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Hillside Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 13 October 2017 and was unannounced. Two additional unannounced inspection visits were undertaken on the 22 February and 13 April 2018.

Hillside Residential Care Home is a residential care home providing personal care and accommodation for up to19 older people. It is a privately owned family run business. 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. Hillside Residential Care Home does not provide nursing care and none of the staff employed at the home are registered nurses.

The home is situated in Wilmslow and is close to shops and other public amenities with easy access to main road networks. The premise is a two storey building with accommodation on both floors. Some of the bedrooms have en-suite bathroom facilities.

Seventeen people were being accommodated at Hillside Residential Care Home at the time of our inspection started.

At the time of the inspection there was a registered manager at Hillside Residential Care Home. 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 registered manager was present during our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. Prior to our inspection representatives of the local authority told us that Hillside Residential Care Home was known to have a warm, welcoming and relaxed atmosphere and our findings supported this. People living at the home told us that they appreciated the homely atmosphere, they felt valued and that they belonged at the home and praised the manager and the staff for the standard of care provided.

The service was previously inspected in May 2016 when it was found to be caring but requiring improvement in all other areas including safe, effective, responsive and well led care.

During this inspection visit we found that some improvements had been made but not sustained, the manager had not always capitalised on opportunities to learn and improve from past events. We identified further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to safe care and treatment including safe management of medicines, staffing, person centred care and good governance. You can see what action we told the provider to take at the back of the

full version of this report.

The atmosphere in the home was welcoming and sociable. People told us that they were well cared for and spoke highly on the manager and staff.

People told us that they felt safe living in the home and staff were committed to providing good standards of care.

Measures designed to reduce risk were not always put into practice so some people remained at risk of harm or their needs not being met.

Safeguarding systems, processes and practices protected people form abuse, neglect, harassment and breaches of their dignity and respect.

There was an adequate number experienced staff on duty but some lacked training knowledge and skill in key areas of their work which meant they were not always sufficiently equipped to meet the needs of the people living at the home.

Care staff told us that they appreciated the support, direction and leadership provided by the manager but there were expected to complete task for which they had not been trained and this was having an adverse effect on morale.

We could see that people were involved in decisions about their care. They told us that staff listened to them and acted on what they said. However, staff needed further training on gaining consent to care and did not always understand the purpose and application of the Mental Capacity Act. .

People enjoyed a varied and nutritious diet, which catered for their individual needs and preferences. They were provided with plentiful drinks, were encouraged to take fluids where required and had access to sufficient drinks throughout the day and at night. People were fully but informally involved in assessing the quality and presentation of meals served, by direct discussion with the cook who was said to be attentive to their needs.

Social activities were organised in the home which were tailored to peoples' individual needs. They told us that they enjoyed them and there was always something to do.

Staff were aware of the need to support people approaching the end of their life but lacked adequate training and support. Furthermore, care planning arrangements were not always person-centred to ensure the relevant person's wishes and needs were understood, met and respected.

The home had an effective complaints procedure. People's concerns and complaints were taken seriously but opportunities to learn from past events were missed and as a result problems were allowed to continue unaddressed.

The home had some quality assurance measures but they failed to identify the areas of concern we identified during our inspection. Additionally, the manager had decided against carrying out a survey of staff, service users, relatives and community care professionals' views in 2017. Recording of care interventions including food, fluid, administration of medication and repositioning to prevent pressure area damage was inadequate and as a result people were exposed to unnecessary risk of harm.

People, their relatives, friends and staff praised the manager for their leadership, guidance and the way they had involved them in the day to day running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were at risk of receiving poor and ineffective care and their needs not being met because risks were not always identified and mitigated. Care planning was also inadequate and at times care plans lacked information.

Some improvements in care planning and risk assessment had been made since our previous inspection but not sustained and the provider failed to learn from past events.

There were sufficient numbers of staff to meet the needs of the people living in the home but some staff lacked skills which hampered their ability to provide safe and effective care.

Medicines were not always stored safely or recorded which meant people were at risk of not receiving their medicines as their doctor had prescribed them.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were aware of each person's individual needs and personal preferences but had not always received effective training and support. This meant they lacked knowledge about other important aspects of caring for people including end of life care, person centred care planning, hazard analysis and risk assessment.

