

# Qualia Care Limited

# Hillside Care Home

## Inspection report

Hillside Avenue  
Liverpool  
Merseyside  
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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hillside Care Home accommodates up to 119 people who require personal and nursing care. At the time of the inspection there were 66 people using the service. The service provides accommodation in four separate units over two floors. At the time of the inspection three units were in use, the fourth unit was closed to admissions when the registered provider took over the service and they made the decision not to re-open it. One unit is for people with nursing needs, the second unit is for people living with dementia who also have nursing needs and the third unit is for young adults with a physical disability.

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

At our previous inspection in November 2018 the service was in breach of Regulations. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations. However, we found some further improvements were required for the service to achieve an overall rating of good.

Supplementary care records for monitoring aspects of people's care were in place in line with care plans, however they did not always contain information and guidance for staff to follow and they had not been consistently completed to reflect the actual care and support provided. Whilst we did not evidence any impact on people, this placed them at risk of receiving ineffective care and support.

The service did not have a manager registered with the Care Quality Commission (CQC). There was a manager in post who was in the process of applying to CQC to become the registered manager.

Safeguarding processes and procedures were now followed. Safeguarding alerts were made to the local authority safeguarding team in a timely way and action was taken to protect people from any further risk of abuse. People's mental capacity to consent was assessed in line with the Mental Capacity Act 2005 and decisions made on behalf of those who lacked capacity were made in line with the law.

Risks to people were now identified and mitigated. Risks people faced were assessed and control measures were put in place to minimise the risk of harm to people. People had access to call bells and regular checks were carried out to ensure people who could not use them, were safe. Records were now available at the service confirming the safe recruitment of staff.

All parts of the environment and equipment were now safe and hygienic. Environmental hazards and equipment which posed a risk to people's health and safety were regularly monitored to ensure they were safe and clean.

The deployment of staff had improved, and people now received care and support from staff with the right skills, knowledge and experience. Staff had received further training in dementia care and dignity and respect and their learning had been effective.

Care plans were more detailed based on assessments and they provided clearer guidance for staff on how to meet people's needs in a person-centred way. People living with dementia now received effective care and support which was responsive to their needs and personal to them.

Parts of the environment had been improved to better meet the needs of people living with dementia. Signage had been put in place which helped people find their way around more independently and focal points had been introduced and provided interest to people. Plans were in place to further improve the environment for people living with dementia.

People were now treated with kindness and compassion and their privacy and dignity was respected. Staff were more understanding of people's needs and how best to support them through periods of upset and anxiety. We saw examples where staff approached people in a caring way and used techniques to reassure and comfort people with positive outcomes for them. Staff were more considerate about their practice during meal times and language used when referring to people. Their language was more dignified, and mealtimes were a more positive experience for people. Personal information about people was now treated in confidence.

The systems and processes in place for assessing, monitoring and improving the quality and safety of the service were more effective. Risks to the health safety and welfare of people were now identified and mitigated in a timely way and records were better maintained. The culture of the service had improved and was more person-centred, positive, open and empowering.

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 and update

The last rating for this service was inadequate (published December 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not well-led.

Details are in our well-Led findings below.

# Hillside 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

Day one of the inspection was carried out by one inspector, a dementia care specialist nurse advisor 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. Day two of the inspection was carried out by one inspector.

Hillside is a care home. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Day one of this inspection was unannounced and day two was announced.

#### What we did before the inspection

We reviewed the 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with eleven people who used the service and six family members about their experiences of the

care provided. We also spoke with a visiting professional, the manager, area manager and twelve members of staff including nurses, care workers and ancillary staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

# 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to follow processes to safeguard people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

- Allegations of abuse were now raised with the local safeguarding team in a timely way and the service worked with the safeguarding team to minimise further risk of harm to people.
- Arrangements were now in place to ensure that people who lacked the mental capacity to consent were protected from the risk of harm.
- Staff had received safeguarding training and had access to information and guidance about how to keep people safe and how to report safeguarding concerns.
- Staff understood safeguarding and whistleblowing procedures and were confident about reporting any concerns about people's safety.
- People told us they felt safe, their comments included; "Very safe," "Couldn't feel safer anywhere" and "They [staff] make sure I'm safe."

