Pressbeau Limited

Hill Top Lodge

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?	Good

Summary of findings

Overall summary

Hill Top Lodge is registered to accommodate and deliver nursing and personal care to a maximum of 85 people. People who live there have health issues related to old age and/or dementia. At the time of our inspection 47 people were living there. The home has three units' within the premises; these are called Willow (ground floor) Lavender (middle floor) and Bluebell (top floor). Bluebell unit was temporarily not in use as some decisions were being made about its future use, whilst restructuring and redecoration was also on-going.

Our inspection was unannounced and took place on the 8 December 2016. At our last inspection in October 2015 the provider had not breached the regulations of the Health and Social Care Act but we identified that some areas in the key questions of safe, effective and responsive required improvement. We found on this our most recent inspection the provider had made the necessary improvements.

The service 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.

People were protected and kept safe by staff who understood their roles and responsibilities in relation to protecting them from abuse and avoidable harm. Potential risks that staff needed to be aware of when supporting people were clearly outlined, regularly reviewed and updated appropriately. Sufficient levels of staff were made available to meet people's needs in a timely manner. Effective recruitment procedures were operated by the provider. Sufficient quantities of people's medicines were available and these were stored, disposed of and administered effectively.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care to people safely and efficiently. The provider ensured that all new staff were provided with an induction before fully commencing in their role and regular supervision to discuss their performance and development needs. People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
Staff were knowledgeable about how to support people to maintain good health and accessed professional healthcare support for people when necessary. When concerns were raised about people's level of food or fluid intake this was monitored closely and any additional professional advice and/or input was sought.

Staff readily offered people the reassurance or emotional support they needed. People were involved in any decision making about their care. Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity when supporting them. People were supported to maintain relationships with their families and able to have visitors at any time, without restriction.

People were involved in the assessment of needs and planning of care. Staff demonstrated they knew and

understood people's preferences, likes and wishes. People's cultural and spiritual needs were considered and planned for accordingly. The provider acknowledged, investigated and responded to complaints in a timely manner and in accordance with their own policy.

The home had a relaxed atmosphere throughout, where people appeared content and comfortable in staff company. An open and inclusive culture was evident within the service, which was encouraged by the registered manager. Staff benefited from access to supervision, meetings and a regular consistent staff team. People were actively encouraged to give their thoughts, suggestions and opinions about the service. Staff were well informed, kept up to date and were regularly consulted about plans for the development of the service. Regular checks and audits were undertaken to monitor the safety and effectiveness of all aspects of the service.

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.

People were kept safe by staff who understood their responsibilities in relation to protecting them from abuse and avoidable harm.

Sufficient levels of staff were available to meet people's needs in a timely manner.

Sufficient quantities of people's medicines were available and these were stored, disposed of and administered safely.

Is the service effective?

Good

The service was effective.

The provider trained and supported staff in all aspects of their role.

People's human rights were respected by staff who worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Professional advice and/or input was sought for people identified as at risk of malnutrition.

Is the service caring?

Good

The service was caring.

People were shown kindness and compassion by the staff supporting them.

People or their representatives were involved in decisions about care provision.

Care was delivered to people in a way that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Consultation took place with people and their family members and/or representatives when the person themselves was unable to communicate their likes, dislikes and preferences.

People were encouraged to participate in activities of interest to reduce any potential feelings of isolation.

The provider operated an effective system in relation to their response and investigation of complaints received.

Is the service well-led?

Good

The service was well-led.

An open and inclusive culture was evident within the service, which was encouraged by the registered manager.

People were actively encouraged to give their thoughts, suggestions and opinions about the service.

Regular checks and audits were undertaken to monitor the safety and quality of all aspects of the service.

Hill Top Lodge

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.

The inspection of Hill Top Lodge took place on 8 December 2016 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with four people who used the service, five relatives, five members of staff, a cook and the registered manager. We observed the care and support provided to people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included four people's care records, four staff recruitment records and six medication records. We also examined a range of records used in the day to day management and monitoring of the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. They told us, "I feel safe here" and "I don't have to worry about being safe, they [staff] look after me". Relatives we spoke with all felt their loved one was safe in the care of the staff and they were kept informed when issues did arise. They said, "I have no concerns about [relative's name] safety, this place takes a lot of my mind" and "Yes [relative's name] is safe here, she is unsteady on her feet but they [staff] help her when she needs it". Staff we spoke with were clear about how to keep people safe, for example ensuring the correct number of staff supported people with their personal care or to assist them to mobilise. A staff member said, "Sometimes you need to take a little longer when supporting people, it's important to not rush them and take the time they need so they feel safe and also give them plenty of reassurance".

