

Mrs M Hope and C Hope

# Hillcrest 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?

Requires Improvement ●

# Summary of findings

## Overall summary

Hillcrest Resident Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hillcrest Residential Home is a care service for up to 13 older people who may be elderly, have a physical disability or could be living with dementia. The service does not provide nursing care.

There were eight people living in the service when we inspected on 3 August 2018. This was an unannounced inspection.

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.

At our last inspection of March 2017, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service had failed to ensure the safe and proper administration of medicines. The service did not have an effective quality assurance monitoring process in place. There were no policies and procedures regarding the MCA and consent in place. The service had not informed us of important information as it is required to do.

In the key line of enquires questions for safe, effective and well-led we rated the service as 'requires improvement'. In the key line of enquires for care and responsive we rated the service 'good'. This resulted in the overall rating of the service for that inspection being 'requires improvement'.

At this inspection of August 2018, we noted there have been improvements to the service but further improvements are necessary as the service remains at a rating of 'requires improvement'. There were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the key line of enquiries question for effective the rating has improved to 'good' but safe and well-led were still rated as 'requires improvement'.

The administration of medicines had improved since our last inspection but still required further improvement to be safe. Medicines were now administered individually and staff completed the medication administration record (MAR) chart after each administration.

The formal monitoring and audit systems now in place continued to require further operational evidence to show how the registered manager and senior staff assessed the quality of the service, identified shortfalls and ensured that these were addressed promptly. This resulted in a lack of oversight of the whole service from the registered manager and identification of areas that required improvement. People using the

service did not have a Personal Emergency Evacuation plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in relation to the Mental Capacity Act 2005 (MCA) were up to date.

The service had sent notifications to the Care Quality Commission of important events that had happened at the service.

There were sufficient numbers of staff employed at the service to care for the people living in their home. The rota was clear with regard to which staff were working. The registered manager or senior staff on duty were cooking the meals for people to cover a vacancy in the catering team.

The recruitment process for the employment of staff was clear and safe procedures were followed.

There remained some gaps in training records but staff had received some training and supervision since our last inspection and further training and supervision was planned.

People had sufficient amounts to eat and their dietary nutritional needs were met. People were encouraged to attend appointments with health care professionals to maintain their health and well-being.

There were strong and caring relationships between the people using the service and the staff that supported them. People were encouraged to be as independent as possible by a staff team who knew them extremely well. People were not always able to call for assistance if needed by the use of their call bells due to their capacity but we saw staff checking upon people to determine their well-being on regular occasions.

The service had a complaints system and also recorded compliments. The service worked with other professionals providing multi-agency support to enable people to stay in their own home as long as they wished.

## 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.

Medicines were administered safely or in line with best practice.

There were sufficient staff to meet people's needs and there was a robust recruitment process in place.

### Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed and recorded to determine people's level of understanding in accordance with MCA.

People's nutritional needs were assessed and people had enough to eat and drink.

People had access to appropriate services which ensured they received on going healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff that knew them well.

Staff were understanding, attentive and caring in their interactions with people.

People's independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

The service carried out regular assessments of people's needs and updated their care plans monthly.

There was a complaints and compliments recording process in

place

People were given the opportunity to participate in activities.

**Is the service well-led?**

The service was not consistently well-led.

Audits were not always completed to assess the quality of the service. This meant there was a lack of oversight from the registered manager and shortfalls in the service were not always identified.

The service provided an open culture and people and their relatives were asked for their views about the service.

**Requires Improvement** 

# Hillcrest 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 unannounced inspection took place on 3 August 2018 and was undertaken by one inspector.

Prior to the inspection, we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had not been returned. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection, we looked at the care records of four people, recruitment records of four staff members and records relating to the management of the service and quality monitoring. We also looked at staffing rotas and other documents regarding the running of the service including medicine records. We spoke with all eight people living at the service and three relatives. We observed the staff interactions with the people at the service. We spoke with the registered manager, partner and two members of staff.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At our last inspection of 7 March 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment. We found that improvements were needed to ensure that people's medicines were administered safely. Call bells were not within reach of people to summon assistance, the staffing rotas were not accurate and recruitment procedures were not robust.

At this inspection of 3 August 2018, we found there was no breach of regulation because the administration of medicines had improved but still required further improvement to increase the safety of the people using the service. Staff told us that they no longer dispensed medicines into medicines pots and then carried around these medicines around all together on a tray. This was unsafe practice as there was a potential risk of the pots being knocked over, medicines being lost or of them being given to the wrong person. We saw medicines were administered individually and staff completed the medication administration record (MAR) chart after each administration.

