

R O'Connell and Ms M Shanley

# Hillside Rest Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

R O'Connell and Ms M Shanley – Hillside Rest 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. R O'Connell and Ms M Shanley – Hillside Rest Home is registered to provide accommodation and personal care for up to 26 older people some of whom are living with dementia. At the time of our inspection 18 people were living at Hillside Rest Home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People's relatives told us that they were confident that people were safe living at Hillside Rest Home.

We have made a recommendation about staff training on the subject of dementia.

Risks to people were appropriately assessed and protected people from harm.

The provider operated a thorough recruitment processes which helped to ensure that staff employed to provide care and support were fit to do so.

There were sufficient numbers of staff available to meet individual needs and the service provided was flexible.

Staff received training, support and development to enable them to carry out their role effectively. The service is required to update records in relation to meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People received appropriate support to maintain healthy nutrition and hydration.

People were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives were encouraged to be involved with people's lives where appropriate, to provide feedback on the service and their views were acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

We found that records written in a positive and respectful way we found that records provided guidance on how to support people.

We were told that staff listened to people and responded to them in a positive way. People who lived at Hillside Rest Home and their relatives knew how to raise concerns if they needed to and told us they were confident that the registered manager would take appropriate action to address any concerns in a timely way.

The registered manager had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided.

We found that records were sufficiently maintained and the systems in place to monitor the quality of services provided were effective.

The registered manager had created an open and inclusive atmosphere within the service. People who used the service, their relatives, staff and external health professionals were invited to contribute their views in relation to further developing 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Hillside Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We carried out this inspection on the 25 July and 1 August 2018. The inspection was unannounced and was undertaken by one inspector.

Before the inspection, we reviewed all the information we have in relation to this service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we have relating to the service. We received feedback from commissioners, and reviewed notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with five people who lived at the service, four staff, one external professional and the registered manager.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for two people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at three staff recruitment files and the training records for all the staff employed at the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

We found the service continued to be safe. A representative from the local authority we spoke with told us "I have no concerns about the care and safety of people who live at Hillside, it's safe and people are looked after by staff that they trust." A relative told us "My [family member] loves living at Hillside and I never worry about their safety or the care, it's all excellent."

Staff we spoke with showed understanding of safeguarding and how to report their concerns internally and externally to local safeguarding authorities. They were aware of how to prevent and recognise the different types of abuse and neglect and told us they would feel very confident in reporting concerns to the manager and were assured that the manager would respond to their concerns.

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was displayed within the office as a reminder for staff when they visited the office. Staff received safeguarding training when they joined the service and were provided with regular updates when required.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for three staff members and found that all the required documentation was in place which included two written references and criminal record checks.

Staff rotas were planned in advance and records we reviewed confirmed there were enough staff to meet people's needs safely. We also saw information displayed with regard to the 'out of hours' arrangements and contact numbers for staff to call in the event of any emergencies.

There were suitable arrangements in place for the safe administration of medicines and staff had been trained. There were also medicine administration records in use and regular audits had been completed to monitor the safe administration of medicines. We saw evidence of recent staff training in the administration of medicines and also competency checks that had been completed prior to staff being able to administer medicines to people. We checked the medicine administration records (MAR) for three people and found that these had all been completed correctly with no gaps or omissions seen. Storage of medicines in all units was tidy, well-organised and secure. Temperature monitoring of the room ensured that medicines were kept at the right temperature to maintain their potency.

We saw that there was an effective system in place to manage soiled waste. This was in addition to infection prevention training and hand wash techniques.

We saw that risk assessments were completed as part of the initial assessment of the person's needs. We found that these had been reviewed regularly to take account of the person's changing needs and circumstances.

There was a system in place for the recording of accidents and incidents although there had been none since the service had been registered with the Care Quality Commission.

# Is the service effective?

## Our findings

We found that the service continued to be effective. People were supported by appropriately skilled and knowledgeable staff. Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. A staff member told us, "We have had a lot of training since the new manager started as it helps me do the best job I can for the people I care for and increases my knowledge and expertise."

Staff were well supported by the registered manager. We saw that there were regular team meetings held and staff were able to contribute to the agenda if they wanted to discuss any issues or concerns. In addition, staff had individual one to one supervision meetings with their line manager which provided them with an opportunity to discuss their personal development or to identify any additional training that was required. One staff member told us "We are a great team here, we support each other very well, we can always pop into the office if we need some advice and the senior staff are always available and approachable, yes I feel very supported, well trained and valued."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA principles. Staff demonstrated they understood MCA and DoLS and how this applied to the people they supported.

The front door was locked by a key pad. This ensured the safety of people who were not considered safe to go out unaccompanied. For these people the registered manager had submitted DoLS applications which ensured they lawfully placed limitations on people's freedom.

We saw that staff obtained people's consent before assisted them and were aware of the MCA and the steps that needed to be followed to protect people's best interests. The registered manager told us that there was some additional training planned in relation to Mental Capacity Act where staff will be able to develop their knowledge and understanding of consent and MCA issues.

People told us that they enjoyed the meals provided and that there was always plenty of choice. One person we spoke with said "I love everything they serve up, its proper home cooking, just how I like it and what I used to cook at home, not too spicy." We reviewed the menus and saw that specialist diets were catered for, when required. For people who lived with dementia, a pictorial menu would help enable people to make a more informed choice about what they would like to eat. We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

People who used the service were supported to attend appointments at their GP or other health related professionals. Relatives told us that care staff supported their family members to attend regular



appointments in relation to their health and staff worked flexibly around their appointments to ensure they were supported on the days they had to attend hospital appointments.

