Four Seasons (DFK) Limited

Hilltop Manor Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 10 February 2015 and was unannounced.

Hilltop Manor Care Home is registered to provide accommodation for up to 80 people who require nursing or personal care. At the time of this inspection 68 people lived at the home.

The home had a registered manager. 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.

We found that the service was not consistently effective when people who lived at the home were unable to make certain decisions about their care. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. The registered manager and provider could

Summary of findings

not show us that under these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. This meant people could not be fully assured that decisions were being made in their best interests when they were unable to make decisions for themselves. We made a recommendation that the provider refers to current guidance in relation to the Mental Capacity Act 2005.

People told us they felt safe and comfortable living at the home. Assessments were completed when people were identified as being at risk of harm. Staffing levels were adequate; people's individual care preferences and needs were met.

Records relating to people's care were accurate, up to date and readily accessible in the event of an emergency situation. Staff were aware of people's individual care and support needs.

People's medicines were managed, stored and administered safely; staff were knowledgeable and supported people with their medication as required.

People told us they enjoyed the food that was provided and they had sufficient to eat and drink each day. People were provided with additional support with eating and drinking when it was required.

People's health care needs were met. They were supported to see a health care professional or specialist when they became unwell or their needs changed. People told us the staff were caring and considerate. We saw staff were patient and thoughtful when interacting with people.

There was a range of leisure and recreational activities available for people to enjoy. These were either group based or on a one to one basis. People told us their preferences to participate or not were respected.

Meetings with people were arranged at regular intervals which gave them opportunity to discuss their experiences and make suggestions for improvements. Staff told us they felt well supported by the management and they all worked well as a team. The safety and quality of the home was regularly checked and improvements made when necessary.

Summary of findings

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 safe. People told us they felt safe, secure and comfortable. Staff were aware of the actions they needed to take to protect people from harm. There were sufficient staff to support people with their care requirements. Medicines were managed safely by well trained and knowledgeable staff.

Good

Is the service effective?

The service was not consistently effective. Care records did not show that consent to care was sought in line with legislation and guidance. This meant people could not be assured that the requirements of the Mental Capacity Act 2005 were being followed when decisions were being made in their best interests.

People told us they had sufficient to eat and drink each day. Staff supported people with eating and drinking and monitored their daily intake when concerns with people's nutrition were identified. People had access to a range of health and social care professionals.

Requires improvement

Is the service caring?

The service was caring. People told us the staff were kind and considerate. We saw staff were compassionate and patient when supporting people with their care needs. People's privacy and dignity was respected. People's confidential and private information was kept safe and secure.

Good

Is the service responsive?

The service was responsive. Recreational and leisure activities were arranged for people to enjoy either on a one to one basis or in a group. People's preferences to participate or not were respected. Whenever possible people were involved with the planning of their care. When this was not possible, where applicable, people's representatives were involved.

There was a complaints procedure and people were regularly asked their views on the service.

Good

Is the service well-led?

The service was well led. The home had a registered manager. Meetings with the manager were arranged on a regular basis, which gave people the opportunity to discuss any issues or concerns they may have. Staff told us they felt well supported by the manager and the management team. Quality and safety checks were carried out at regular intervals; action was taken when any suggestions for improvement were identified.

Good

Hilltop Manor Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 February 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nurse advisor who had experience in tissue viability and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with 22 people who lived at the home and nine visitors. We did this to gain people's views about the care. We spoke with an independent advocate and a social worker.

We also spoke with three nurses, five members of care staff, the activity coordinator, the deputy manager, the registered manager and the regional manager. This was to check that standards of care were being met.