When 'as required' (PRN) medicines are prescribed, there should be clear guidance to staff on what each medicine is for, when it should be given and how often and any proactive strategies to use prior to using the medicine. This guidance was not in place for the PRN medicines that were being administered. There was a risk that these medicines could be administered when they were not required or wanted. The risk was reduced because the small number of staff involved with medicines knew the people in their care well and also recorded in both the MAR chart and people's daily records the medicine administered.

The MAR charts and the care plans did not have any recorded information about why the medicine had been prescribed. The director and registered manager informed us that they would address this situation so that this missing information was included. The MAR charts contained information about allergies and any diagnosed illness. This information was clearly recorded and available for the staff to share with other professionals regarding new prescribed medicines.

Each person had a call bell in their room but some people would not be able due to their capacity be able to use the call bell to summon assistance. We saw during our inspection that staff checked regularly upon people regarding their safety and well-being. Risks to people's personal safety had been assessed and included risks associated with mobility. We saw that staff employed since our last inspection had worked with the registered manager and people using the service to update their risk assessments. These were now clearly written explaining the risk and what action was needed from the staff to support the person. The risk assessments were reviewed and updated on a monthly basis. Personal emergency evacuation plans (PEEP) had been recorded. Staff were aware of people's needs and how to support them in an emergency.

The risks to people injuring themselves were reduced as equipment such as hoists had continued to be serviced and regularly checked so they were fit for purpose and safe to use. Firefighting equipment was

available and we saw fire escapes were unobstructed and fire tests were carried out weekly.

Staffing rotas were neatly written and accurate. Staff informed us of the shifts they had worked and this was in agreement with the rota. The registered manager told us that they covered whenever the service was short of staff and other staff worked additional shifts when needed. The registered manager told us that they had a vacant full-time post and that they were trying to recruit to that position. We continued to be concerned as noted in the previous inspection the amount of hours that the registered manager was working in trying to cover the vacant hours. We discussed this with the registered manager and partner. The registered manager told us how much they loved their role and was determined to keep the service safe and develop the standards of the service.

Records showed that full recruitment checks were now completed on new staff before they were employed by the service. The registered manager informed us about the recruitment process including questions asked of candidates regarding their caring and empathetic qualities. Appropriate checks were obtained to ensure staff were suitable to work with the people living in the service. We checked recruitment records to verify this information and saw completed application forms with no gaps in the persons employment history. References and disclosure barring service (DBS) checks had been completed prior to them commencing work at the service. DBS checks verify whether applicants have any criminal records and whether they are barred from working in care services.

One person told us, "I feel safe here because I know all of the staff and they know me." Another person told us, "I see the manager nearly everyday and they make me feel safe." Relatives told us there were enough staff and we saw that staff were not rushed and had time to spend sitting and talking with people and playing games.

The service had a policy and procedure for the safeguarding of people. Staff told us they had received training in protecting adults from abuse. Staff understood the different types of abuse and knew how to recognise them and were able to tell us what action they would take if any form of abuse was suspected. One member of staff told us, "I would tell the manager or report it myself." Staff informed us that they had confidence that any concerns they raised would be taken seriously and action taken by the registered manager.

Although there were no cleaning schedules of the communal areas and of people's bedrooms, the service was clean. The registered manager informed us they checked to see that the cleaning had been done and people told us that the staff regularly cleaned the service. Staff had knowledge regarding infection control and equipment was available such as aprons and gloves. Further training was being organised for infection control by the director. One person told us, "It is very nice here and the staff do work very hard at keeping everything clean."

The registered manager and partner informed us that accidents and incidents were discussed in team meetings so that lessons could be learnt. They also considered they had learnt a great deal from the findings of the last inspection and had addressed many of the issues from careful planning and the employment of new knowledgeable staff to the service. They were able to use these new staff's knowledge to assist them to drive the service forward.



# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At the last inspection of 7 March 2017 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. We identified that improvements were required to ensure that the Mental Capacity Act 2005 (MCA) was appropriately implemented. There was no organisational policy in the service covering the MCA and DoLS (Deprivation of Liberty Safeguards) which was confirmed by the registered manager.

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

At this inspection of 3 August 2018 we saw that action has been taken and there was no breach of the above regulation. The information in people's care plans showed consideration had been given regarding people's capacity to give consent to their care. Staff were able to inform us about how they gained peoples consent. We saw that a best interest meeting had been arranged for one person.

We heard people were asked for their consent before staff supported them with their care needs. For example, assisting them with their medicines and personal care. The staff had an understanding about the MCA. One member of staff told us, "I would never do anything against anyone's will and if I had concerns about their ability I would talk with the manager." We heard throughout the inspection, staff talking and explaining to the people who used the service about choices of what they eat, drank and spent their time during the day. One person told us, "I am very happy here everyone helps you. I get up when I wish and the staff ask me if I want a bath."