New and existing staff had not yet been enrolled on to the Care Certificate, to ensure the new minimum standards were met as part of induction training.

People were able to see their GP and other healthcare professionals when they needed to.

People praised the standard of catering which met their needs and expectations. Where appropriate people were supported with their nutritional and hydration needs but recording of food and fluid intake was not always adequate.

The manager acted in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

Is the service caring?

Good

The service was caring.

The atmosphere in the home was relaxed and sociable and we could see that the manager, the care staff and the cook all enjoyed positive relationships with the people who lived at the home and always had time for them.

We saw that people's choices were respected and that staff were attentive and responsive to the needs of people who required support throughout the day.

People were treated with dignity and respect and told us that they felt valued, that they belonged and felt well cared for.

Is the service responsive?

Requires Improvement

The service was not always responsive

Staff were aware of the need to support people approaching the end of their life but care planning arrangements were not always person-centred to ensure their wishes and needs were respected. Other care plans lacked vital details about how to respond to people's needs in the event of an emergency or deterioration in the person's condition. This meant that people were presented with unnecessary risks to their health and welfare.

The atmosphere in the home was relaxed and sociable. People enjoyed a range of activities and hobbies which they were content with.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements had been made since our last inspection but some of these had not been sustained so people had remained at risk of receiving poor and ineffective care.

Although some auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating. Recording remained poor and the manager was not capitalising on learning from past events so people remained at risk.

Performance ratings were not displayed on the provider's website.

The home had a registered manager to provide leadership and direction to the staff team. People, their relatives' and friends praised the manager for the way they had involved them in the day to day running of the home.

Hillside Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 took place on 13 October 2017 and was unannounced. Two additional unannounced inspection visits were undertaken on the 22 February and 13 April 2018.

The inspection team consisted of two adult social care inspectors, 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.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit.

The inspection was prompted in part by the outcome of an incident investigated by the police who indicated potential concerns regarding the provision of adequate food and fluids at the home. This inspection examined those risks. The service has been told by the police they will not be preceding with a criminal prosecution but the matter remains open to and under investigation by the CQC as a result this inspection did not examine the circumstances of the incident.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home. We spoke with a total of 14 people living at the home, four visiting relatives and six staff members including the registered manager, one of the owners of the business, and four care staff.

Throughout the inspection, we observed how staff supported people with their care during the day. We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of five care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff records including training records; food and fluid records, maintenance records; health and safety checks; and medication records.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe. All the people who lived at the home told us that they felt safe. Their comments included: "Yes, it's like living at home more or less but always someone there when needed; I try to be independent but nice to know someone there" and "safe yes I feel safe. I wouldn't be here if I didn't feel safe" and another person said "The care is excellent, everyone is well looked after I feel valued and loved here".

All relatives spoken with at the home spoke highly of the manager, staff and standard of care provided and were confident their loved ones were safe.

One of the relatives spoken with said: "The staff here are fantastic I have every confidence in them. If X (a relative) needed anything the doctor, district nurse or speech therapist or whatever they are on to it. They keep me informed. I have no doubt X (a relative) is safe and her needs are met. Dignity, respect, oh yes everything we have no concerns whatsoever". Another relative said: " X (a relative) is safe. Staff are knowledgeable about their needs and provide excellent personal care, precisely to their needs".

At our last inspection in May 2016, we found that the home was not always providing safe and effective care. The registered provider did not have effective systems in place for monitoring and mitigating risk so people remained at risk of receiving unsafe or ineffective care. We told the provider that they needed to improve the standard of care provided.