## Is the service caring?

### Our findings

We found the service continued to be caring. People we spoke with told us that they loved living at Hillside Rest Home because the staff were patient, kind and caring. One relative told us "We cannot fault this place, they go the extra mile to help [name]. This was by far the best care home we looked at and we were lucky enough that they had a space. We leave not having to worry about them, in any way at all." One person who lived at the home told us "This place is like home; the staff are all brilliant and care for us in a way that your family would, its top notch."

We saw very caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. During the day staff constantly stopped and chatted to people. All staff knew and used people's names, and made eye to eye contact. For people whose hearing or sight was poor the staff spoke closely to the person in a discreet manner and when necessary would take their arm to assist them in moving around the home. This showed that staff gave consideration and ensured that people understood what was happening and that they felt included.

We saw that care plans had been further developed since the last inspection took place and were now more detailed in providing staff with all the information they required to best support and care for people. Each care record contained a profile about the person which helped staff to have a full understanding of the person's life, what was important to them and key people who were involved in their lives.

Information regarding advocacy was available if people required support and advice, independently of the home.

People who used the service were encouraged to maintain positive relationships with friends and family. We were told that staff kept families informed of any changes that related to their relative's needs.

Staff respected people's dignity and privacy and supported people as they wished, whilst they also encouraged them to remain as independent as possible. Throughout this inspection we saw staff were respectful in their manner and approach to people and saw that when people required hoisting within communal areas this was carried out in a dignified manner, and where staff always ensured they maintained people privacy. We observed that staff communicated with the person throughout this procedure reassuring them at regular intervals. They spoke in a soft and gentle manner and said "It's alright [name] you are safe and we will stop at any time you feel worried or uncomfortable."

Staff had developed positive and caring relationships with people they knew well. Staff spoken with were able to describe people's individual needs and wishes in detail. One staff member told us "There are a number of care staff that have worked here for many years and so we know everyone's personal wishes and their 'little' preferences and habits. This may be from how they like their curtains pulled in a certain way to the type of bubble bath they like us to use."

The person's private and confidential information was stored securely within the main office and we saw

that confidentiality was maintained by the registered manager.

## Is the service responsive?

### Our findings

People continued to receive care that was flexible and responsive to their changing needs. People, and their family members, said that they considered staff met their [relatives] care needs with professionalism and in a competent way. One relative told us, "[name] tells us how lucky they are to be at Hillside, surrounded by staff who they know and who will always care for them and respond to them if and when they need help."

Staff had access to detailed personal information kept within the main office of the home. This contained a copy of their care plan, health action plan and individual risk assessments. The support plan gave appropriate information and guidance to staff in order to provide care safely and appropriately. We saw that these plans of care had recently been further developed and now included pictorial information for people who were unable to comprehend the written word. These care plans were also written in the 'first person' and gave a detailed and comprehensive story of the person's past and present life.

Care plans were up to date and continued to be regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support.

A new activity worker has been employed since the last inspection took place which now provided people with a range of interesting and individual activities to enjoy. This included memorabilia quizzes, sensory activities, arts and craft sessions and group flower arranging. This person also provided one to one sessions to people who choose to remain in their own rooms. On the day of our inspection we saw that people were enjoying a visit from a local entertainer who had created a relaxed and jovial atmosphere for people to enjoy and sing along to.

People were provided with a range of opportunities to feedback their views on the service. People's views were sought through coproduction meetings and people were able to give their feedback through completion of questionnaires. We saw several positive comments recorded. One relative stated "You are all truly amazing, the girls seemed to think that nothing was too much trouble or bother to make [name] feel better." Another relative stated "I have found it difficult to put into words how very grateful I am to you all, your patience, compassions love and care was beyond words."

People told us they would feel comfortable raising any complaints with the management team should they need to and that they were confident that appropriate actions would be taken. We saw that there was a process in place to investigate and report findings when a complaint was raised. A senior staff member told us, "If and when we received a complaint we would make sure we did everything possible to resolve it and improve the service as a result."

## Is the service well-led?

### Our findings

The service has 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.

The service provided remains well led. People continued to receive a service that was well led. The new registered manager and senior staff were open, transparent and there was an inclusive culture at the service and people were able to tell us who the registered manager was. One person who lived at the home told us, "The manager here is quite new and has made some good improvements, including new activities to make the days more interesting and pass more quickly."

Staff we spoke with told us that they felt the service was well-led. One person told us, "The manager has worked hard to provide us with lots more training so we can be the best at what we do."

It was evident from conversations with people who lived at the home, relatives and staff that the registered manager puts people first and consults with everyone involved in the service, both formally through service user questionnaires and informally during their daily contact with the people who live at the home.

We saw that the home was well maintained with a programme of tests and checks completed regularly. This included things like portable appliance testing (PAT) and gas safety checks. This also included, fire safety checks, weekly fire alarm testing and checking equipment such as fire extinguishers. Any issues identified were dealt with proactively which helped ensure risks were mitigated and managed effectively.

The provider had a programme of quality assurance processes in place to continually make improvements and to assess the quality of the service. Areas audited included areas as health and safety, medicines, care plans and records. Where shortfalls were identified records demonstrated that these were acted upon promptly.

We found that all six staff we spoke with were clear about their roles and responsibilities and told us they felt valued and motivated. One staff member told us, "We are like one big family here and all support each other in a way that makes us feel part of the home and how it is run and managed."