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risk to people's health and safety were now assessed and monitored.
- Regular safety checks were now carried out on the environment and equipment and any risks identified were mitigated.
- Regular checks were now carried out to ensure people had easy access to call bells and staff check on people who were unable to use them. Call bells were now responded to in a timely way.
- Risk assessments were now completed for each person based on their individual needs. Identified risks

and how they were to be safely managed formed part of people's care plan. Risk management plans were now kept under review and updated.

- The environment and equipment were now clean and hygienic. Cleaning schedules were in place and followed. Spillages were cleaned up as they occurred, and staff put signage in place to alert people and others of wet floors and unsafe equipment.
- Staff had completed training in preventing and controlling infection and they followed good practice to minimise the spread of infection. People and family members commented positively about the cleanliness and hygiene of the service. Their comments included; "Absolutely spotless" and "Always kept clean."
- Each person had an up to date personal emergency evacuation plan. Designated staff members were identified as the first aid lead, medication lead and the fire marshal.

#### Staffing and recruitment

- People needs were safely met by suitable staff with the right qualifications and skills.
- Robust recruitment processes were now followed. Records of pre-employment checks were now available at the service, including previous employment references and criminal background checks.
- Following a review of the deployment of staff and the provision of additional training, staff now had the skills they needed to meet people's needs. People's needs were now met in a timely way and staff were better skilled in supporting those living with dementia.
- People told us they thought there were enough staff to keep them safe and meet their needs. Their comments included; "Staff are there when I need them" and "I think there's enough of them [staff]" A family member told us they thought there was enough staff to safely meet their relative's needs.

#### Using medicines safely

- Medicines were now safely used. Records were now in place for the use of 'as required' (PRN) medicines prescribed to people.
- Medication rooms and storage facilities were now clean, tidy and organised and records were now clear and easy to follow.
- Staff with the right knowledge, skills and competence were responsible for the management and administration of medicines.
- People told us they got their medicines at the right time and in a way, they preferred.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. A record of accidents and incidents which occurred at the service was maintained and now included details of the action taken to minimise the risk of further occurrence.
- The manager, unit managers and heads of departments held regular discussions around accidents and incidents which occurred and about what actions to take when something went wrong. Information was used for learning as part of staff team meetings.



# 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 as requires improvement. At this inspection this key question has remained requires improvement. This meant people's outcomes were not always consistently good.

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. The service was operating within the principles of the MCA.

At our last inspection the provider had failed to follow processes to assess and obtain consent to care and treatment in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- Staff now knew which people had a DoLS in place and what it meant for the person. Care plans for people who had a DoLS in place had been updated and now included the conditions of the DoLS and how staff were to support these.
- A mental capacity assessment had now been completed for people to understand their capacity to consent to care and treatment.
- People were consulted with and supported to make as many decisions as possible for themselves. If people were not able to make a decision; a decision was made in the person's best interest following the appropriate process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to provide people with person centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People's needs were now effectively assessed and planned for and care was now delivered to people in line with standards, guidance and the law.
- Guidance had been sought from other health and social care professionals and used to effectively plan people's care.
- People's needs, how they were to be met and intended outcomes were now clearly set out in their care plans. However, this information was not always transferred onto charts used to monitor aspects of people's care.
- Fluid intake records lacked information about the amount of fluid people needed to consume in a 24-hr period and they had not been reviewed at the end of the 24-hr period to ensure people received effective care. In addition, positional change charts did not include what the pressure mattress setting should be and when they were checked. Whilst we did not find any evidence of impact to people there was a risk they may not receive effective care.
- Staff consistently followed care plans which led to positive outcomes for people. They now provided the reassurance people needed when they experienced periods of confusion, upset and verbal aggression. Staff also used techniques which helped relax people and divert them away from their upset.
- A family member told us they had seen a marked improvement in their relative's behaviour, they said, "Staff had a better understanding of [relative]"

Staff support: induction, training, skills and experience

- Staff now received the support and training they needed for their role.
  - Since the last inspection all staff had received further training in dementia care, person centred care, dignity and respect. This additional training was effective as staff applied their learning in practice with positive outcomes for people.
  - New staff completed induction training and all staff continued to complete training in areas that the provider considered mandatory with regular updates in all topics taking place.
  - Staff received regular supervision meetings with their line manager and attended team meetings. These provided staff with an opportunity to discuss their learning, development and performance.
- People told us they thought staff were good at their job. Their comments included; "Staff are very good," "They seem to know exactly what they are doing" and "I can't fault them."

