

Hilltop Manor Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Hilltop Manor is a residential care home. It provides personal and nursing care to people aged 65 and over, some of whom may be living with dementia, a physical disability, detained under the Mental Health Act or with mental health needs.

People's experience of using this service and what we found

People told us they felt safe and happy living at the service. There was enough staff to safely meet people's needs. The organisation of staff needed further development to ensure they were on hand to support people if required. Some essential checks of the service and equipment had not been completed. Checks to ensure people were safe to work at the service were completed, but elements of the recruitment process were not robust. People received their medicines as needed.

Staff received training and support in their role. People were generally positive about the quality of the food, which was provided according to needs and preferences. Staff worked closely with healthcare professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and had established a rapport with people and their families. A relative told us, "Staff are incredibly caring. I recommended the home to a friend. A lot of the staff have worked here long term." People's dignity and privacy were upheld, and information was available about how to support people to make decisions wherever possible.

Care plans were in place to guide staff about the support people required. There was a variety of activities for people to participate in, should they wish to.

Checks of the service were completed but had not highlighted the points raised during this inspection. The registered manager worked closely with other organisations to improve practice at the service and improvements had been made since our last inspection. People told us the management team were approachable and staff felt well supported and able to share their views about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 18 June 2018) and there were two breaches of regulation. The registered manager completed an action plan after the last inspection to show what actions they would take to improve and the timescales. At this inspection we found improvements had

been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Hilltop Manor Care Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The first day of inspection was carried out by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was undertaken by two inspectors.

Service and service type

Hilltop Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the (CQC) who was also one of the owners of the service. They will be referred to as the registered manager throughout this report. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced. We told the registered manager we would be visiting on day two.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications

which the service is legally required to send us. We received feedback from the local authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives. We spoke with seven members of staff which included the registered manager, senior carer workers and care workers. Two healthcare professionals provided feedback. We reviewed a range of records for five people and multiple medicine administration records. We looked at a selection of records relating to the recruitment and support of the staff team and the management and running of the service.

After the inspection

We received a range of information relating to the running of the service and confirmation of the actions taken since our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection, the provider had not developed a system to decide the number of staff required overnight to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- There was sufficient staff to ensure people's needs were met over a 24-hour period.
- The organisation of staff needed development. Staff continually moved around the home, but there were times when there were no staff in communal areas, should people have required support. The registered manager agreed to review how staff were organised.
- Elements of staff recruitment were not robust. For example, gaps in people's employment were not always explored or references verified. The registered manager agreed to address this

Using medicines safely

At our last inspection we recommended the provider implemented best practice guidance relating to the management and recording of the support provided with people's medicines. Improvements had been made.

- Medicines were received, stored and administered safely.
- Actions were taken, and lessons learnt when there had been errors with people's medicine administration.
- Staff undertook medicines training. Staff competency was assessed to ensure their knowledge and practice was up to date.

Assessing risk, safety monitoring and management

- Some essential checks of equipment and the environment had not been completed. Bed rail checks were not in place and an asbestos survey had not been completed. These were both arranged following our inspection.
- Staff had not all taken part in fire drill practices or practice evacuations. A fire risk assessment completed in October 2018 had identified fire drills as an action to be completed. The registered manager arranged for

further training to be delivered following our inspection.

- Risk assessments were completed for areas of identified risk and explained the actions for staff to take. Detailed information about the risks associated with health conditions was not always in place.
- People told us they felt safe and were happy living at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training and understood potential signs of abuse.
- Safeguarding concerns were raised appropriately with the local authority to enable their investigation.

Preventing and controlling infection

- The service was clean and tidy throughout. One person commented, "My brother said it is like a country house."
- Staff completed infection prevention and control training and followed best practice guidance.

Learning lessons when things go wrong

- Records were completed when there was an accident or incident. Appropriate follow-up actions were taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, staff had not received appropriate training or supervision to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff completed training which included moving and handling and dementia care. The registered manager had already identified training specific to people's needs was not in place and staff were to undertake training around end of life care.
- Staff received supervisions and annual appraisals of their performance.
- New staff completed inductions to the service. There was a limited information about the observations of practice completed during this time and probationary reviews had not been consistently completed.

Adapting service design and decoration to meet people's needs.

- Some improvements had been made, including the replacement of lighting, doors and heavily patterned carpet. The environment did remain worn in parts. Plans were in place to continue updating the environment and furnishings.
- Consideration had been given to items that could provide sensory stimulation and enjoyment for people living with dementia. For example, a box of items for people to touch and interact with.
- Signage supported people to locate different rooms or areas of the home.

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

- An assessment was carried out prior to admission, to identify each person's support needs. People and their relatives were involved in the process.
- The registered manager worked with other professionals to develop their understanding of best practice.

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

- People provided generally positive feedback about the quality of the food. A person told us, 'We get good food. They ask you the night before what you want. They will cook you something else if you don't like the options.'

