

Tamaris Healthcare (England) Limited

Hillside Lodge Care Home

Inspection report

Braeside
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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?	Good ●

Summary of findings

Overall summary

About the service

Hillside Lodge Care Home provides nursing care and accommodation for up to 50 people. At the time of the inspection, 46 people were living at the home, some of whom had a dementia related condition.

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

People were complimentary about the home and staff. One person told us, "I'm pleased I'm here. They are perfect, 10 out of 10 definitely."

Systems were in place to safeguard people from abuse. People told us they felt safe. One person said, "I do feel safe. I'm being looked after 24 hours a day. I'm unsteady on my feet and this place makes me feel safe because I know somebody is here if I feel giddy." An effective system was in place to manage medicines.

People were cared for by a consistent and stable staff team. Safe recruitment practices were followed. Staff were suitably trained and supported to enable them to meet people's needs.

People were supported to eat and drink enough to maintain their health and wellbeing. Staff assisted people to access healthcare services and receive ongoing healthcare support.

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

People received personalised care which reflected their needs and preferences. People were supported to continue their hobbies both within and outside of the home.

A complaints procedure was in place. No complaints had been received.

There was a cheerful atmosphere at the home. One relative told us, "This place is such a happy home, well managed and staff get on really well together."

A range of audits and checks were carried out to monitor the quality and safety of the service. Timely action was taken if shortfalls were found.

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

Rating at last inspection

The last rating for this service was good (published 15 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Hillside Lodge Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Hillside Lodge Care 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and six relatives about their experience of the care provided. We spoke with 19 members of staff including the registered manager, the clinical lead, care home assistant practitioners, care workers, the activities coordinator, housekeeping staff, the maintenance man, chef, kitchen assistant and the administrator.

We looked at parts of three people's care plans, recruitment checks for two staff members, training and supervision records, medicines administration records and records relating to the management of the service.

We contacted various health and social care professionals for their feedback. The community matron for nursing homes and a care manager from the local NHS Trust responded to our request. A registered manager from another provider contacted us with feedback about the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us further information relating to people's care and support to review.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. There were no ongoing safeguarding investigations. This was confirmed by the local authority.
- People told us they felt safe. Staff were knowledgeable about what action they would take if abuse were suspected. Staff told us that they had no concerns about staff practices. They said they had confidence that management staff would take immediate action if any concerns were raised.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored.
- Checks and tests were carried out to ensure the premises and equipment were safe.
- Contingency plans were in place for emergencies, unforeseen events and planned maintenance. A new lift had been fitted. The provider had organised for a stair lift to be fitted to limit any disruption to people whilst the new lift was being installed.

Staffing and recruitment

- People were cared for by a consistent and stable staff team. One person told us, "Staff don't change much here. They get staff when they are young and nurture them so they stay." There were enough staff on duty to meet people's needs.
- Safe recruitment procedures continued to be followed. People were involved in staff interviews so they could give their opinion on the suitability of prospective staff.

Using medicines safely

- A safe system was in place to manage medicines.
- People told us they received their medicines as prescribed. One person told us, "I get my medication at the right time every time. Staff always watch me take then and make sure I don't choke when I take them."
- The clinical lead worked with the local GP surgery and pharmacy to ensure medicines effectively met people's needs. Medicines wastage was therefore kept to a minimum since people were only prescribed those medicines which were actually required.

Preventing and controlling infection

- Systems were in place to prevent infection.
- The home was clean and there were no offensive odours. One relative told us, "[Name of person] had issues with the carpet, it was old and tired and didn't clean up when it was shampooed. I spoke to the manager and we agreed that they would have a vinyl floor fitted and that is happening next week."

- Safe infection control practices were followed.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were monitored to check for any themes or trends.

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed following best practice guidelines. These assessments were used to devise a plan of care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported, trained and experienced. One person told us, "On the whole staff are well trained. They have a lot to learn and do it well."
- Staff told us there was sufficient training to enable them to meet people's needs. This was confirmed by training records. The community matron for nursing homes told us that she delivered certain clinical training. In house training was also provided in areas such as diabetes, hearing care and oral hygiene.
- A supervision and appraisal system was in place. Staff told us they felt supported.

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

- People were supported to eat and drink enough to ensure their health and wellbeing.
- One person had been unable to eat or drink anything orally when they first came to the home. They received nutrition and hydration via a tube which went directly into their stomach. Due to staff persistence and guidance from the speech and language therapist along with an improvement in the person's condition, this person was now able to eat and drink orally.
- We spent time with people at lunch time. It was a happy and sociable experience. Snacks and drinks were available throughout the day. Hydration stations were situated throughout the home.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support. The community matron for nursing homes told us, "Staff engage well with me and refer patients when appropriate and clinically indicated."

Adapting service, design, decoration to meet people's needs

- The design and décor met people's needs. Many of the areas of the home had been redecorated and refurbished including the bath and shower rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

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

- Staff followed the legal requirements of the MCA.
- The registered manager had submitted DoLS applications to the local authority. There had been a delay in the review/authorisation process. This was due to external factors and was not due to any oversight by the provider.
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing
- People were asked for their consent before staff provided any care or treatment. One person told us, "Staff always get my consent before they do any personal care. They talk me through it."

Is the service caring?