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

At our last inspection the provider had failed to ensure that parts of the environment were suitable to meet people's needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- Parts of the environment had been improved to better meet people's needs. The manager had explored further ways to develop the service for people living with dementia and plans were underway to achieve this.

- Lighting activated by motion detectors were now working effectively and some re decoration had been carried out in areas of the service. Consideration had been given to choosing colours and contrasts to help people living with dementia identify key features and rooms.
- Signage using pictures and words was now in place so that people living with dementia could independently find their way around. This included personalised signs on bedroom doors and signs to identify communal areas such as bathrooms and lounge areas.
- Focal points including a bus stop and a seating area had been introduced along hallways to provide stimulation for people living with dementia. These areas were often used with good effect by people who enjoyed keeping busy around the environment.

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

- People were supported to maintain a balanced diet.
- People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool.
- People at risk of weight loss and choking had their food and fluids modified and textured in line with guidance from dieticians and the speech and language therapist (SALT).
- Nutrition and dietary supplements prescribed to people were given at the right times and people were encouraged to take them.
- People were offered regular snacks and drinks in between main meals and staff provided people with the assistance they needed to eat and drink.

Supporting people to live healthier lives, access healthcare services and support

- People received the support they needed from healthcare professionals and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- When it was required for people, referrals were made in a timely way to external services. This included referrals to the falls team, dieticians and speech and language therapist (SALT).
- Visiting healthcare professionals told us that staff were good at communicating with them and that they provided people with the right care and support
- People and family members told us staff supported people's healthcare needs well. Their comments included; "They [staff] will get a GP right away if I need one" and "They know when [relative] is unwell and will call her doctor."

# 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 inadequate. At this inspection this key question has now improved to good. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence;

At our last inspection the provider had failed to treat people with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were now treated with kindness and compassion. Staff had a better understanding of how to support people when they experienced periods of anxiety and upset. They identified when people needed emotional support and provided it with good effect.
- Staff now took time to get to know people's personal history and backgrounds and used this knowledge to engage people in more meaningful conversations and activities.
- Staff now answered call bells in a timely way so that people were not left waiting for care and support. People told us, "Oh yes they come quickly," "They respond to my buzzer quickly" and "I never have to wait long for staff to come." A family member told us, "The staff will always answer [relatives] buzzer."
- People and family members told us they were treated well. Their comments included; "The staff are kind and look after [relative]. "The staff are brilliant," "They are very kind to me" and "Staff always provide assistance when we need it."
- Staff had reflected on their practice during mealtimes and the language they used when referring to people and this had improved. Mealtimes were now focused on people rather than tasks and language staff used was more respectful and dignified.
- Dining tables were now attractively set for each meal and food was now freshly prepared before being served.
- A practise had developed were staff felt confident in positively challenging each other if they witnessed any interaction with people that could be improved, detracted from people's dignity or was in some way disrespectful.
- Personal records about people were now kept securely and were accessible only to authorised staff on a need to know basis. Personal records were held in offices which were now kept locked when not in use. Staff now ensured office doors were closed over when holding discussions about people, so they were not overheard.

- Changes made to the environment helped better promote people's dignity and independence. Some people's bedrooms had been re decorated and personalised making them more inviting and comfortable and new signage helped people find their way around more independently.
- People told us staff were respectful of their dignity, privacy and independence and family members supported this. Their comments included; "Staff know me well and support me to be as independent as possible. I can make my own bed, tidy my own room" and "They always knock on [relatives] room before going in."

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

- People and family members were given opportunities to express their views through regular care reviews, meetings and general daily discussions with managers and staff.
- People told us they felt involved and listened to. Their comments included; "I can talk to them, express myself," "[Relative] goes to the residents/relative,s meetings and also the meetings with the unit manager and can talk about anything." "[Relative] is aware of the residents' meetings. Staff will leave her a letter confirming the next meeting date."

