Healthcare Homes Group Limited

The Hillings

Inspection report

Grenville Way
Eaton Socon
St Neots
Cambridgeshire
PE19 8HZ

Tel: 01480214020
Website: www.healthcarehomes.co.uk

Date of inspection visit:
21 June 2016

Date of publication:
20 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Hillings provides accommodation and personal care for up to 72 older people including those living with dementia. The home comprises of seven units and is a single storey building. There were 72 people living in the home when we visited.

This inspection was unannounced and took place on 21 June 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Not all staff spoken with during this inspection were able to demonstrate that they were aware of the principles of the MCA or DoLS and their obligations under this legislation.

There were adequate staffing although staff deployment in one unit was not effective and people's needs were not always being met in a timely way.

Care plans contained all of the relevant information that staff required so that they knew how to meet people's current needs. We were confident that people would receive the care and support that they needed.

Risks had been managed to keep people as safe as possible. Risk assessments had been completed when necessary. This meant that staff had the information they required to ensure that people received safe care.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy was respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering. People's dignity was not always protected because there was information on display that contained people's personal information.

People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines in a timely manner and medicines were stored in a safe way.

The provider had a complaints process in place and people were confident that all complaints would be addressed. Although not all complaints had been documented

The provider had an effective quality assurance system in place to identify areas for improvement. Therefore they were able to demonstrate how improvements were identified and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff deployment was not well managed which meant that people could not always be assured that their needs would be met in a timely manner.

Risks to people were identified and acted on.

People were supported to take their prescribed medicines.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments had not been completed to assess people's capacity.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People's dignity was protected.

There was a homely and welcoming atmosphere and staff respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People were offered various activities, hobbies and interests.

Is the service well-led?

Good

The service was well- led

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

There were opportunities for people, relatives and staff to express their views about the service.

The Hillings

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 unannounced inspection took place on 21 June 2016. It was undertaken by two inspectors 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.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with 20 people and six relatives. We also spoke with the registered manager, deputy manager and eight staff who worked at the home. These were three care assistants, three senior care assistants, kitchen manager and an activities co-ordinator. Throughout the inspection we observed how the staff interacted with people who lived in the service. Due to the complex communication needs of some of the people living at the care home, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us.

We looked at four people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I do now. I lock my door at night from the inside now". Another person said, "I feel safe because I know there is always someone here who is able to look after me when I need it." A third person told, "Yes I do feel safe, there is always someone about". A fourth person said, "I feel safe, they could not do more for me. It's great here".

Most of the time the home was calm and relaxed with the exception of Gardinia Unit. We found that the staffing levels in Gardinia were not adequate to be able to support people in a timely way. There were periods of up to 15 minutes where people were left unsupervised in communal areas whilst staff supported others with their personal care. Some of the people left in the lounge had poor mobility and therefore could be at risk of falling without support from staff especially those who used mobility aids. Several people told us that they felt there was a shortage of staff with one person saying, "Not enough staff. They take people to (meet their personal care needs) and then we are on our own here." Another person said, "They [staff] are a good lot. It's not their fault they are rushed. They have no time to talk to us". A third person said, "They are short of staff sometimes that makes it difficult for us residents. We have to take turns to get up. When we press the bell it takes them a long time to come. The carers all work very hard – they cannot help it". Other areas of the home showed that staffing levels were adequate to meet the needs of people and call bells were responded to in a timely way. The registered manager told us that staffing levels were reviewed on a weekly basis and a report was sent through to head office. The registered manager told us that the staffing levels were based on the dependency of each person. The registered manager agreed to relook at the staffing numbers.

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would speak to the (registered) manager if I had any concerns about someone's safety". Another said, "I would always tell the deputy manager if I had any concerns. I would then ensure I complete the incident form". Safeguarding information was available and accessible to staff in the office which included the telephone number of the local authority safeguarding team.

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The PIR stated that the registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. We saw that where a person had had a number of falls they had sought additional advice from the falls clinic and had reviewed the person's medicines to check whether this may be the reason for them falling.

The provider had safe arrangements in place for managing people's medicines. Medicines were stored securely and safely. Appropriate arrangements were in place to ensure unused medicines were returned to the pharmacy to be disposed of. Staff spoken with had good knowledge of medicines management within the service.

We observed a member of staff supporting people to take their medicines. The member of staff clearly explained to people what medicine they were taking and why. Where people were prescribed medicines to be taken when needed, such as pain relief, the member of staff was observed asking people if this was required. One person said "I know all the pills (medicines) that I am taking and I always count them to make sure that I am given them all. The girls [staff] are all very good". Another person said, "The staff always ask me if I require any pain relief. I try not to take it all the time. I don't like taking lots tablets".