Staff had completed training which provided them with a sufficient level of knowledge to protect and safeguard people. Those we spoke with understood their role and responsibilities in relation to reporting any concerns they had about actual or suspected abuse. They were able to describe to us the ways they protected people, for example ensuring the building was secure and making sure they supported people to have timely access to external health care professionals. They said, "We discuss safeguarding and its importance in meetings we have", "I would go to the manager if I suspected someone was being abused and they would raise a safeguarding then a social worker from the local authority would then investigate it" and "I know how to keep the residents [people using the service] safe and if I thought they were being abused in any way I would report it to the local authority if I couldn't report it to the manager". The provider had a whistle blowing policy which staff we spoke with were aware of. A staff member said, "I would whistle blow if I thought something wasn't right and I wanted to report it confidentially".

Staff were clear about the need to assess and understand the potential risks to people when supporting them in daily living activities. They told us, "We assess risks to prevent any accident or injury from happening" and "Risk assessments help support our decision making in the way we go about helping people, like whether or not we need to use the hoist to move them". We observed staff using moving and handling equipment appropriately to support safe practice and reduce risks for people. We saw any potential risks to people had been assessed and any change in risk had been appropriately responded to in order to minimise the impact in the person's well-being. We saw that the call bells and any equipment they needed to assist them to move were within people's reach. Records in relation to risks we reviewed had been revisited and updated regularly, to show that where people were at risk of pressure sores or their skin deteriorating this was being managed.

We found that accidents and incidents were recorded appropriately, with sufficient detail and were reviewed and monitored by the registered manager. A relative told us, "When [relative's name] had a fall out of bed, they [staff] discussed with me all the measures they intended to put in place to minimise it happening again; they put a sensor mat on the floor to alert them if she moved or tried to get out of bed. They also moved her room so she could be monitored more closely by staff; I am delighted with how they dealt with it". Staff we spoke with told us that learning or changes to practice following incidents was cascaded down to them in a timely manner, for example at handover meetings.

Regular checks of the safety of the environment were undertaken. There was a fire safety risk assessment in place with clear procedures in the event of an emergency evacuation and staff understood what the evacuation procedures were. Tests of the fire safety equipment were carried out regularly to make sure it was in good working order and fire exits were clearly sign posted. We saw that scheduled planned maintenance took place in a timely manner which included all services and equipment used on the premises.

We found staff recruitment procedures that were operated by the provider were effective. They told us in their Provider Information return that from the onset, they offered 'a career and not a just job, to ensure that the right staff were recruited'. We saw that a structured interview, criminal records check, references from former employers, checks on professional registration and a fully documented employment history were all undertaken before staff commenced work. This ensured that staff recruited had the right skills, experience and qualities to support the people who used the service.

People we spoke with found there were enough staff available to meet their needs. One person told us, "There are enough staff and they come quickly". A relative said, "They always manage to have about the same amount of staff on duty, even when they had an outbreak of sickness and some staff were off, they [staff on duty] did a sterling job" and "There's usually enough staff, the staff are visible and about the place if you need them". The registered manager advised us that they had no staff vacancies, as they had recently recruited to their last vacant post, but were awaiting all the necessary pre-employment checks to be completed. The registered manager and staff told us that when a night vacancy had needed to be covered by agency staff that they on the whole had the same worker each time where possible so they were more familiar with people's needs. Staff told us they thought the staffing levels were sufficient. They said, "People's needs are always met properly with the staff we have", "There are generally enough staff to meet people's needs; we work as a team and all pitch in and help one another" and "If someone is off sick and it will leave us short then they [registered manager or on call manager] will call around the staff or the agency to get someone in to cover". We observed that staff were available to support and respond to people in a timely manner.

People were satisfied with how they were supported with their medicines. They told us, "They [staff] give me my medicine and I know what it's for" and "I get my medicine at the right time". We observed staff supporting people to take their medicines and this was done with patience, reassurance and the giving of information requested or needed in order to take their medicines as prescribed. We reviewed how medicines were managed at the home and found that people received their medication, on time with consistency and as prescribed. We saw that sufficient quantities of people's medicines were available and these were stored and disposed of safely. Medicine audits were regularly undertaken and arrangements were in place to check medicine stock levels and staff competency in relation to their safe administration. When people were prescribed a medicine to be given 'when required', for example, for pain, we found overall that clear, comprehensive guidance was available to support staff to make a decision as to when to give the medicine. However, we found two medicines recently prescribed to be given 'as required' did not have this guidance. After this was raised with a senior staff member, the omission was remedied straight away.