# 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 as requires improvement. At this inspection this key question has now improved to good. 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; 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

At our last inspection the provider had failed to provide people with person centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- There was a more personalised approach to care planning and the delivery of care. Care plans were in the process of being improved so they were more person-centred. Improved care plans were more reflective of people's needs, their choice and preference.
- People now received individualised care and support which was consistent and responsive to their needs. This was evidenced in outcomes for people. We saw examples where people had experienced less unsettled periods, were more relaxed and spent more of their time engaging with other people and staff in communal areas.
- Care plans had more focus on meeting people's social needs. They now included more information about people's life history, backgrounds, hobbies and interests. Staff used this information to occupy people and engage them in conversations which were meaningful and stimulating.
- Care plans included information about important relationships people had and how they were to be supported. Staff supported people to maintain these relationships and welcomed their family members and friends.

### 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.

- Managers and staff had a good understanding of the AIS and their responsibilities for ensuring information was made available to people in an accessible format which they could understand.
- People's communication needs were detailed in their care plan, including any aids or adaptations people needed to enhance their communication.

#### Improving care quality in response to complaints or concerns

- People and family members were provided with information about how to complain and they were confident about complaining should they need to.
- A record of complaints received by the service was maintained. Complaints were acknowledged and dealt with in a timely way and used as an opportunity to improve the quality of the service.

#### End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and family members were involved where this was appropriate.
- There was no-one receiving end of their life care at the time of our inspection. Staff had however completed training in end of life care and understood the importance of ensuring people were supported to experience a comfortable, dignified and pain free death.

# 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 inadequate. At this inspection this key question has now improved to the rating of requires improvement. This meant the service management and leadership had improved.

At our last inspection the provider failed to operate effective systems for checking on the safety and quality of the service provided for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- Managers and staff had learnt and made improvements following the last inspection. Whilst improvements had been made they needed to be embedded and sustained over a longer period.
- Further improvements were needed to demonstrate people had received effective care to meet their needs through the completion of records used for monitoring aspects of people's care.
- The registered manager was receptive to feedback during the inspection and made some changes to the service provided following our feedback throughout the inspection.

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

- The atmosphere and culture amongst the staff team and within the service had improved. People now received more person-centred care with positive outcomes.
- Staff described a more positive culture and felt supported and listened to. Their comments included; "I love my job and now enjoy coming to work because there's a much better feel about the place," "Things are so much better, and I feel I can voice what I think" and "Things have improved a lot, everyone gets on and seem a lot happier."
- Staff and family members described the manager as supportive, approachable and proactive. The manager operated an open-door policy and welcomed everyone's feedback, views and opinions about the service and ways to improve it.

### 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

- The manager and other senior staff were open and honest about previous failings and areas that needed continuous improvement. They were enthusiastic to sustain the improvements made and to make further improvements to the service people received.
- The manager shared appropriate information with the CQC and the local authority safeguarding team in a



timely way and learnt from incidents.

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

- The ratings from the last inspection were clearly displayed in the reception and on the providers website.
- The providers systems for checking on the quality and safety of the service were more effective in identifying and mitigating risk to people and others. Areas for improvement were actioned in a timely way.
- A manager was registered with the Care Quality Commission (CQC) shortly after the last inspection, however they left their post in February 2019. A new manager was appointed almost immediately, and they have applied to CQC to become the registered manager.
- The manager had overall responsibility for the running of the service. Each unit and department had a named manager responsible for the management oversight of their area of work. Managers had a clear understanding about their roles and regulatory requirements.
- Managers and staff had acted to improve the service and enhance people's quality of life based upon our previous inspection and feedback from the local authority.
- There was a service improvement action plan. The manager was able to demonstrate that most of the actions that had been set were completed or were in progress.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were more engaged and involved in the running of the service and how their care was provided. This was done through more regular review meetings and general discussions.
- Regular meetings were facilitated by the manager and unit managers for people, family members and staff during which time they were consulted with and involved in recent changes and improvements at the service.

Working in partnership with others

- Managers and staff worked in partnership with others to enhance and improve the quality of people's lives.
- Effective partnerships were established with people's families, external health and social care professionals and the local authority. A healthcare professional reported that managers and staff were good at communicating with them about people's care and support needs.