out for people who had capacity. This showed the manager did not fully understand the principles of the MCA. The manager told us that some people had made a Lasting Power of Attorney authorisation to enable their appointed representative, usually a family member, to make decisions about their health and welfare. However, the manager had not checked this to ensure they were legally authorised to make decisions on the person's behalf. The manager told us they would review and update their records to ensure they clearly showed that any decisions made on behalf of people had been made in their best interest, in accordance with the MCA.

We saw there were inconsistencies in the recording of Do not Attempt Cardiopulmonary Resuscitation decisions where people lacked the capacity to make the decision for themselves. The GP had not always recorded who had been involved in the decision making process. We brought this to the attention of the manager who arranged to meet with the GP to review this.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to specific decisions for people living at the home. Following our inspection visit, the provider told us the manager and senior care staff had received further training and guidance to support them to meet the requirements of the MCA.

People told us and we saw the staff sought their consent before supporting them. One person said, "If I

didn't want them to do something, I'd say no and that would be it, staff are very good". We observed staff offering people choice over their daily routine. At lunchtime, people were supported to have a choice over their meal immediately before they ate and we heard staff describing the meals and drinks on offer. For example, we heard a member of staff describing a drink by its colour and then confirmed to the person what it was. Staff understood the importance of offering people choice and supporting them to make decisions as much as possible. One member of staff said, "We help people with decisions, for example with meals we observe what they usually go for and remind them about things they like". Another said, "When I'm supporting people to get dressed I get two outfits out and show them to help them make their choice". This showed the staff understood the importance of gaining consent.

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 the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had a basic understanding of the DoLS legislation and were aware that some people were being restricted to the home's environment in their best interests. We saw that the manager had made applications for people who were being restricted of their liberty in their best interests and had notified us of approvals as required by their registration with us. This showed the manager understood their responsibilities under the DoLS legislation.

Staff had the necessary skills to meet people's individual needs. People and their relatives told us the staff understood people's individual needs and provided good care. A relative told us, "Staff know how to look after people and understand their needs". Another said, "The care is good". Staff told us and records confirmed that staff had received training in a range of areas that were relevant to the needs of people living in the home and we saw that the majority of staff had completed a nationally recognised qualification in health and social care. Staff said they were observed by senior staff and the manager to check their understanding in areas such as safe moving and handling, administration of medicines and infection control. The manager monitored staff competence in these areas and discussed any concerns during supervision and appraisal. Staff confirmed they received supervision and an annual appraisal which gave them an opportunity to review their performance with the manager and discuss any training needs. One member of staff told us, "We have one to one and group sessions if there is something we all need to know. I'm happy to go and see the manager any time if I'm concerned about anything. They make time for you, even when they are on a day off". This showed the staff were trained and supported to fulfil their role.

There was an induction programme in place for new staff. The manager told us new staff would undertake the Care Certificate, a nationally recognised programme which supports health and social care staff to gain the skills needed to work in a care environment. The manager told us, "It's for new staff, but we are all going to do it, even me, to make sure we are all at the same level". This showed the provider had suitable arrangements in place to ensure new staff were prepared for their role.

People's nutritional needs and preferences were met. One person told us, "Meals are delicious. We get a choice and there's always an alternative; staff are very obliging". We saw that lunchtime was a relaxed and sociable experience and staff provided assistance where needed. Staff were aware of people's dietary needs and followed professional guidance where people were identified to be at risk. For example, staff told us about a person who had difficulty swallowing and we saw they were given thickened drinks as documented in their care plan. People's weights were monitored and any concerns referred to the GP or dietician to ensure prompt action could be taken to maintain good health.

People were supported to maintain their day to day health needs. People told us they were supported to access other professionals including the GP, district nurse and optician. One person told us, "The district nurse comes to see me twice weekly because I have a skin problem". Relatives we spoke with told us the

staff were supportive and accompanied people on GP visits. They said, "[Name of person] sees the GP when needed and staff have come with me so that they are clear about what is needed". We saw that visits from professionals were recorded and staff shared information about people's changing needs and their care plans were updated accordingly. For example, on the day of our inspection, a member of staff accompanied a person on a GP visit and we heard them discussing the outcome with the manager on their return.