Good

Is the service effective?

Our findings

People were complimentary about the level of competence and abilities of the staff supporting them. They told us, "I should think they [staff] all have good training, can't say about all of them as I haven't met them all yet", "I suppose they [staff] are skilled, they must be" and "Oh yes they [staff] are good at what they do". Relatives also spoke positively about staff skills, saying, "They [staff] look after [relative's name] well, they are a good team" and "They [staff] seem skilled enough as far as I have seen".

Staff were able to access the training they needed and told us this was in subject areas specific to the needs of people using the service, for example dementia care. They described the provider as supportive in terms of training opportunities and some staff told us they were completing nationally recognised accredited training with their support. A staff member told us, "I had medicines training with the pharmacy and on line training too. We can access the training we need and also have to do refresher training" and "I have requested some specific training that will be of benefit to the people here and they [management] are organising this for me". We observed staff practice and saw they supported people proficiently which demonstrated their level of skill and knowledge. The provider told us in their Provider Information return [PIR] that they 'monitor staff attendance at training sessions and take action to address non-attendance' and we saw records that confirmed this.

The provider ensured that all new staff were provided with an induction before fully commencing in their role. A staff member said, "I had an induction, I had a pack to complete as part of this, with all the basic care standards in. I was shown around and worked with more experienced staff for a while before working alone". We saw that the staff induction included guidance and training that covered the key elements of care provision. Staff told us they received formal supervision and in addition they had regular opportunities to discuss their performance and development needs. A staff member said, "The manager's door is always open, he pushes us to learn and he always finds time for me, I get the support and supervision I need".

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 or authorisations to deprive a person of their liberty were being met. People told us and we observed that staff sought their consent before supporting them. They said, "I am always asked first" and "I don't have to do anything I don't want to do". A relative said, "They [staff] always ask permission before helping [relative's name]". We found that mental capacity assessments had been undertaken and decisions recorded to be made in people's best interests. The provider had submitted DoLS applications for consideration to the supervisory body and a number of applications had been authorised whilst others were awaiting

assessment. We observed staff gaining people's consent before supporting them and they were clear about which of the people using the service had an authorised DoLS and what this meant in relation to how they supported them. A staff member told us, "I know who has a DoLS in place and [registered manager's name] keeps us informed. I never want to take away people's rights".

People were seen to be enjoying the food on offer and were satisfied with the variety of the food and drinks offered to them. They told us, "We aren't kept short of food and I get a choice, they [staff] come and ask me. I get plenty of drinks; I could drink tea all day long if I wanted", "The best thing here is the food" and "The food is quite alright and is usually hot and there's enough of it". Relatives were also complimentary about the food and drinks available telling us, "I have seen the breakfast on offer and it looks nice", "I eat here a couple of times per week and have been pleasantly surprised about the food, they don't scrimp on nothing, [relative's name] eats well here" and "Food is good here". At lunch time the food smelt nice and looked appetising and a good level of interaction was seen between staff and people making the experience friendly and relaxed. We saw that people could sit where they liked and were supported by staff to make a choice of meal, although no pictorial menus or prompts were available to support them to make choices. Cold drinks were offered to people but no hot option was given. Staff were available to support people to eat sufficiently and they regularly checked to see that everyone had a drink within their reach and staff periodically prompted people to take these.

People were weighed regularly and their dietary needs were well understood by staff. We spoke to one of the cooks who told us they were advised by staff when people were admitted of their individual dietary requirements, including any allergies and preferences. They showed us the information they held in the kitchen about people's individual dietary needs which all the kitchen staff had access to. Staff told us and we saw that when concerns were raised about people's level of food or fluid intake or weight loss was noted their intake was monitored and/or they would be weighed more frequently. Professional advice and/or input was sought for people identified as at risk of malnutrition.