We looked at seven people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, training records, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

People told us they felt safe, secure and comfortable. We received mixed comments about the levels of staff, some people said they felt at times there were not enough staff and others said the staffing levels were sufficient to meet their needs. One person said: "I feel very safe, the nurses come straight away when I ring the call bell". Another person spoke about the willingness of members of staff to help them but thought that at times there were not enough staff on duty. Staff said that there were sufficient staff, they helped and supported each other and the team worked well to provide the care people required. The manager told us that the staffing levels were determined by the dependency needs of people living at the home. We saw that nurses and care staff were busy attending to the needs of people. People were not rushed when they were being supported with their personal care needs and call bells were answered promptly.

We met with a person with complex health care needs who required one to one support. A staff member was allocated to stay with the person constantly throughout the day to ensure their safety and welfare. We saw that two staff members worked opposite shifts to each other to support the person. The staff member we spoke with said this worked well because the person benefitted from consistency of staff and that they became agitated if there was too many different staff supporting them. The provider had identified the support the person required and had made suitable staffing arrangements for this to be provided.

Staff told us they had received training in safeguarding people, they were able to explain the different types of abuse and when and to whom they could refer and report any concerns. One staff member we spoke with said: "I have never seen anything of concern while I have been working here. If I did I would report it straight away. We work as a team, help each other so that people are safe". Information on how to report concerns was displayed on notice boards throughout the home. As part of the planning for the inspection we saw that the manager had notified us when they had referred safeguarding concerns to the local authority.

One member of staff said: "People are kept safe in the home by doing initial risk assessments and care plans then updating these. Getting to know the person well is a good way of helping to keep them safe". They explained the actions they took to reduce the risk of pressure ulcers and sore skin developing: "Regular turns, washing, drying a person properly and using special mattresses". Risk assessments had been completed and where a risk had been identified we saw a corresponding care plan. We saw staff completed monitoring records each time people received support with repositioning and pressure area care throughout the day.

Some people told us they used walking sticks and frames to help them with their mobility and to support them with their independence. In the event of an emergency and when the premises needed to be evacuated we saw personal emergency evacuation plans (PEEP) were completed. PEEPs recorded the level of support people needed and the equipment that would be required to safely evacuate people. Staff told us they had received training in the use of the emergency equipment that was provided for this purpose.

Medicines were managed safely by the staff, they were stored correctly and administered to people at the required times. We observed staff administering people's medicines in a safe and consistent manner. An accurate record of the types and frequency of medicines administered were maintained. This showed that systems were in place to ensure people received their medicines safely.

Requires improvement

Is the service effective?

Our findings

We met a person who was living with dementia. This person was unable to tell us how they were feeling but said they were 'okay and alright' when we asked after their welfare. Staff told us this person was able to make simple decisions, for instance what they would like to eat, but that more complex decisions about their care and welfare would be difficult for them. In a care plan it was recorded that the person 'lacked capacity' but the person was able to make simple decisions about their care. Staff confirmed that a mental capacity assessment had not been completed.

Staff told us that another person was unable to make informed choices about specific decisions but could make everyday choices such as what to wear and what to eat. We saw conflicting information in the person's care record such as 'able to give consent', 'lacks capacity to make decisions with regards to care' and 'limited capacity'. Staff were unable to show us how they came to these conclusions. We spoke with nursing staff; they were well-informed and aware of the individual's abilities for decision making but had not carried out a full assessment of the person's mental capacity.

Staff we spoke with had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) but confirmed they had not received any formal training. The staff demonstrated they understood the principles of the Act and the DoLS and we saw them seeking people's consent before they assisted them with the needs during the day. The registered manager told us no one at the home currently required a DoLS application.

Some people needed bedrails to reduce the risk of falling out of bed. We saw risk assessments and care plans had been developed which recorded how and why the rails should be used. Where people were able to, they had signed to say they agreed with the use of this equipment.

Some people had a Do Not Attempt Cardio Pulmonary Resuscitation order (DNACPR) on file. This is a legal order which tells a medical team not to perform CPR on a person. People, their representatives and the doctor had been consulted and involved in the decisions. This meant that in the event of a medical emergency, these people's wishes and preferences would be upheld.