Is the service caring?

Our findings

People liked the staff and said they looked after them well. One person said, "Staff are attentive and very pleasant". Another said, "Anything you want the staff see to it. Relatives were equally positive and felt their relations were well cared for. One said, "Staff are patient and kind and most have been here a long time so they know people well". Another told us, "Since [Name of person] has been here they have really settled". We saw staff members greeted people when they came into a room and people responded positively. Staff showed concern for people's wellbeing and offered people reassurance and support. We saw a member of staff gently waking a person to remind them they were going to see the GP and observed other staff reminding people to have their hot drinks before they got cold. We saw staff had good relationships with people and chatted with them about everyday things such as the weather and about their families. People were relaxed in the company of staff and we heard light hearted banter between them.

People made decisions about their daily routine and how staff supported them. One person said, "I can do what I wish mostly". Another said, "I get up and go to bed when I like, we don't seem to be regimented at all". We saw that people moved freely around the home. Staff told us one person liked to have a lie-in and we saw staff greet them when they came to sit in the lounge before lunch. People's independence was promoted. One person told us, "The staff encourage me to do things for myself. I get washed and dressed myself but I need help from staff to have a shower". A relative told us the staff encouraged their relation to be as independent as possible, "They encourage [Name of person] to get themselves dressed and they are quite mobile and can wander around quite freely".

We saw that staff treated people with respect and promoted their dignity. Staff spoke quietly with people and were discrete when asking them if they needed support with personal care. Staff ensured people maintained their appearance, for example checking people's clothes were in place after they had been supported to move. Staff respected people's privacy and knocked on bedroom doors and waited to be asked in.

People were encouraged to maintain their important relationships. We saw that staff know people's relatives and chatted easily with them. Relatives told us they could visit whenever they wished and were always made welcome. One relative told us, "Staff make me feel very welcome and I can come when I like". Another said, "Staff always offer me a drink when I come". Relatives we spoke with told us they felt involved and were kept informed about changes in their relation's care and treatment. One relative told us, "I know what's in [Name of person's] care plan and I'm kept informed of any changes, for example if they have had a fall".

Is the service responsive?

Our findings

At the last inspection, we asked the provider to make improvements to ensure people were offered opportunities to take part in activities they enjoyed. At this inspection, we found the required improvements had been made. People told us they enjoyed the activities at the home. One person said, "There's always something going on". Another person told us, "It's good for activities. We play bingo and have games including baseball and throwing soft balls at a stack of cans. It helps keep me moving". We saw people were offered opportunities to join in reminiscence activities which improve the wellbeing of people living with dementia. On the morning of our inspection, people enjoyed a slide show of old photographs from the local area. This prompted lots of discussion and people shared memories from their childhood. One person told us, "I really enjoyed the slide show. I saw all the big places in Chester, it brought back lots of memories". Another person was heard to say they had been "Transported back to a shop they went to with their father as a child". We saw there was a programme of activities but this was flexible and people chose to have game of bingo instead of the scheduled activity. Almost everyone, including visitors, joined in and there was lots of laughter and chatter. People were encouraged to maintain their hobbies and interests, for example we saw staff helping people with bead making and jigsaw puzzles and people had newspapers and crossword puzzle books.

People received personalised care that was responsive to their needs. One person told us, "I like to listen to the football on the radio in my room. Staff bring my meals in for me so I don't miss anything". Relatives told us they were happy with the care their relations received and that it met their needs. One told us, "[Name of person] hasn't looked back since moving in around 12 months ago. At home they had got depressed and had had lots of falls and weren't eating properly. Here they are well looked after and really settled. I don't see how they could have a better situation than they have". Another relative told us advice had been sought when their relation had a number of falls in their room. They told us, "The bed has been moved and is now against the wall as recommended, it's made a difference and [Name of person] is much safer".