- A variety of food and drink was available according to people's dietary needs and preferences. Staff considered different ways to encourage people to eat and offered afternoon tea, with cakes and sandwiches, and snack boxes.
- When there were concerns about people's food and fluid intake, this was monitored by staff and appropriate referrals made.

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

- Staff had close links with local healthcare professionals which included GP's, district nurses and mental health workers.
- Staff sought, recorded and followed advice given by professionals. Healthcare professionals told us staff were knowledgeable about the people they supported.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest meetings were held where people lacked capacity to make choices and decisions around their care.
- Applications to deprive people of their liberty had been appropriately sought.
- Staff understood the importance of seeking people's consent before they provided care. A staff member explained, "I get down to the person's level and would ask them if it is okay to do this or can I assist you. It's all about asking them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection the key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were kind and caring towards them. A person told us, "The staff are all smashing, there isn't a finer place."
- People were relaxed with staff, laughing and talking together, and comfortable seeking their support.
- Staff were familiar with people's needs and preferences and were attentive to their needs. Staff provided people with patient and unrushed support.
- Staff treated people on an equal basis and equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files.
- Visitors were welcomed and staff understood the importance of supporting people to maintain their relationships. A relative stated, "I visit every day; I'm made very welcome."

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

- Information was available to guide staff about the most effective way to communicate with people. Staff encouraged people to make day to day decisions about their care.
- People had access to advocacy support and the registered manager understood in what situations they may be required.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and promoted their dignity through their interactions. Staff knocked on people's doors before entering their rooms and discreetly asked people whether they required any support.
- Staff encouraged and supported people to maintain their abilities. This included people feeding themselves and moving around independently. Staff were mindful to not overly restrict people.
- People's care plans reminded staff of the importance of promoting independence and maintaining people's appearance. For example, one care plan stated, 'I am an independent lady and like to choose what I want to wear and dress myself. I like my nails to be clean and wear nail polish.'
- People's confidential information was stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained relevant and detailed information. Life history and social information was not consistently available, but staff had an awareness of this through their familiarity with people.
- Reviews of people's support were completed to ensure information in their care plans was up to date and accurate. Reviews did not consistently demonstrate how people or their relatives were included in discussions.
- People's relatives told us they were generally kept updated. One relative commented, "They always keep me up to date with any changes or incidents. "
- People could move around the service freely. There was access to a spacious garden area with flat walkways and a number of raised beds and planters full of bulbs and plants.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about sensory loss or impairment was assessed and documented within people's care plans.
- Staff shared information with people in a way they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of activities were available for people to participate in. Activities included quizzes and singing with children from a local nursery. A relative commented, "[Name] just watches life, there is a lovely atmosphere. She enjoys the singing and loves the children who come in every week."
- Staff spent time with people on a one to one basis. This included time talking together, going out for walks or to the local garden centre for a drink and something to eat.
- Parties were held for special occasions. On the day of our visit, people were enjoying cake and a sherry or beer to celebrate a person's birthday.
- Church services were held for people to participate in should they wish to. Staff supported people to attend other services outside of the home.

Improving care quality in response to complaints or concerns

- No formal complaints had been received within the last 12 months. There was a complaints policy in place

and information was displayed about how to make a complaint.

- The service had received lots of compliments about the support they provided. One stated, 'I am beyond delighted with Hilltop Manor, [the registered manager] is wonderful and the carers are all lovely, the atmosphere in the home is warm, friendly and relaxed. Massive phew for me. I am so thankful and grateful.'

End of life care and support

- Information was recorded about people's end of life wishes.
- A healthcare professional said the staff provided skilled and personalised end of life support for people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, systems and processes were not established or operated effectively to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- The registered manager completed or delegated a series of checks to monitor the quality and safety of the service. These checks had highlighted and addressed some areas for improvement but had not raised the issues we did during the inspection. For example, fire drills having not been completed. Following the inspection, the registered manager took action to address the points raised.
- A system to look at the overall patterns and trends of falls within the service had recently been introduced. This was in the process of being developed and embedded into practice.
- The registered manager had further plans around improvement, such as the introduction of the 'resident of the day.'
- Notifications of incidents had been appropriately sent to CQC, in line with the provider's registration requirements.

Promoting a positive culture that is person-centred and open; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives were positive about the management of the service and felt the registered manager was visible and approachable. A relative told us, "It's a great place, I would recommend it to royalty."
- Staff felt well supported in their role and able to discuss any issues or concerns with the management team. A member of staff said, "[The registered manager] is easy to approach with any queries or problems and always finds time to speak with you."
- Staff were encouraged to share their views about ways to improve practice within the service.

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

- People's feedback had been sought about the running of the service through questionnaires and meetings. Following our inspection, the registered manager advised that feedback and action plans from surveys would be displayed for people to look at.
- The registered manager was continually trialling new ways of working and worked in partnership with other organisations. A health professional told us, "Any project you're doing they want to get involved, they are very open to working better together. If they can make the system easier and better for people, they will do."