On this inspection we found that some progress had been made in that individual risk assessments were completed, for example, to assess people's risk of falls, and nutritional risk. The assessments were updated regularly and there was a record of the actions to be taken to reduce the risk of harm to people. However, not all the care plans reflected people's individual needs or the risks they were presented with in their daily lives. For example, one person's care records showed that they had been assessed by their speech and language therapist (SALT) as needing thickened fluids because they were at risk of aspiration, which can lead to serious health issues including chest infection. This need was not recorded in their care plan and there was no evidence that the person was receiving the required thickener in their drinks. The manager told us that the person had refused thickener in their drinks because they found it unpalatable. There was no evidence that the increased risk of this person aspirating had been assessed, in the light of their reluctance to have thickened fluids. Whilst the manager told us that they did speak to the SALT team, they could not remember what they had said or who they had spoken to. This person was in hospital at the time of the inspection and the manager took action to make sure further advice and guidance was received from the SALT team in preparation for their return from hospital. This failure to assess and mitigate risk had put this person at risk of aspiration.

We looked at file for one person who had been nursed in bed for a period of time. We checked to see if the risks of this person developing a pressure sore had been assessed and mitigated and found no care plan on skin integrity and no risk assessment on the risks of this person developing a pressure ulcer. Staff had recorded that the person presented with what appeared to be the start of a pressure ulcer the day before

they were admitted to hospital but this had not resulted in a review of the person's needs. We asked staff why they had not considered the evident risks of this person developing pressure ulcers. A senior care worker told us that they had never received any training on assessing the risks of people developing pressure ulcers and they had not heard of or had any knowledge of devices such as the "Waterlow score". The "Waterlow score" is an assessment which commonly used in health and social care in the assessment of risk of a person developing a pressure sore according to their individual personal circumstances.

The issues outlined above constitute a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. The registered person failed to assess and mitigate risk presented to the people who lived at the home.

We were aware that similar issues to those described above had been previously highlighted at our inspection in May 2016 and we were concerned that the registered manager and staff were not learning from previous mistakes and oversights. The registered manager told us that they had employed an external consultant to help them develop satisfactory assessment, risk assessment, care planning and monitoring arrangements and we did see that some improvements had been made. It is imperative that these improvements are sustained to ensure that the home achieves an overall rating of Good.

People told us that they got their medicines when they needed them. We looked at the management of medicines with the senior care assistant and the registered manager. We were informed that designated senior staff and the registered manager were responsible for administering medicines.
All staff responsible for the management of medication had completed medication training in March 2017 and this was confirmed in staff training records. The provider's medication policy was available in the medication storage room for staff to view.

The home used a blister pack system that was dispensed by a local pharmacist in additions to boxed and liquid medicines. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room and in addition arrangements were made for the safe storage of controlled drugs but these did not comply with the Misuse of Drugs (Safe Custody) Regulations 1973 and were therefore inadequate.

On the second day of our inspection we found that the medicines storage room was unlocked and unattended. Inside the room we found a paper bag containing a wide range of unused medicines was being stored in a metal cabinet. The steel cabinet was open and unlocked so the bag of unused medicines was on show and clearly presented a serious risk to any person who may wander into the room unsupervised. A senior care worker told us that the bag of unused medicines was due to be collected by the pharmacy and said that they did not know why the medicines room was left unlocked.

Photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication. We checked the medication administration records known as MAR charts. These indicated that people received their medicines as their doctor had prescribed them, but there were anomalies and inaccuracies. For example one person's aspirin and lorazepam had been entered twice on their MAR chart. We could see that this was an error caused by unnecessary duplication. The aspirin had been signed for twice. The registered manager told us that they had not administered the aspirin twice, it was an error. When we looked at people's personal care records we found that there were instances where staff had not made records of medicines received or administered. In one instance we found that staff were not recording a person's salbutamol inhaler which had been prescribed on an "as and when" needed basis. In another instance we found that another person had been prescribed antibiotic eye drops to treat an eye infection which had cleared up. We looked at this person's MAR charts and found no record of the eye drops being received or administered.

The issues outlined above constitute a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. The registered person failed to ensure the proper and safe management of medicines.

The registered provider had a 'Safeguarding service users from abuse or harm' policy to offer guidance to staff and a copy of the local authority's adult protection procedure was also available for staff to refer to.