New members of staff completed an induction which involved shadowing experienced members of staff. The purpose of this was that new members of staff knew how to support people according to their needs and to get to know the people at the service. Staff told us that they had received training which was relevant and gave them the necessary knowledge for their roles such as fire, first aid and diabetes. However, we noted that not all staff had attended the training as planned in the training matrix. We also noted that there was a lack of clarity with regard to when supervision was to be provided to staff and recorded. The staff we spoke we spoke with told us that the registered manager was always supportive and provided advice and

support whenever this was required. They also told us that they had received planned supervision with the registered manager although this had been cancelled on occasions. They told us it was always rearranged.

Most people were complimentary about the food and informed us the food was well prepared and there was always a choice of main meals at lunch time and in the evening. One person did inform us that they thought the breakfast could be better with more options available other than toast and cereals. They informed us that they would discuss this with the registered manager. One person told us, "It is fish and chips today and that is always good." A relative told us, "Very good traditional food which is just what [my relative] appreciates." At lunchtime, we saw that the food was freshly cooked and the staff offered people choices of sauces and drinks. People were encouraged to eat independently but where people required assistance, this was provided. A member of staff informed us that there were no food diaries or fluid balance charts in operation at present as they were not needed. All people were weighed monthly and if there were any concerns about people losing weight or concerns about a loss of appetite, advice would be sought from their doctor. We saw during our inspection people were offered hot and cold drinks throughout the day.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us, "The staff call the doctor if I ever need them." A relative told us, "The staff have always involved the doctor whenever there has been a concern about [my relative]." The registered manager and the senior staff had developed links for the benefit of the people living at the service with community health care professionals such as doctors, chiropodists, psychiatric and district nurses. We saw in records that all of these professionals visited the service as required. All of these professionals had been consulted and involved with the support of people at various times and for specific needs. We saw that after consultations with professionals this information had been recorded in the person's care plan. This meant the staff knew what to do to support the person as a result of the consultation.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have rated that the service remains 'good'.

People told us that their choices and preferences were respected and listened to by staff. One person told us, "Well I do whatever I want really, nice to have the choice and the staff always help me." Another person told us, "The staff are very friendly and they wanted to know what I liked to be called and they have always stuck to that." We were aware from what both people using the service and their relatives told us they considered the care was good.

The staff knew people well, and people appeared relaxed in their company enjoying jokes and talking about the music which had been played prior to lunch. We observed kind and respectful interactions where people were given time to express themselves fully. Members of staff were responsive to requests for support and provided sensitive reassurance. One person told us, "The staff care about us very much, they always smile and ask how you are." Another person told us, "I cannot quite remember how long I have been here but have been treated with nothing but kindness by the staff."

The staff were responsive to requests for support and reassurance. For example, one person appeared to have been confused about the time of day. A member of staff approached them and quietly spoke with them about the time and what they had eaten for breakfast to help them clarify the time.

The staff supported people to express their views. After lunch staff asked individuals what they wished to do, some people wanted to watch television, others wished to lay down for a nap and others wanted to take part in the afternoon activities. We observed people being supported by the staff to play dominoes. Later in the afternoon staff offered people a choice of drinks and asked if they were hungry and offered biscuits. We saw staff taking time to talk with people to listen to their views and check upon how they were.

The registered manager informed us that the staff had an understanding of how important people's personal appearances were to them. They supported staff not to be rushed and to take their time to support people to dress and wear personal items and checked these were to people's satisfaction. A member of staff told us, "This is one of the ways we show respect for people ensuring their make-up is done and they are wearing personal items such as watches and brooches."

People were treated with dignity and their right to privacy was respected. Staff had a good understanding of how to ensure people were safe whilst respecting their privacy. One person informed us they had personalised their bedroom with pictures and keep sakes. We saw staff knocking on people's bedroom doors and waiting to be asked to enter.

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have rated that the service remains 'good'.

There was a detailed assessment process in place which required the registered manager or senior staff to speak with the person and family to identify their needs and determine if the service had the necessary resources to meet them.

People's life histories had been recorded within their care plans and the staff we spoke with had a detailed knowledge of the people living at the service. The care plans had been developed from the original assessment of the persons needs and were updated monthly. The care plans clearly recorded people's needs and what the staff were to do to support them and the expected outcome. The service staff were updating and rewriting peoples care plans with them in a new format.

Activities took place on a planned basis while also changing on the day if that was the people's choice at the time. We saw seven people taking part in a game of bingo. Staff spoke clearly and ensured people with hearing difficulties sat close to them to enable them to hear the numbers called. One person told us how much they enjoyed the monthly church services held at the home, while another informed us about the art work displayed at the service. Another person told us they were looking forward to the BBQ which was planned for the following day and all the relatives of people living at the service had been invited. People were pleased with the voluntary work which had been completed by students of a local college to build raised beds in the garden.