People's health needs were identified and met appropriately. They told us, "The doctor comes in and I went to the hospital about my eyes", "The doctor comes in to see me and I have a really good chiropodist who comes in too" and "They [staff] arrange for me to visit the dentist". Relatives said, "He [relative's name] see the doctor and the chiropodist trims his toenails" and "They [staff] are on the ball, they know what she needs, like needing to see the doctor before I can even mention it". Staff we spoke with had a good understanding of how to effectively support people to maintain good health and told us they were informed of any changes to people's health needs in the daily handover meetings. We saw that care plans provided guidance for staff about how to support people to maintain their physical and mental wellbeing. Records showed people were supported to access a wide range of support as required from a variety of healthcare professionals. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Good

Is the service caring?

Our findings

People described the staff as being 'kind' and 'friendly' in their approach towards them. A person told us, "They [staff] are nice, I have never had any issues with any of them". We observed numerous positive interactions between staff and people, for example we saw staff regularly approaching people to check on their well-being and comfort. Relatives said, "All the staff are really nice", "[Relative's name] is happy here, she loves all the staff, they are so kind to her" and "They [staff] are very good, nice, kind people". Staff supported people readily and offered them reassurance when they became worried or anxious. We observed staff supporting people to move or transfer and reassured them by giving clear instructions and talking to them throughout the process.

People told us they received the information they needed and were consulted about care provision; care plans reviewed had been signed and agreed accordingly. We observed staff supporting people to make decisions about all aspects of their care, for example, what they ate or where they would like to sit. Relatives told us, "I am kept informed about any appointments or if he's not well. I don't get written information but they [staff] explain everything to me" and "They [staff] ring if there are any changes with [relative's name] they ring us and they tell us how he has been when we visit". Relatives we spoke with told us they could visit whenever they wished and that they were made welcome by staff. They said, "You are made very welcome here and all the staff are really nice, we can visit when we want" and "I am always offered a drink when I arrive".

The provider had links with the local advocacy services which they provided people with information about; this was made available in several different languages. We saw that the dates for future visits from the local advocacy planned for 2017 were displayed. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. Staff were aware of how they would access advocacy support for people if this was required.

People told us that staff respected their privacy and dignity. We saw that people wore clothing that reflected their individuality and some told us how they were able to have their hair done by the hairdresser when they wanted. We observed and staff also gave us examples of how they ensured people's privacy and dignity was maintained. For example we saw one person being assisted to walk to a chair; staff used their name to address them, were reassuring towards them and did not rush the person. Staff told us, "I make sure I ask quietly if they [people] need assistance to use the toilet, to make it private" and "I make sure that the door and curtains are closed when supporting someone to dress or shower, its wrong when staff are walking in and out so I make sure I have everything I need to begin with to reduce any unnecessary comings and goings".

People told us staff encouraged and assisted them to try to do as much for themselves as possible. A relative told us, "They [staff] encourage [relative's name] to do as much as he can for himself, to keep him active". Staff told us they helped people retain their independence wherever they were able, for example by encouraging them to mobilise for short distances with assistance instead of using a wheelchair. Care records also contained information for staff to refer to about what the person could do for themselves.

Good

Is the service responsive?

Our findings

People were involved in planning their care and told us they received it how they liked it. A person told us, "They [staff] know what I need and do things how I like them done". A relative said, "We have been involved in meetings about [relative's name], we had one a few weeks ago". We saw that assessments were completed prior to people using the service to ensure that staff would be able to meet their needs. The PIR stated that 'care plans at the home are revised whenever needs change and are reviewed on a monthly basis'. Records we reviewed confirmed that people's changing needs were frequently assessed and reviewed and records were reflective of their current needs.

Care records reviewed contained information about people's hobbies, family life and employment history. Consultation had taken place with people's family members or representatives when the person themselves was unable to communicate this information to staff. A relative said, "I have been asked about what [relative's name] likes as she doesn't really talk now, they [staff] try to get her involved in singing which she used to like". Staff we spoke with were aware of people's preferences and told us about one person who liked to choose their own clothes and have their hair done, and another who had a particular love of chocolate.

People told us, "I like music, Elgar is my favourite composer. We listen to music in here, some gospel singers came in recently and they were very good". Relatives said, "There is entertainment here and I have seen the activities trying to get people taking part in things" and "They do keep fit here and last week there was dancing too". The provider employed activities coordinators to support people to interact and take part in activities that they liked. Since our last inspection the provider had concentrated their efforts on getting as much information about people and their history in order to shape an activities programme around these interests. The corridors and lounge areas displayed tactile objects and some musical instruments which were placed to attract? People's interest as they walked around the home. People's rooms were personalised and displayed items that were of sentimental value or of interest to them. We observed that people who spent much of their time in their rooms and in particular those people unable to utilise their call bells, were checked on a regular basis by staff.