The registered manager was aware of her responsibilities to manage and report any safeguarding concerns via a first account report to the local authority and maintained a record of all safeguarding concerns reported to the local authority. We found that appropriate action had been taken in the light of any evidence or allegation of abuse and a representative of the local safeguarding authority told us that the manager and staff were cooperative and worked in partnership to ensure vulnerable people were safeguarded from abuse or poor care. Staff we spoke with demonstrated an awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We could see that there was a sufficient number of staff rostered on duty to meet the needs of the people who lived at the home. The rota showed that there were a minimum of three care staff on duty from 7am to 10pm. Throughout the night there were two waking night staff on duty until 8am the next morning. This provided a staff to person ratio that varied between 1:6 and 1:5 depending on the number of people resident at the home at the time.

All the people spoken with during our inspection made positive comments about the staff and the standard of care provided: When we asked them whether they felt there was always a sufficient number of staff on duty their comments included: "I think there is enough staff, always a bit difficult this time of year getting holidays in but they all help out; not left waiting if I ring the buzzer someone always comes", "Yes; it's like living at home more or less but always someone there when needed. I try to be independent but nice to know someone there" and "Yes, they're fine. They have a pretty good idea of what I like and I never feel particularly rushed, the manager is great. I can't think of anything they could do better". All visiting relatives told us that they were more than happy with staffing levels. One visiting relative said: "Far as I know there is enough staff; I have never seen a situation where people are waiting for attention." Another relative told us that they visited the home regularly and said: "The staff here are fantastic. I have every confidence in them".

The manager carried out an analysis of accidents and incidents on a month by month basis and took action to ensure people were protected from further harm. The information was collated in an annual report. The report for 2017 showed that there had been a reduction in the number of falls in the home with none recorded in September, October and November 2017 and only one recorded in December 2017.

We found that the home was scrupulously clean and well maintained throughout. Toilets and bathrooms were equipped with liquid soap and paper towels in accordance with best practice and staff had ready access to personal protective clothing including disposable vinyl aprons and gloves. One of the senior care staff was designated as the infection control lead and carried out a monthly infection control audit to ensure people were protected from the risk of infection and cross contamination.

Personal emergency evacuation plans (PEEPS) had been written for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

Requires Improvement

Is the service effective?

Our findings

All the people spoken with during the inspection praised the home and the standard of care provided. People told us that their needs were well known and understood and that staff treated them with dignity and respect. Visiting relatives praised the manager and staff for knowing the needs of their relatives, keeping in contact with them and where required, contacting health care professionals such as doctors and nurses without delay.

A visiting doctor praised the home for the standard of care provided. They told us that the manager knew and understood the needs of the people who lived at the home and that they could see from the records that their advice and recommendations were always carried out. They said they had no concerns whatsoever about the standard of care provided at Hillside residential care home.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the operations manager. The registered manager had a clear understanding of the principles of the MCA and DoLS, and we saw where appropriate the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Hillside Residential Care Home there were five people living at the home who were subject to a DoLS authorisation or an application had been made on their behalf and was in process of been assessed by the local authority.

The registered manager maintained a record of people who were subject to a DoLS authorisation, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

At our last inspection in May 2016, we did not identify any breaches in the regulations regarding staff training but there were gaps in staff knowledge about the Mental Capacity Act MCA and none of the staff had been enrolled on the new Care Certificate, to ensure the new minimum standards are met as part of induction training.

On this inspection we found that care staff had received training on the MCA but there were still gaps in their knowledge about this and other important aspects of caring for people including end of life care, person

centred care planning, hazard analysis and risk assessment. The registered manager told us that arrangements had been made to register existing and new staff on the care certificate but none had done so to date.

All the staff presented as caring in their approach and the way they addressed and spoke with the people who lived at the home. They all had a good knowledge about people's likes dislikes and preferences but they sometimes lacked important information such as who was subject to DoLS or who had a "do not attempt, cardio pulmonary resuscitation decision in place" (DNACPR). This lack of knowledge had caused confusion when a member of staff had recently given emergency services incorrect information informing them that a person was subject to a DNACPR when in fact they were not. It transpired that because the person was the subject of a DoLS, the staff member had wrongly assumed that this meant the person was subject to a DNACPR. One of the senior care staff told us that they had an National Vocational Qualification (NVQ) level 3 in care but when they did the training their NVQ did not include risk assessment, person-centred care planning or care of the dying and whilst they clearly had training needs in these areas there were no arrangements made to ensure they were met.