The medication records were being completed accurately, using codes to reflect when people were absent or refused their medications. A check of people's medication records showed that people's medication was being administered as prescribed by their GP. Staff told us and the records showed that training had been undertaken by all staff responsible for administering the medication. One member of staff was having their competency assessed during the morning administration round prior to be able to do it alone.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. We noted that records of the interview undertaken by the registered manager had not been maintained. We were therefore unable to ascertain if any gaps in the staff's employment records had been discussed and explored. When we asked about the interviews with the registered manager they told us they do not keep a record of the questions asked or the answers given. This meant that whilst the provider had taken some appropriate steps to ensure that staff they employed were suitable to work with people living at the care home, they had not always looked at their full employment history or kept a record of their interview.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether care staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that some staff were able to demonstrate that they knew about the principles of the MCA and DoLS. One senior member of staff who had been responsible for completing people's capacity assessments was not able to demonstrate their understanding or the principles of the MCA and DoLS. This showed us that the provider was not fully aware of their obligations under the legislation and ensured that people's rights were protected.

People told us the staff met their needs well. One person said "Carers are kind to me. Yes. Everyone who comes through that door is very pleasant". Another person told us that, "Staff are wonderful and work very hard to meet our needs. I can't praise them highly enough".

Staff told us that the training they had received was good and had helped them to develop the skills they needed to carry out their role. One member of staff commented, "we do a lot of e-learning. I like this way of learning especially as a refresher".

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics which included infection control and food safety, moving and handling and safeguarding people.

All of the people we spoke with told us they were happy with the food provided. One person said "You can have an alternative if you don't like the menu choices". They also told us that there was plenty of food and you could always ask for more. We saw staff go off to the kitchen to get an alternative menu for someone who didn't wish to have one of the meals of the day. Another person said "Staff support me to come to the dining room at meals times so I don't go hungry".

Meals were brought to the dining rooms on hot trolleys and staff explained to people what was available and asked what they wanted. The meal looked appetising and well presented. The member of staff asked one person if they would like to have a look at the food in the trolley to see what they preferred. The person told us, "I can say how much I want and I feel I can manage it". People we spoke with were very pleased with

the meals being provided with comments such as "The meals are very nice", "The food is lovely and you certainly don't go hungry".

We saw that snacks and drinks were brought round the home at various points of the day. People also told us they could ask for drinks at any time.

People's weights were monitored and the frequency of this monitoring was based on people's reviewed and up-to-date nutritional risk assessments. Dieticians' advice was obtained and followed when a person was assessed to be at a high risk of undernourishment. People's weights were stable and some people, who had previously experienced unintentional weight loss, had gained an increase in weight, in response to the effective nutritional measures taken.

People told us that their health care needs were met. People were able to access the appropriate healthcare support such as dietician's, opticians and dentists to meet their on-going health needs. People told us that they had access to a local community nurse and their doctor when they needed to see them. One person said, "The carers will ring the GP and ask for an appointment. They are pretty quick at sorting it out when I need to see the GP". One person told us "Yes I ask the staff and they do the appointments". A third person said, "This week a man is coming to do my feet (referring to the chiropodist)". One Relative said, "About 4 months ago [family member] had a chest infection, They got the G.P. for him and then rang me and let me know what was happening.

Good

Is the service caring?

Our findings

During our inspection, people and their relatives were complimentary about the staff. One person said, "There are some of the carers who are excellent and go above and beyond what I would expect of them". Another person said, "Carers are kind to me- yes. Everyone who comes through that door is very pleasant". A third person said, "They [staff] really are caring people".

The staff we spoke with told us that they would be happy for their family member to be cared for at the service. They told us they liked working at The Hillings. One staff member said, "I love my job. Seeing people happy is lovely".

Our observations showed the staff were kind, caring and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. Staff recognised when people were distressed and comforted them. One member staff said, "If people are in bed, I always ask if they want the TV or music on. If there is time I will have a chat with them". This showed that staff understood the importance of interacting with people.

Visitors told us that they could visit whenever they wanted and there were no restrictions. One person said, "Visitors can come and go as they please. I have friends with babies who come, and that's okay". Another person said, Yes, my sister and family visit me. The staff are very welcoming". One relative said they like to come at mealtimes to support their family member with their meals.

People told us they had been involved in the care plans which they felt were very thorough. One person said, "Yes, of course. I'm involved in my regular reviews". Another person said, "Yes (I am involved in my plan). The carers know what I need and get on with it. They would do anything for you".

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. One person said, "Oh yes, they know all about me, about my dog and how much I miss him". Another person told us, "[Name of registered manager] knows all about me and how I like things".

Relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. One person told us when we asked if the staff respected their privacy. "Absolutely, yes. Curtains and door closed and I am covered up as much as possible". Another person said, "Oh yes, I find them very respectful". This meant that staff respected and promoted people's privacy.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

Care records were held in a locked cupboard in the kitchen area of the unit. Staff updated these at various points throughout the day. A handover was conducted at the start of each shift. This was led by the Team Leader and attended by the staff coming on duty. It included a brief update regarding all the people on the unit. People were referred to respectfully and relevant information was passed on.

Care records that we saw contained information about people's preferences, routines and some also contained life history information. The deputy told us that people's care plans were based on pre-admission information. They added that new care plans developed over a short period of time, when the person's needs were being continually assessed and reviewed.

We observed the staff's interactions with people using the service. We found that the interventions described in the care plans were being followed by staff. We saw detailed information in the care records which showed us that staff had spent time listening to people. For example, staff were able to tell us about people lives and what their occupation had been and about members of people's families. This helped when starting a conversation with people.

Care plans had been reviewed regularly so that any changes to people's needs had been identified and acted on. Records showed that when people's needs had changed, staff had made appropriate referrals to healthcare professionals. Examples included referrals to a dietician, dentist and an optician. We saw that the care plans had been updated accordingly.

People told us that there were plenty of activities for them to get involved with. One person said, "There is a ladies club, arts and crafts. I love doing crafts". Another person said, "I do join in with the activities but I do also like my own company". Another person said "There's always something to do every day even if it's reading in my room". A third relative said, "My [family member] comes to see me every day and we go to church on Sunday together and we go to the British Legion meetings together. I go to all the activities, all meetings and get involved in everything."

A notice board showed the range of various activities. There were plans in place for a garden party the following week. One person told they had been bowling and had thoroughly enjoyed the outing.

A copy of the complaints procedure was available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the registered or care manager. There had been some complaints recorded and action taken. Although relatives we spoke to had told us they had raised issues into missing laundry and spectacles and had been asked to make sure they were labelled. The registered manager told us what action had been taken to prevent further missing items. They acknowledge that they needed to ensure that all complaints are recorded to enable trends to be identified and if they can take any learning from them.

People using the service were positive that their views would be acted on by staff and the registered manager. One person said, "I have no need to complain, my care is good". Another person said, "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it." A third person told us, "Never made one but I would speak to [name of registered manager]". A member of staff confirmed to us that, "I would always report any concerns or complaints to the senior member of staff on duty".

Good

Is the service well-led?

Our findings

Most people knew who the registered manager was and knew their name. We saw the registered manager knew individual people and engaged with them in a social and kind way. Some relatives told us that the registered manager was always available to talk to. Whilst others said they would speak to the deputy manager. Members of staff had positive comments about the registered manager; one member of staff described the registered manager as approachable. A member of senior care staff said, "[Name of registered manager] walks round the home regularly."

We received notifications as required which demonstrated that the registered manager was aware of their legal responsibilities to do so. This included, for example, notifications to inform of us when there has been a serious injury.

The registered manager demonstrated an open and transparent leadership style, The registered manager told us they valued the information provided through inspections, contracts and provider visits to better improve the quality of the care for people that live at the Hillings. They said, "there is always room for improvement". Staff had opportunities to make suggestions during their one-to-one supervision and during staff meetings; most members of staff told us that they felt supported and listened to. One member of care staff said, "If we have any problems, such as any areas we feel we need to improve, we can talk to [name of registered manager]. I feel listened to. Lots of things are changing and have improved. For example record keeping." Minutes of staff meetings showed that staff were reminded of their roles and responsibilities in providing people with safe care. This included maintaining the cleanliness of the home and ensuring that people's records were kept up-to-date

Relatives meetings took place. One relative said "We do have relative meetings from time to time. I just can't get there. I can't get to the meetings in the evenings." Relatives told us if they couldn't attend the meetings minutes were sent to them.

The provider was carrying out surveys to obtain people's and their relative's views about the standard and quality of the service provided. The results of the surveys were going to be collated and analysed to assess for any emerging trends or themes. However, there were positive comments found in those surveys returned.

Other quality assurance measures included audits for people's medicines and their care plans and remedial actions had been taken in response to any deficiencies found. This included, for example, to ensure that care plans contained all the required information and a timescale for when it needed to be actioned by.

The Hillings is close to local shops, schools and religious organisations. People were enabled to take part in events run by these community organisations which included eating and drinking out; practising their chosen religious faith and being entertained by an entertainer who comes to the home.

Members of care staff knew about the provider's whistle blowing policy but some confused it with the

safeguarding policy. They were aware of their roles and responsibilities in reporting any aspects of poor care. They also told us that they had no reservations in blowing the whistle on poor practice that posed a risk of harm to people they looked after.