Staff we spoke with understood how to support people's diverse needs. People using the service had their spiritual, religious and cultural needs considered and planned for as part of their assessment of needs. Those people wishing to maintain their religious observances were supported by staff to do so whilst living at the home, or through accessing the local community.

People felt able to raise any concerns they had and knew how to make a complaint if they were unhappy. They said, "I have nothing to complain about" and "I would speak to the staff but haven't needed too". Relatives told us, "I would tell them [staff] if I wanted to raise any issues about anything to be honest", "We would tell them [staff] if we had a problem" and "Yes I have seen the complaints policy on the wall, I would put it in writing if it was a proper complaint". The provider's complaints procedure was displayed for people and staff to refer to. We found that the provider acknowledged, investigated and responded to complaints in a timely manner and in accordance with their own policy. Staff demonstrated that they knew how they

would support people to make a complaint.

Good

Is the service well-led?

Our findings

People who were able to told us they were happy living at the home. A person told us, "I can't think of anything that needs improving here, it's good". Similarly relatives we spoke with were complimentary about the service when asked for their thoughts, saying, "There's nothing bad or ugly here, it's great, can't fault it" and "They are a good team of staff here, I am happy with everything". Staff we spoke with talked with passion about their role and the people in their care; they were clearly happy in their work. We observed a relaxed atmosphere throughout the home, with people appearing content and comfortable in staff company.

People spoke about the skills and approachability of the registered manager. One person said, "The manager is such a lovely man and so friendly". Relatives said, "The manager [registered manager's name] always says hello and pops his head in, he's a nice guy" and "[Registered manager's name] is a lovely man". Staff spoke of the open and inclusive culture within the service that was encouraged by the registered manager. They were overwhelmingly positive in their comments about the registered manager's skills, leadership and accessibility. They told us, "[Registered manager's name] his door is always open, he challenges us to think, learn and be part of what happens here" and "You can go to him about anything and he explains things properly and is always constructive with his comments".

The registered manager held a 'stand up with' session three times per week with all the heads of each department, which enabled everyone to have a mutual understanding of each other's current issues and get an update on the progress of developments within each area. A staff member said, "We have the 'stand up' sessions to ensure that all the departments are working together, such as catering and maintenance, making sure what needs to be done is known and gets completed". A member of staff told us about the positive impact the registered manager had made on the home since taking up the post and said, "I can see the improvements and changes that have taken place". Our observations on the day were that people and staff knew the registered manager and approached them without hesitation. Staff told us they were benefitting from regular supervision, meetings and a regular staff team. This meant that the management of the service provided staff with the support required for them to deliver effective care.

People were actively encouraged to give their thoughts, suggestions and opinions about the service, this included regular meetings being held and surveys for completion. Those we spoke with all recalled completing a survey at some time but also felt able to discuss any concerns or issues as they arose with the registered manager or staff, saying there were 'visible' 'listened' and were 'approachable'. Feedback from surveys had been analysed, shared and overall was positive. This meant the provider was keen to actively involve people to express their views about the service being provided.

Staff told us they could speak openly and felt they were able make suggestions and give their opinions openly to the registered manager. The PIR sent to us stated that 'staff are actively involved in the development of the service in a number of ways, which include: staff meetings, supervision sessions and lessons learnt/feedback discussions following complaints or investigations'. Staff spoken with felt well informed, were kept up to date and were regularly consulted about plans for development of the service.

The registered manager consistently notified the Care Quality Commission (CQC) of any significant events that affected people or the service. We requested information from the provider about their service in the form of a PIR; this was fully completed and returned to us within the given timeframe. The provider had taken the necessary action to make the improvements required as outlined at our last inspection.

Regular checks and audits were undertaken to monitor the safety and effectiveness of all aspects of the service by the registered manager and senior staff. Where issues, omissions or concerns were identified as a result of these checks, records we reviewed confirmed that the necessary action was taken as required. For example, where a trend had been identified by the registered manager following their monthly audit of incidents and accidents, an explanation of remedial action taken was recorded, and equipment already in place or put in place as a result of the incident was outlined in their analysis. This meant that the provider had systems in place to ensure correct measures were put in place to ensure the safety and quality of the service.

The provider had displayed their rating at the home and on their website that was given to them by the CQC as is required by law.