Mr & Mrs V Sumessur

Hillbrow Residential Home

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

Hillbrow Residential Home provides accommodation to a maximum of fourteen people. They provide support to people over the age of sixty five who may be living with the experience of dementia, or mental health conditions. At the time of our inspection 10 people were living at the home, with another two being cared for in hospital.

The premise is presented across two floors with access to the first floor via stairs and stair lift. People's bedrooms are single occupancy. Communal space consists of a lounge area and dining room. There is a private garden with a patio at the rear of the property.

There was 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.

The home was well decorated and adapted to meet people's needs. Flooring was smooth and uncluttered to aid people's mobility needs. The home had a homely feel and reflected the interests and lives of the people who lived there.

The inspection took place on 9 May 2016 and was unannounced.

There was positive feedback about the home and caring nature of staff from people who live there. One person said, "Staff are looking after me alright." Feedback form a healthcare professional said, "This is a professionally run home with caring staff who are sensitive to and respond to resident's needs."

People were safe at Hillbrow Residential Home. There were sufficient staff deployed to meet the needs and preferences of the people that lived there.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. People were involved in these decisions because staff took the time to explain to them in a way they could understand. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. People were supported to manage their own medicines where possible. Staff managed the medicines in a safe way and were trained in the safe

administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. These procedures were regularly discussed with people to ensure they knew how to respond in an emergency. An alternative location for people to stay was also identified in case the home could not be used for a time.

People had the capacity to understand and make decisions about their care and support. The registered manager and staff had a good knowledge of what would need to be done if people did not have the capacity to understand or consent to a decision. They would then follow the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care. People's human rights were protected because where a person's capacity around a specific decision had been queried; the registered manager immediately contacted the local authority to discuss an assessment of capacity, and the possible need for a DoLS application.

As people had capacity to make decisions for themselves their liberty had not been restricted to keep them safe. The Staff and management had a good understanding of the requirements of the Deprivation of Liberty Safeguards (DoLS), so if a person's capacity changed they would know what to do to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People were complimentary about the food, after lunch one person said, "That was lovely; I enjoyed that." Staff had a good understanding of specialist diets that people were on to ensure people could eat and drink safely, and still enjoy their meals.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. One person said, "Staff are very good. They're first class." Another person said, "I like the staff. I get on very well with them." Good interactions were seen throughout the day of our inspection, such as staff talking with them and showing interest in what people were doing. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans. Details such as favourite foods in the care plans matched with what we saw on the day of our inspection, and with what people told us.

People had access to activities that met their needs. Although some people told us they wanted more to do, minutes of residents meetings recorded that the issue had been addressed multiple times to try to get people more involved in activities that interested them. The staff knew the people they cared for as individuals, and had supported them for many years.

People knew how to make a complaint. Feedback form a relative said, "If I ever have any needs or suggestions I know I can always ring and visit to discuss with the manager." The policy was in an easy to

read format to help people and relatives know how to make a complaint if they wished. No complaints had been received since our last inspection. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records of checks on health and safety, infection control, and internal medicines audits were all up to date. This was a small family owned business so the provider was at the home on a daily basis to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People had the opportunity to be involved in how the home was managed. Surveys were completed and the feedback was reviewed, and used to improve the service. One person said, "Staff are very good. They're first class." A staff member said, "You've got to take pride in your work. If the residents look nice and are happy you know you are doing your job right."

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.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them. The registered manager would generate an 'as required medicines' and 'homely remedies' policy.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go and visit them, whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Some people felt they needed more things to do, however staff did offer a range of activities that matched people's interests. People had good access to the local community.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey.

Staff felt supported and able to discuss any issues with the manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

Quality assurance records were up to date and used to improve the service.

Hillbrow Residential Home

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 took place on 9 May 2016 and was unannounced.

Due to the small size of this home the inspection team consisted of two inspectors who were experienced in care and support for people with Learning Difficulties.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with six people who lived at the home and four staff which included the registered manager and the provider. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

During the inspection we spoke with a commissioner of the service. The local authority safeguarding team and quality assurance team had no concerns about the home. We also received positive feedback from a relative and a GP.