There were library books and magazines for people to read and a variety of books for quizzes and crosswords. One person informed us that they enjoyed doing jigsaw puzzles and also playing dominoes. One person told us that they liked spending time in the lounge so that they could enjoy the company of other people. Another person told us that they enjoyed spending time on their own and this was respected by the other people living at the service and staff. They informed us that the staff regularly called upon them to check how they were and if they required anything.

The service had a complaints policy and all of the people we spoke with informed us that they liked the service and were confident that the staff would resolve any problems as the arose or were reported to them. This was confirmed by the relatives we spoke with. We saw that the service had received compliments in the form of thank you cards and letters.

The service worked closely with the doctors and other professionals to support the people living at the service. We saw from daily notes and appointments with professionals that information had been carefully recorded. We did not see information recorded regarding how people chose to be supported at the end of their lives. However we were aware from staff that the service staff had supported people for as long as they could meet their needs at the service with the support of the other professional services. The director informed us that they would ensure that discussions about a dignified death would be held sensitively with

people and their families in the future and this information would be recorded.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service still 'requires improvement'.

At our last inspection of 7 March 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance and of Regulation 18 (Registration) Regulations 2009 Notification of other incidents. We identified that improvements were needed because the registered manager and partner were not ensuring that there were robust systems in place to check that the quality of care provided was safe and of a consistently good quality.

Problems had been identified with having sufficient staff on duty and maintaining an accurate staffing rota, recording of medicines, recruitment checks, staff training and the application of the MCA. While some of these concerns had been identified by the registered manager prior to inspection, they continued to be a concern as action taken had not been effective in addressing all of the above issues.

All care providers have a statutory requirement to notify us about certain changes, events and incidents affecting their service or the people who use it. At our last inspection, we had not received any notifications from the service since 2015. We queried this with the registered manager. They acknowledged that there had been occasions when they should have submitted a notification

At this inspection of 3 August 2018, there were no breaches of the above regulations. We met with the registered manager and partner and acknowledged that notifications were now being sent to the CQC appropriately.

Although there had been improvements, the service still did not have robust systems in place to check that the quality of care provided was safe and of a consistently good quality. As mentioned previously in this report, we identified problems with medicines, planned staff training and supervision. We noted the improvements we noted in the staffing rota recording, care planning recording and clarifying people's consent was recorded in their care plans.

The service had some audits but did not have a robust quality management processes. The audits were not always planned in advance but action was taken in response to a situation. The partner informed us that in order to support the registered manager they would be visiting the service with immediate effect on a weekly basis to carry out audits. They would share this information with the registered manager and all staff to identify any work required.

The registered manager said they would continue to carry out audits as well but welcomed this additional support with auditing and then implementing any actions identified. The partner was confident that the quality monitoring would be implemented and clear records kept rather than in the past and at present when pieces of record keeping were recorded but were disjointed and did not form a quality monitoring system. Both the partner and registered manager were aware of a lack of effective oversight which meant

people were at risk of receiving care which was not of a good standard.

We received mixed feedback regarding the support that staff received. Formal supervision was not always held and although staff meetings took place, these were infrequent. Supervision is an opportunity for the staff member and manager to meet and discuss performance and areas for improvement. The partner and registered manager informed us that they needed to improve in this area of communication and planning.

The partner was well known to the people using the service. Their visits to the service were informal and of social support to people which were welcomed but not for formal monitoring of the service. They informed us that they planned to put the quality monitoring onto a formal organised procedure. The registered manager told us that they worked alongside the staff team and were in the service most days. This was confirmed by the staff and meant that they could speak to staff and people regularly to ensure that they were provided with up to date information. Staff informed us they enjoyed working with the registered manager and saw them as a devoted and caring manager who lead by a caring attitude towards people.

The care plans were reviewed monthly by the staff and on a needs basis as situations arose and this information was recorded in the care plan. There were no care plan reviews scheduled with the person and their relatives. People using the service could not recall a review of their care with them by the staff.

The service was family run and since our last inspection had worked with the support of the local authority to avoid becoming isolated and look to continuously improve the service. We discussed our findings from the inspection with the partner and registered manager who was open to feedback and recognised that further improvements were required.

The service had worked with a local college to carry out some work in the garden so that people would enjoy being able to access all of the garden and see the new plants that had been put in throughout. One person informed us how they had enjoyed seeing the students and appreciated the work they had done in the garden. The director told us that this was just the beginning of further developing the service and they would be consulting with the people using the service and relatives plus the local authority about further upgrading of the service.

An annual survey had been carried out in the past to learn the views of the people using the service, relatives and staff. Although there had not been a survey carried out this year, the partner and registered manager were considering carrying out a survey to use as part of the planned quality assurance system.