Our findings

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

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

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

- People were treated with kindness.
- People and relatives spoke positively about the home and the care provided. One relative said, "I am happy with the staff. It's not like institutional care. If we take [name of person] out, she wants to be brought back. This is where she feels safe." We read a number of thank you cards from relatives and people. They thanked staff for their, "care," "kindness" and "understanding."
- We observed positive interactions between staff and people. There was laughter and some enthusiastic singing between people and staff throughout our inspection. One person told us, "You can have a laugh with staff, they're very friendly and respectful."
- Staff spoke in a caring and respectful manner about the people they supported. We heard how staff took one person to visit their relative's grave every week so they could lay flowers and remember them.
- The "Three wishes" project had been introduced. Each person chose three wishes they would like to fulfil and staff aimed to make these come true. One person wanted to visit a beauty parlour but due to their restricted mobility they were unable to go. Staff therefore turned the hairdresser room into a beauty parlour and organised a beautician who visited for the day. Another person was supported to visit the place where they used to live.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One person told us, "Staff do treat me with respect. Personal care is done very respectfully. If they change me they always say, 'excuse my hands' when doing it. I have also said I would prefer to have only female carers for personal care and they always respect that."
- People's care plans described what a person could do independently and what they needed support with.
- People were provided with equipment which promoted their independence. Several people had wheelchairs which they could propel themselves.

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

- People were involved in their care.
- Care plans documented that people and, where appropriate, their relatives had been involved in making decisions about their care. The registered manager told us, "The individual is involved throughout the process and throughout their stay with us. We empower the resident to make their own choices and help them to continue on their life journey."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which reflected their needs and preferences. One person said, "Staff would do anything for me at any time. They are friendly, helpful and very nice."
- Care plans guided staff on how to deliver person-centred care. Each person had a journal which included photos and stories of the person's life. These journals could then be used to engage with the person and stimulate memories. The registered manager told us, "It [journal] is so much more person centred than just a written life history."

Meeting people's communication needs

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

- The home was meeting the AIS. People's communication needs were recorded in their care plans. Information was available in large print and picture format. Talking newspapers and books were also available. The registered manager told us that if information was required in a different format, such as braille, then this would be provided.

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

- People's social needs were met. They were supported to maintain their hobbies and interests. An activities coordinator was employed and an activities programme was in place.
- Staff supported people to establish and maintain friendships both within and outside of the home. Staff helped one person to keep in contact with their friends by organising visits to see their friends. The home had forged links with another nursing home in the area. Shared events were organised including an indoor bowls session. We heard how people had enjoyed visiting another care home and meeting new people.
- Technology was used to help people remain in contact with their families. Staff supported people to video call and email members of their family.
- Staff recognised the importance animals had on people's wellbeing. Pets were welcome at the home. There were a number of animal themed events and a pets as therapy dog visited. We heard how one person missed having a dog. A member of staff brought in their dog each week and the person enjoyed going out with the staff member to walk the dog.
- People were supported to be involved with the local community where many of them were born and

brought up. The local news letter was delivered weekly so people were aware about what was happening in the local community. Trips were also organised to coffee mornings and other local events. School children visited and we heard how they were teaching people new skills which had a positive impact upon people. Regular church services were held within the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received. One person told us, "I have been here for just over a year and cannot say there is anything to complain about. Staff are very helpful."

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs.

- The registered manager had established links with the local community hospice. Staff were currently undertaking additional end of life training with the local hospice to ensure all staff had the necessary skills and expertise to support people at this important time.

- Where people wished to discuss their end of life wishes, this information was included in care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy and spoke positively about living at the home. One person said, "The staff are very kind. All staff are lovely and even the cleaners and laundry staff are chatty and caring and want to be involved."
- There was a cheerful atmosphere when we visited. Staff told us they felt valued and said morale was good. One staff member said, "I love it here with my head and my heart, this is my world, my little home." A 'Golden moment' award system was in place to acknowledge and reward staff who had done something exceptional for people.
- People, staff and relatives spoke positively about the registered manager and clinical lead. They were described as, "first class," "absolutely wonderful" and "good listeners." One person said, "I do know who the manager is, she's very good indeed. She often pops in to see me and I can speak to her about anything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were clear about their roles and responsibilities. The registered manager had submitted the required statutory notifications to CQC.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Timely action was taken if any shortfalls were identified.
- The registered manager understood their responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the running of the home.
- Group and one to one meetings were held with people, relatives and staff. There was an electronic feedback system in place. Everyone could give immediate feedback via an iPad. This feedback was sent electronically to the registered manager, regional manager and head office so immediate action could be taken, when required.
- 'You said, we did' feedback was collated and displayed at the home to inform everyone what action had been taken in response to their feedback. Some people had said they would like more fish on the menu. A fish based meal was now provided at least twice a week.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.
- The registered manager attended various forums including those held by the local authority, to build on their knowledge and skills and share good practice. Staff also liaised with local care homes. We were contacted by a registered manager from a nearby nursing home. She told us, "We frequently discuss best practice such as medication and infection control matters...I enjoy being part of the bigger discussion as it is good for improvement." Following our inspection, the registered manager organised a managers support group and invited local care home managers with an aim to share ideas, good practice and positive experiences.
- There were links with local schools, churches and businesses to help ensure people were involved in their local community.