Senior Care staff told us that they appreciated the support, direction and leadership provided by the manager but there were expected to complete tasks for which they had not been trained and this was having an adverse effect on morale.

Staff told us that they felt supported by the manager but they were not offered formal supervision, their competency was not assessed and they had not had an appraisal in over a year. There was also no formal way of assessing staff competency or identifying their training and development needs.

The issues outlined above constitute a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. The registered persons failed to ensure that care staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

On our first visit to the home in October 2017 we found that food and fluid monitoring was satisfactory. On our third visit to the home in April 2018 we again found that found that staff were monitoring peoples' weights and dietary intake where required but recording was poor and care planning was inaccurate. For example one person's care records indicated that they had deteriorated and had been admitted to hospital at the end of March 2018. Their records showed that they had been struggling to eat and had progressively lost weight, totalling over 4 Kg since January 2018. The risks of this person's unintended weight loss were not identified or risk assessed. The person's nutritional care plan had been reviewed twice in February and March 2018 but there was no mention of the unintended weight loss and no change in their care plan to ensure the person received adequate nutrition. The registered manager told us that the person was not at risk of malnutrition because the person had been overweight, however, there was no evidence of any nutritional assessment to support the manager's assertion

There was no record of this person's food or fluid intake so the registered manager was unable to demonstrate that they had been offered sufficient nutrition to meet their needs.

The issues outlined above constitute a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
As part of our inspection we observed the mid-day meal time and asked people for their views on the standard of catering and the mealtime experience. One person said; "In all fairness the food is good; I like a lot of veg and not much meat; the chef had a chat with me about my likes and dislikes because he was

concerned that I wasn't eating much when I first came; he is a very nice person and tries to please everyone".

There was a menu on the notice board, which included the main meal of the day, served at lunch time and a range of alternatives on offer. The meal served in the evening is lighter such as soup, sandwiches and quiche and people told us they preferred it that way. One person said: "The lady who does the tea makes beautiful sandwiches, really good, something different all the time last night we had bacon sandwiches".

The dining room contained five round tables each covered by a tablecloth and were set with a vase of flowers, cutlery, napkins and condiments. All had glasses of water or orange juice. The meal was fish pie, broccoli, carrots and cauliflower with brioche and butter pudding which looked very appetising and well presented. One of the people said; "Lunch was nice, had ice cream instead of the brioche and butter pudding". Another person said: "Had fish pie for lunch which was quite good; pudding very good; tea various sandwiches or something on toast plus a pudding of some kind or another" and "No complaints about the food". Drinks were served at regular intervals throughout the day and people who were cared for in bed had drinks within their reach and appeared well hydrated.

During the inspection we met two healthcare professionals who were providing treatment to people living at the home, including a visiting doctor and a district nurse. Both spoke positively about the home and commented that people were being appropriately cared for. One care professional said: "The staff are very good, yes I would say they are well trained, they are very caring we have no concerns about the standard of care here. They work with us and tell us if they have any concerns about any of the people. We have no concerns about food and fluids; the person I have seen was well hydrated and had a drink with an appropriate straw within reach. This is a well-run home."

Good

Is the service caring?

Our findings

We asked people if they were treated with kindness and compassion in their day-to-day care and support. Without exception all the people spoken with praised the staff, the home, the manager and the standard of care provided. One person said: "All the staff are nice people; no nastiness here; really good workers; get on with the job and treat everybody well". "Can't fault the staff any of them; if I'm not well they ensure my comfort and make sure I have plenty of drinks and what I like to eat; that's how they treat everybody". They also went onto say; "The staff have been at the home a long time and they know what they are doing; I think the home is very good and everyone's treated with respect".

We asked people whether they were listened to and taken seriously. They told us that the home did not have residents' meetings everything was more informal than that but they nevertheless felt included in decision making and were consulted about the menu and the activities on offer. One person told us how they felt valued and another said: "The care is great here. Great team of staff. The cook listens to me. I told them I did not like the food and they improved it. Everything is good, they know the way I want things done, oh yes the staff are skilled you could not get better. Always treat me with respect they always speak in a proper manner and treat my family well too. (The manager) always makes sure we are OK and asks if there is anything we need."