At our previous inspection in September 2013 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Hillbrow Residential Home. One person said, "I feel safe here. We are all happy. We are all pals." People were cared for in a clean and safe environment. The home was well maintained and the décor was homely.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. The registered manager explained that the staffing levels reflected the needs of the people and also the activities and appointments of that particular day. If a person had a day trip or a scheduled appointment extra staff would be rostered on. Staffing rotas demonstrated that the number of staff on duty matched with the numbers specified by the registered manager. This demonstrated the flexible approach to staffing levels to meet people's needs.

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. One person said "I can talk to staff about things. We always have someone to talk to. We don't have to worry about things". Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns. One staff member said "I would speak to my manager about any concerns. I'd escalate if needs be".

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. A person had an unwitnessed fall and the staff ensured that they received the right level of observation and support to minimise it happening again. At the time of our inspection there had been very few accidents at the home, showing people received a good safe level of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. Assessments had been carried out in areas such as smoking, mobility, and behaviour management. Measures had been put in place to reduce these risks, all of which involved the person. The assessments recorded how each person had discussed the risk with staff, and how they had agreed to control the risk. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

External hazards and accidents were also reviewed to see if people who lived here would be affected. A fairly recent accident happened in Surrey involving a person who smoked. The registered manager had reviewed the risk assessments around smoking with the people in response to this accident, to ensure the current controls they had in place would keep people safe.

People were cared for in a clean and safe environment. The home was well maintained. The risk of trips and

falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. One staff member talked how they supported one person to mobilise safely around the home, such as looking for trip hazards, and ensuring equipment like the stair lift were safe to use. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. Health and safety and fire guidelines were regularly talked through with the people on an individual basis as well as during tenants meetings, to ensure they knew what to do in an emergency. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and people were involved in the process. One person was able to self-administer their medicines with the support and guidance from staff. People understood the reason and purpose of their medicines. One person said, "I understand my medical condition and the staff support me with my medicines."

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as pain killers, there were no guidelines in place which told staff when and how to administer the pain relief in a safe way. Furthermore, staff explained that one person might go out and purchase non-prescribed medicines (known as homely remedies) when they had a cough or and cold and would take this themselves. This could possibly have an impact on other prescribed medicines they may take. The home had no homely remedy protocols covering this area. The registered manager said they would address these issues.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were well organised and there was a colour coded system in place to reduce the risk of errors. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member told us they had regular one to one meetings (sometimes called supervisions) with the manager, as well as group team meetings. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

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 all had capacity to make decisions for themselves, and were able to go out on their own if they wished.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. Staff were seen to ask for people's consent before giving care and support throughout the inspection. They also took time to explain decisions and possible consequences to help people make decisions for themselves.

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 are called the Deprivation of Liberty Safeguards (DoLS). As people had capacity to make decisions for themselves, the DoLS were currently not applicable at the home. Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. However one person displayed behaviour that called into question their capacity to understand why they had to live at the home. When this was raised with the registered manager they immediately contacted the local authority that had commissioned the care for the person, and a discussion was held about the requirements of a best interest decision and DoLS application to be made. This would ensure the person's human rights would be protected.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. A person said, "I enjoy the food." Lunch was observed to be lively and had a 'family meal' feel to it. People were able to choose where they would like to eat. People were involved in

laying out the table, choosing the food they would like, and supported by staff when needed. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. People's preferences for food were identified in their support plans. One person said, "I love mince, and can have it when I want." Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Staff were able to tell us about people's diets and preferences. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they enjoyed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the effective care given by staff, for example overcoming colds and flu. One person explained they had felt better after they received effective support from staff after a panic attack.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "Staff are very good. They're first class." Another person said, "I like the staff. I get on very well with them." A staff member said, "You've got to take pride in your work. If the residents look nice and are happy you know you are doing your job right."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People looked well cared for, with clean clothes, tidy hair and appropriately dressed for the activities they were doing.