Staff knew people's likes and dislikes and we saw that the provider had introduced a 'Life Story Book' which recorded information about people's life history, important relationships and their preferences for their care. One relative told us, "The manager asked about [Name of person's] background and the things they like". Another said, "[Name of person] has always been so proud of their appearance. Staff make sure they see the hairdresser every week and do their nails". We saw that the provider had made improvements to the environment at the home to promote the wellbeing of people living with dementia. Bedroom doors were personalised with people's individual photographs and pictures with nostalgic themes were on display throughout the home.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it continued to meet their needs. Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. This was discussed during the shift handover which ensured incoming staff were kept up to date about people's needs.

People told us they would be happy to raise any concerns or complaints with the staff and manager. One person told us, "If something was worrying me I would tell the staff but I haven't needed to". Relatives told us they felt able to approach the staff and were confident that they would be responded to. One said, "I'm happy to raise any concerns or complaints if needed". Any issues I would speak to the manager or nurse and it would be dealt with". There was a complaints procedure in place and the records showed there had been no complaints since our last inspection.

Is the service well-led?

Our findings

At the last inspection, improvements were needed to ensure the provider's quality assurance systems were effective in identifying shortfalls and driving improvements. At this inspection, we saw that the provider had introduced a new care planning system and the manager carried out a range of checks to ensure people received a good service. These included audits of medicines, care plans, health and safety and infection control and where required, action plans were in place to address concerns raised. For example, we saw that replacement mattresses had been ordered following checks of pressure relief equipment to ensure people were receiving the correct therapeutic support to maintain their skin integrity. Accidents and incidents, including falls, were monitored for trends and action was taken such as referrals to the falls clinic to minimise the risk of reoccurrence. This showed the provider had effective systems in place to continually assess monitor and improve the quality and safety of the service people received.

There was a positive, inclusive atmosphere at the home. People, relatives and staff mixed easily and looked comfortable in each other's company. One person told us, "The manager is good; you can go to them if there is anything worrying you". A visitor to the service who provided the slide show told us, "This is a lovely home to visit, very welcoming and I can relax whilst I'm here. The staff are really supportive; it makes it easy for me". People and their relatives told us they were invited to give their views on the running of the home at residents and relatives meetings. Minutes of a recent meeting showed issues such as improvements to the home environment, food and activities were discussed. One person told us, "It's an opportunity to air your views". One relative told us the meetings gave them an opportunity to get to know everyone, "The meetings are an opportunity to share ideas and it's nice to speak to other relatives. We can bring up any concerns and it also gives the staff an opportunity to make us aware of things, for example making sure we label clothes up to prevent things going missing". Relatives were also invited to give their views through an annual satisfaction survey and the feedback received was positive. Comments included, "The environment is better now the building works have been completed", and "Resident and relatives meetings are a positive thing". This showed the provider recognised the importance of people having a say over the way the service was run.

People were supported by staff that felt supported and motivated to provide people with good care. Staff told us things had improved since the new provider had taken over at the home. One member of staff told us, "Things are loads better and staff are more settled. The provider is really good and supports the manager". Another said, "You can talk to the new owners, they are interested in our opinions and they are making more improvements at the home". Staff told us the manager had an open door policy and they felt supported in their role. One member of staff said, "It's easy to get on with everyone here, it makes coming to work enjoyable". Staff told us they had meetings with the manager who welcomed their views on how the service could be improved. Staff were aware of the provider's whistleblowing policy, which is a process that supports staff to report any concerns they may have about poor practice and were confident they would be supported by the manager. One member of staff told us, "I've had to raise concerns when I worked elsewhere and I wouldn't hesitate to do it. Things are definitely taken seriously but I've never seen anything bad here".

The provider and manager understood the responsibilities of registration with us. We received notifications of important events that had occurred in the service and the provider displayed the service's rating in accordance with the requirements of registration with us.