We could see that people's privacy and dignity were respected. We observed that people were well-presented and it was clear that their personal hygiene needs were met. Care staff told us that they were very busy and felt that there was insufficient time to do paper work but we never saw them rush anybody or miss an opportunity to engage with them.

The atmosphere in the home was always relaxed and sociable and we could see that the manager, care staff and the cook all enjoyed positive relationships with the people who lived at the home and always had time for them. We asked one of the people what was good about living here. They said: "Good points are; getting up in a morning and having the help I need to get dressed and another good point at night when I can't sleep one of the night staff paint my nails". In answer to the same question another person said: "Nothing special really, get looked after, get food cooked for you and washing done; I have no trouble with anybody (staff), quite happy here".

Visiting relatives told us that they were always made to feel welcome and there were no restrictions on visiting that they were aware of. They made other comments which illustrated their contentment with the home and the standard of care provided including: "It's lovely here X (a resident) is very happy; staff very friendly; know everybody; it is safe and comfortable". Another relative said: "Staff are really pleasant, which always stands out to me, always speak to me, are very pleasant". "Staff, know most of them, some are really really good; staff do amazing job; care home does a good job".

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in May 2016 we found that the home was not meeting peoples' social care needs because there was a lack of activities on offer. We could see that the registered manager, provider and staff had taken effective action to ensure peoples' social care needs were met.
There was a professional entertainer in the home on the first day of our inspection. They were leading a hearty sing-a-long which everybody appeared to enjoy. People told us that they had enough to occupy themselves, reading the newspaper knitting or helping out with light domestic duties and we saw staff take time to engage people in general chit chat. One person said: "I go downstairs to the lounge once a week to play bowls and a singer visits every two or three weeks, who is very nice. A hairdresser comes each week and I have chiropodist regularly". Another person said: "There is always something going on". Likewise, a relative told us: "Always bits of things going on at the home, X (a resident) used to say that they were lonely and bored when at home but not now".

We looked at the care plans for five people who lived at the home and found that all but one of them needed further development to ensure the relevant person's personal, health and social care needs were met, as detailed in the safe and effective sections of this report.

Other examples of inadequate care planning included the following. One person's care plan on incontinence indicated that they were incontinent of urine when they were doubly incontinent. The person's night time checks showed they were checked two hourly when their care plan indicated they should be checked hourly throughout the night. Their personal care records indicated that they had not had a bath in over two weeks but staff confirmed this was a recording error as they had a bath a few days before. Their care plan on medication had not been revised when they were prescribed another medicines. Their care plan on "Altered Consciousness" was confusing because it only addressed their angina so clearly staff didn't understand the terminology.

Some people had "Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms" in place. We could see that they were the original documents signed by a doctor and stored in the front of the relevant person's care file. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. All the forms we viewed were original, signed by a doctor and dated. This meant they were valid. We found that there had been a lack of understanding in the home around the purpose of DNACPR forms. In one instance a care worker had assumed that a person would be subject to a DNACPR purely on the basis they were subject to a DoLS and inadvertently gave emergency staff incorrect information. We noted that none of the people living at the home had an end of life care plan or had been consulted about their wishes and personal preferences regarding the end of their life.

Staff told us that they had not received any training or guidance on supporting people at the end of their lives, since they started work at the home. The registered manager told us that the home had not developed a policy or procedure on how best to support people nearing the end of their lives and therefore had not explored best practice.

The issues outlined above constitute a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care. Registered persons must ensure that care is planned and confirmed in a care plan. A clear care plan which includes agreed goals, must be developed and made available to all staff and others involved in providing the care.

Another person's care plan on breathing described their diabetes but did not mention their recurring chest infections. Their medication care plan did not include any guidance on how their inhaler prescribed for use "as and when required" should be used. This person had diabetes and was at risk of a both hypoglycaemic and hyperglycaemic attacks according to their care plans but there was no guidance for staff on the symptoms of each condition or what action should be taken to ensure their health and well-being in their care plan. We found a more detailed risk assessment which addressed this person's needs in more detail but this had not been reviewed or revised since May 2015. Whilst the registered manager as a retired registered general nurse was able to advise staff accordingly, the manager was not always on duty and therefore it is imperative that care and support plans contain sufficient information to ensure the safety and well-being of each person.