Staff spent time with people, keeping them company and giving individual care. One staff member took time to look at a photo with a person. They said, "Do you recognise this? This is a picture of you. This lady is very beautiful." The person looked very pleased with the attention given by the staff. Another staff member took time going through a book with another person, asking them questions about it and showing an interest in what the person said.

Staff were very caring and attentive with people. They knew the people they looked after and involved them in making decisions about their life. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. People's independence was promoted and supported by staff. Each person had specific duties to complete around the home, such as cleaning, or ironing and other household tasks.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite food. The information staff shared with us, was confirmed as correct when we spoke with the people who lived here.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. One staff member said, "I knock on their door, ask them if they want to do something. I respect their privacy, and have to be confidential about health and toileting". Another staff member said, ""Female personal care is covered by females." They went onto say, "We ask service users, we don't tell them." When giving personal care staff ensured doors and curtains were closed to protect the people's dignity and privacy.

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the community so they could practice their faith. People told us they could have relatives visit when they wanted, or go and stay with their relatives if they wished.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager. Family members, health or social care professionals, and people involved in activities outside the home were also involved to ensure that the person's choices and support were covered for all aspects of their life. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs.

People's choices and preferences were documented and were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. People received support that matched with the preferences record in their care file, for example being supported to maintain independence by helping around the house, or helping them to take medicines.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, mobility support needs, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people.

People had access to a range of activities, some of them based in the community. However people felt they would like a greater variety of daily activities to keep them from being bored. One person said, "We used to have activities but a lot of the other people don't want to join in." Another person said, "I'm looking forward to something happening." These people's daily care notes recorded that they had been offered activities but had chosen to stay in the lounge. Activities were offered to people, and a log was kept detailing who had taken part. These included, going for walks in the park, going shopping and watching films. Staff offered people encouragement to take part in activities during our visit, but they declined. During the inspection people were going out on activities throughout the day, and those that stayed home had activities such as gardening, or listening to music and watching programmes on the television. A very positive example was seen where staff sat with a person and listened while the person read to them. The person lived with the experience of dementia and the activity was an important to them as is reflected something they did when they were younger. A commissioner of the service also felt that more activities would benefit people, such as days out, or holidays away from the home.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with said they had never had to make a formal complaint. There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality

Commission. There had been no complaints received at the home since our last visit.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. Senior managers were involved in the home because it was a small family run business. Both the registered manager and the provider had a hands on approach to care and support, and were in the home on a daily basis. They were both in constant contact with the people and the staff, so could see that a good quality of care was being provided in a safe environment. This made him accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's high standards. The registered manager and provider had a good rapport with the people that lived here and knew them as individuals.

Regular monthly and weekly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when. The registered manager also invited external agencies into the home to look at the quality of care. The local pharmacist had completed an audit of medicines management at the home, and a positive report was given. The registered manager listened and responded to feedback to these audits. Where actions had been highlighted at a previous visit, these had been addressed in a timely fashion before the next visit.

People were included in how the service was managed. People had access to regular house meetings where they could discuss items they would like to buy, any issues they wanted to raise, and what activities they would like to take part in. These clearly recorded that people had been asked about activities, and had agreed to think about other activities they may like to do. This had been a topic for the last three meetings, showing the registered manager had already been aware of trying to involve people in activities. Minutes of the meetings showed that people had the opportunity to raise any concerns, and were encouraged to tell the staff what needed to be done around the house, or in relation to their care and support needs.

The registered manager also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. This was done annually by the use of a questionnaire. All the responses from the last survey were positive about the home and staff. People who lived here and their families were involved in these questionnaires, which covered all aspects of care and support provided at the home.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider. One staff member said, "I feel supported and motivated." Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. They were also used to check on staffs understanding of key topics around care and support for people, such as the MCA. Staff's knowledge of this subject showed this had been an effective way to ensure staff were kept up to date with best practice in the sector.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.