

Freeways

# Hillsborough House

## Inspection report

59-61 Charlton Road  
Keynsham  
Bristol  
BS31 2JQ

Tel: 01179869880

Website: [www.freeways.org.uk](http://www.freeways.org.uk)

Date of inspection visit:  
11 July 2023

Date of publication:  
24 July 2023

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Hillsborough House is a residential care home providing personal care to 14 people at the time of the inspection. The service supports autistic people and people with learning disabilities, people with mental health needs, physical disabilities, sensory impairment, and older people. The service can support up to 14 people.

Hillsborough House consists of 2 former domestic properties converted into 1 care home. The service is laid out over 3 floors, with private bedroom accommodation on each floor. On the ground floor, people have access to a level garden, communal lounge, and dining area. There is an additional lounge on the second floor and communal toilets and wash facilities accessible on each floor. The registered manager's office is located on the top floor.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** At this inspection we found medicines safety had improved and checks were in place to monitor medicines management. The provider was working with healthcare professionals, including the GP, dentist, and local pharmacy to ensure people received the support they needed.

**Right Care:** Since our previous inspection the provider had completed maintenance work to the premises and implemented infection and prevention control measures. The service looked visibly cleaner and was not malodorous. Works were ongoing at the time of our inspection and there were action plans in place to monitor progress.

**Right Culture:** Oversight and management of care quality and safety had improved since our previous inspection, this included checks in relation to fire safety and infection prevention and control. People told us they were happier. People were being supported to understand fire safety measures in the service and how they should respond in the event of a fire.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection** The last rating for this service was inadequate (published 16 June 2023).

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in

relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

Inspected but not rated.

**Inspected but not rated**

### **Is the service well-led?**

Inspected but not rated.

**Inspected but not rated**

# Hillsborough House

## 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. We checked 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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices issued in relation to regulations Safe care and treatment and Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was undertaken by 1 inspector.

#### Service and service type

Hillsborough House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillsborough House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager registered with CQC, however they were not in day-to-day charge of the service.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We reviewed various documents in relation to the running of the service, including checks and audits, fire risk assessments and action plans. We undertook a visual inspection of the entire premises, including of people's private bedroom accommodation. We spoke with 2 people and 6 staff, including care staff and the manager.

# Is the service safe?

## Our findings

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

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, we issued a warning notice in relation to the more serious concerns we had identified. At this inspection we found improvements had been made and the warning notice had been met.

- At our last inspection we found the provider had placed people at increased risk of avoidable harm in the event of a fire. At this inspection, we found improvements had been made. For example, the provider had implemented recommendations from the local fire service and commissioned an external fire safety consultant to undertake a fire risk assessment. The provider was working with the landlord to implement fire safety improvements within specified timeframes.
- Previously we found the provider failed to undertake regular fire drills in line with their policy. At this inspection we found fire drills were being undertaken weekly. The provider told us the drills were being implemented with increased frequency to help familiarise people with the process. Fire drills were reviewed and analysed for efficacy.
- At our last inspection we found 1 person had not been supported to access the dentist in line with their assessed needs. At this inspection we found the provider had referred everyone to a dentist and arranged dental check-ups for each person.
- Previously we found 1 person was not being supported to manage their unexplained weight loss. At this inspection we found referrals had been made to external professionals, including the GP and dietician. Staff were monitoring the person's weight so they could feedback to professionals when needed.
- At our last inspection we found the premises had not been adequately maintained and people were at increased risk from the spread of infection. At this inspection, we found improvements had been made, including the refurbishment of 2 ensuite bathrooms, replaced countertops in the kitchen and new flooring in areas of the home, including in the communal lounge. Improvements were ongoing at the time of this inspection and an action plan had been implemented to monitor progress.
- Comments from people included, "Happier about the house, the kitchen sides [are] better, especially the floor. Before it was not good" and, "It's alright now, not too bad. I had my bathroom done, they came and cleaned it."
- The provider had introduced a cleaning schedule and incorporated this into a shift handover, which staff signed upon completion. A cleaning operative had recently been employed by the service and would be responsible for cleaning upon completion of recruitment background checks. During this inspection, the premises looked visibly cleaner and was not malodorous.

Using medicines safely

At our last inspection, we issued a warning notice in relation to the more serious concerns we had identified. At this inspection we found improvements had been made and the warning notice had been met.

- At our previous inspection we found potentially flammable creams were not risk assessed and stored securely. During this inspection we found risk assessments were in place providing guidance for staff. Creams were stored securely in the locked medicines room.
- Previously, records we reviewed indicated people had not always been administered their medicines in line with the prescriber's directions. At this inspection we found the provider had worked with the local pharmacy and made changes, including implementing processes to identify potential recording errors quickly. For example, a second staff member was responsible for checking medicines administration records (MARs) on each shift. Any errors or gaps in recording were discussed, actioned and reviewed by the manager.
- The medicines room had been largely de-cluttered and potentially hazardous chemicals, such as toilet cleaners, had been removed to prevent the risk of cross-contamination.
- The provider was in the process of re-decorating and updating the medicines room. The manager was working with staff to embed changes, such as not using the medicines room for food and drink storage. Lockers had recently been delivered with plans for staff to store their personal belongings away from the medicines room in the lockers.

# 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we issued a warning notice in relation to the more serious concerns we had identified. At this inspection we found improvements had been made and the warning notice had been met.

- Previously we found the provider had failed to undertake checks of quality and safety in the service. At this inspection we found improvements had been made. For example, provider-level staff were now rotated to undertake audits and checks in the service, this increased the numbers of staff who had oversight of the service.
- At our last inspection we found the provider had failed to implement medicines checks and audits. This meant they had failed to identify shortfalls, errors and omissions that we found. At this inspection we found the provider had introduced weekly medicines checks, protocols for signing medicines into the service and stock checks to ensure all medicines were accounted for.
- An experienced management team had been introduced to the service and developed action plans, audits and checks that focused on continuing improvements. Audits we reviewed included checks of fire safety, infection prevention control and medicines management.
- In response to our findings at the previous inspection, the director had visited the service to undertake their own checks and review lessons learned. Information about our report and the provider's investigations was shared organisationally to help drive improvement across all of the provider's services.