The issue outlined above constitute a further breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. The registered person failed to assess and mitigate risk presented to the people who lived at the home.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. A resident information brochure was available for people and their representatives, this brochure also provided information about how to make a complaint.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document. The registered manager maintained d a file containing records of all complaints made. The record showed that only one complaint had been received in 2017 which was referred to social services under safeguarding and subsequently closed unsubstantiated.

Requires Improvement

Is the service well-led?

Our findings

When we carried out our last inspection in May 2016 we found that the home was not consistently well led because the provider had not sought feedback from the people using the service, relatives or staff. Furthermore, although some auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating.

We could see that the provider had responded to these concerns raised and had carried out a survey of people's views shortly following our last inspection in 2016. The results of the survey had been analysed and a report compiled. This showed high levels of satisfaction with 90% of respondents likely to recommend the home to others. In addition a staff survey had been carried out also in 2016 which again showed high-levels of satisfaction in the way staff were managed with 97% indicating management was approachable and 100% stating their training needs were met.
However there was no subsequent staff or residents surveys carried out in 2017 and the registered manager confirmed that there were no plans to conduct any future surveys. The manager told us that whilst people's views were always taken into account they did not record them or have any established method for gathering and recording people's views as to the quality of care provided.

At the time of the last inspection we were informed that the home was planning to introduce a new quality assurance programme and also make improvements in assessment, risk assessment, care planning monitoring and review. We found that some improvements had been made but these had not always been sustained and again documentation was found to be inadequate.

On the last day of our inspection on the 13 April 2018 we noted that there were a number of records relating to the personal care of the people who lived at the home including medication records on full view and unattended on the dining room table. We could see that the medication records were up to date but some of the personal care records, including hourly checks had not been updated since 10pm the previous night. One of the records related to a person who was at risk of developing pressure ulcers who required turning every two hours but their turning chart had not been written up since 9pm the previous day. The same person was on ½ hourly checks but again their records had not been written up since 10pm the previous day. The records that had been written up looked like they had all been written at the same time retrospectively. The registered manager told us that, whilst they knew it was wrong, all the staff wrote daily care, repositioning charts and food and fluid records when they found time to do them, which could be hours after the care was provided.
On the first day of our visit we found that the door leading from the dining room directly on to steep cellar steps was unlocked. The dining room was unsupervised by staff so it was possible that vulnerable people could have inadvertently opened the cellar door and placed themselves at imminent risk of harm. An alarm was fitted to the door to alert staff in the vent of such an occurrence but this was found to be inoperative requiring new batteries. The manager told us that the door needs to be open because it is used as a store room and did not know that the alarm was inoperative. We asked what monitoring and safety checks had been made to ensure the alarm was working and the manager told us none. This was addressed at the time of the inspection and new batteries were fitted to the alarm.

The provider had systems in place to monitor the quality of care provided but these proved ineffective in identifying the concerns identified on our inspection.

The above comprises a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17(1) Good Governance. The registered person failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and failed to maintain an accurate and contemporaneous record of care provided each person.

At our last inspection of this home in May 2016 the service was awarded the rating of "Requires improvement". Providers must display their ratings both on their premises and on their websites. CQC has provided digital products to enable providers to do this. Using these will ensure that they display all the information required under this regulation. The most recent inspection report was displayed on the home's notice board. On the 11 October 2017we searched the web and found the provider's website http://www.hillsidecare.com/and found that the latest report and rating of requires improvement was not mentioned. In fact under the heading "Quality and registration a statement made by the provider read: We are fully compliant with CQC's regulations and standards, which was incorrect.

The above comprises an offence under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A: Requirement as to display of performance assessments. The registered person failed to display ratings on any website maintained by them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons failed to carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person failed to assess and mitigate risk presented to the people who lived at the home. The registered person failed to ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and failed to maintain an accurate and contemporaneous record of care provided each person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons failed to ensure that

care staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.