Staff told us they received training that was suitable for them. One member of staff told us: "Most of the training is e-learning this isn't as good as in house training by person to person". They went on to say the in house dementia training had been very useful as there were quite a few people in the home who were living with dementia. Some people at times became anxious and displayed episodes of challenging behaviours. Staff told us they had not completed training in how to manage behaviours that challenge but this was being arranged for them. They told us they used distraction and diversional techniques support people through these periods of unrest. This corresponded with the information recorded in the care plans. However, training in this area would enable staff to safely manage episodes of challenging behaviours according to best practice.

Most people told us that the food was good, they had choices and sufficient to eat. One person commented: "The food is nice and there is plenty of it". We observed the lunchtime period and saw people being offered choices of the food and drinks provided. Sufficient staff were available to offer encouragement and alternatives were available to people who needed support or were reluctant to eat. We saw assistance being given individually at the person's pace.

Some people needed additional support with their meals to ensure they had sufficient daily nourishment. Risk assessments were completed when people were identified as being at risk, for example a risk of choking which required a soft or blended diet. We saw that some people had difficulties with orally taking food and fluids and had a percutaneous endoscopic gastrostomy (PEG) feeding tube to support them with their daily intake. PEG is a safe and effective way to provide food, liquids and medications (when appropriate) directly into the stomach. This is for people who experience difficulty in swallowing. Specific advice and instructions had been provided by external healthcare professionals about people's dietary requirements. Staff told us how they supported people with these additional needs and we saw monitoring documents were completed each day.

Some people who lived at the home had complex needs requiring specialist care and support and external professional advice. People were supported to access a range of health and social care professionals and included speech and language therapists, occupational therapists,

Requires improvement

Is the service effective?

doctors and tissue viability specialists. We saw that records and care plans were updated and reviewed where any changes were recommended following the input from the health care professionals. For example people's dietary requirements, specialist equipment, and pressure area care. People were supported with their health care needs to enable them to remain as well as possible.

We recommend that the provider finds out more about the key requirements of the Mental Capacity Act 2005 so that staff have a good working knowledge of the Act and people's human and legal rights are respected.

Good

Is the service caring?

Our findings

We received positive comments from people who lived at the home in regards to the staff. Staff were described as being kind and helpful. One person said: “The staff are very lovely people and they can’t do enough for you, but you still long to go home”. We saw staff involved people in making choices about their care and support needs. One person liked to wear clothes of a certain colour and we saw staff supported them with this personal preference.

Some people at the home were living with dementia and at times were not able to fully verbalise their needs. A member of staff explained how she ensured that people knew they had choices. They explained that sometimes all people needed was gentle encouragement to do things. When speaking about the care they provided to a person they said: “I know that [person’s name] usually has a shower but that they like a bath sometimes and I said, come on [person’s name] would you like a nice bath to soak your legs and they said ‘yes’ and they enjoyed the bath”. This showed that staff had a compassionate and empathetic approach when providing care and support to people.

People were supported to have an independent advocate if they wished to have one. One person had the support of an advocate when they had an important decision to make. An advocate is a person who can help people express their needs and wishes, and weigh up and take decisions about the options available to them. We spoke with the advocate. They told us they had visited this person, supported them in reaching a decision and that the person no longer needed their support. They said: “Staff were helpful and provided me with the information I required. I have never had any problems with communication at the home”.

One person told us that they preferred to stay in their bedroom as they had never been a very sociable person and they liked their own company. They told us that staff respected this. Staff spoke about how they ensured that dignity, privacy, respect and independence was upheld by their daily working practices. One staff member said: “We always promote these they are the core principles of care”. We did not see any occurrences where people’s privacy was compromised.

The manager told us they had recently revised the policies and procedures in regard to ensuring the confidentiality of records and documents. We saw that people’s private information contained in their care records was kept secure. This showed that people’s right to privacy was respected.

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person said: "I spoke with staff about the things I can and cannot do, I know about the care plan and now we are planning my discharge from here and going home". One person's relative told us: "Staff are very good at keeping me informed". We saw some care plans had been signed by the person to confirm agreement with the plan.

We saw that staff were responsive to the needs of people. One staff member explained the relationship that had been developed between them and a person who they worked very closely with. They said: "I have built up a good relationship with [person's name] and I think I understand their needs very well. I know [person's name] character well and what they like and don't like. I know that [person's name] was very particular about the clothes they wore and always liked to look smart, so I know that they would want to carry this on". The person was unable to fully converse with us but we noted they were smartly dressed and ready to join in with their chosen activity. Records confirmed that personal choices and preferences were upheld and promoted for this person.

Most people told us they enjoyed the leisure and recreational activities that were provided within the home. One person said: "We had an exercise group this morning it is good to do a bit of stretching as I get very stiff, I can't get about as much as I used to do now". We saw a group of people in one of the dining rooms participating in an art and craft session. Some individuals were engaging with this activity, but several appeared to be disinterested in the activity. One person told us: "We made some calendars today but it felt like child's play. I much prefer to do some knitting". The activity coordinator overheard this comment and immediately offered to supply the person with knitting needles and wool. Not everyone liked to join in the group activities, we saw people reading the daily newspapers, watching television, sitting quietly or speaking with other people. Staff respected this and were responsive to people choices and preferences.

A member of staff was supporting a person on a one to one basis. The staff member told us the person liked to watch television, particularly the 'soaps'. With the participation of the person they were putting photographs together in a large picture frame to display on the person's bedroom wall. They told us: "Family is very important to [person's name] so they will enjoy looking at these photos". They also said that the person enjoyed going to church and that this was important to them. They said, "We take [person's name] to a local church in their wheelchair, they also attend a church further away and we use an adapted taxi for this". This meant that the provider took account of the person's religious needs and enabled the person to continue with these.

People told us they would speak with their families or a member of staff if they had any concerns or complaints. One person said: "I love it here I have no complaints". Staff told us they knew people sufficiently well to recognise if people living with dementia were unhappy about anything. A visiting social worker told us that staff were helpful and that communication was good. They said "I have never seen anything to make me concerned here. None of my service users have raised any concerns about the care and support they receive at the home". We saw information on how to make a complaint was displayed on the notice boards around the home. Records were kept of the complaints that had been received, the actions taken and the conclusion of the investigation.

Good

Is the service well-led?

Our findings

There was a registered manager in place. There were clear lines of accountability; the manager was supported by a deputy manager, a team of nursing, care and ancillary staff. Staff were clear of who they were to report to. Care staff told us they felt well supported by the management and would have no hesitation to speak with them if they felt the need to do so.

There were systems in place to seek people's views and experiences of the home. Meetings were arranged for 'residents' and families at regular intervals. This gave people the opportunity to meet together to discuss any issues and make suggestions for improvements. A newsletter was produced four times a year which offered people snippets of information and news about the home. There was a section in the newsletter for people to make comments and suggestions regarding the home, and to contribute to the next edition.

Staff meetings were arranged at monthly intervals with additional and separate meetings for the different staff groups. Staff told us they try and attend the meetings whenever possible but if they were unable to attend then minutes of the meeting were available. A recent staff meeting included discussion regarding moving and handling and infection control. Regular staff supervision and appraisals took place and staff were encouraged to discuss work related issues and their training and development needs.

The manager told us of the checks that were completed at intervals throughout the year to check the quality and safety of care the home provided. For example, accidents and incidents, infection control, bedrails and mattresses, care plans and pressure ulcers. The copies of the checks were forwarded to the regional manager within the company. The information was then analysed and any improvements needed discussed and actioned as required. The manager told us of a recent improvement where the deployment of regular care staff to support a person who required one to one support was working well and to the benefit of the person.