

Qualia Care Limited

Hillside Care Home

Inspection report

Hillside Avenue
Liverpool
Merseyside
L36 8DU

Tel: 01514430271

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22 June 2021

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29 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Hillside Care Home accommodates up to 119 people who require personal and nursing care. At the time of the inspection there were 55 people using the service. The service provides accommodation in four separate units over two floors. At the time of the inspection two units were in use, Ash and Cedar. Cedar unit is for people with nursing needs. Ash unit is split into two areas, with one area for people living with dementia who also have nursing needs and the other area for young adults with a physical disability.

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

We have made a recommendation about staffing. People were kept safe by the right amount of staff, however, the absence of dedicated staff to facilitate activities for people impacted on care staffs' ability to fully meet people's needs.

Risk assessments relating to the health and safety of people were completed, however monitoring records for some people were not completed in line with their risk management plans. This was addressed during the inspection. Family members told us staff understood and managed risk well.

Medicines were managed safely, however, there was a lack of guidance for staff about why, how and when to administer medicines prescribed to be given 'when required' to some people. This was addressed during the inspection.

Safe recruitment processes were followed. Applicants were subject to a series of pre-employment checks.

Staff knew what constituted abuse and were confident about reporting any safeguarding concerns. People told us they felt safe and were treated well. Family members told us they were confident their relative was kept safe.

Infection prevention and control measures were followed to minimise the spread of infection including those related to COVID-19. The premises were kept clean and hygienic, personal protective equipment was used and disposed of safely.

Improvements made to the service were sustained. Systems for monitoring the quality and safety of the service were effective in identifying and making improvements. Improvement plans were developed, monitored and regularly reviewed to make sure the required improvements were made in a timely way.

There was a culture of openness and learning when things went wrong. People, family members and staff were involved and kept up to date with changes affecting people's care and the running of the service. The registered manager operated an open-door policy and welcomed the views and ideas of others.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 September 2020).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillside Care Home our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected

Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of safe and well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection and the ratings from the previous comprehensive inspection.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Hillside Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by two inspectors and a dementia care specialist nurse advisor (SpA).

Hillside is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We announced the inspection visit from the car park prior to us entering the service. This was because we needed to obtain information about COVID-19.

Inspection activity started on 15 June 2021 and ended on 22 June 2021. We visited the service on 15 June 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service about their experiences of the care provided. We also spoke with the registered manager, ten members of staff including care workers, ancillary staff and the maintenance person. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at the recruitment files for two staff employed since the last inspection.

After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. There was limited opportunity to meet with family members due to safe visiting procedures being followed. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We contacted five family members by telephone about their experiences of the care provided.

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records relating to the safe management of the service including audits, safety checks and staff recruitment and training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvements. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- There were enough suitably skilled and experience staff on duty to keep people safe. However, staff reported that current staffing levels were insufficient to fully meet people's needs.
- There were dedicated staff employed to organise and facilitate activities for people, but they were absent from work. No arrangements had been made to replace them during their absence and care staff informed us and our observations showed they did not have the time to engage people in meaningful activities and assist them in a timely way at mealtimes.

We recommend that the provider review staffing arrangements in line with people's needs.

- Safe recruitment processes were followed. Applicants were subject to a range of pre-employment checks before a job offer was made to make sure they were fit and suitable for the role.

Assessing risk, safety monitoring and management;

- Risk assessments and risk management plans were completed. However, records for some people used to monitor risk were not always completed in line with their risk management plans.
- Observational records for some people did not always accurately reflect the care given and records used to record the outcome of checks carried out on air flow mattress settings did not always include what the required setting should be. The registered manager addressed this after we raised it with them.
- The safety of the environment, utilities and equipment was checked at the required frequencies by a suitably qualified person.

Using medicines safely

- Medicines were used safely. However, there was a lack of information recorded for two people about the safe administration of medicines prescribed to be given when required (PRN). The registered manager addressed this after we raised it with them.
- Staff responsible for the management and administration of medicines were suitably trained and had their competence regularly checked.
- Policies and procedures for the safe management of medicines were in line with current guidance.

Preventing and controlling infection

- There were safe measures in place to prevent and control the spread of infection, including COVID-19. Staff completed infection, prevention and control training (IPC) and were kept informed of current IPC

procedures and guidance.

- People, staff and visitors had access to regular testing and testing records were maintained.
- There were good stocks of the right standard of personal protective equipment (PPE) and PPE stations were located across the service. Staff received training around the safe use and disposal of PPE, and they followed current guidance. People and family members told us staff used PPE safely.
- The premises were kept clean and hygienic. Cleaning schedules were amended to include increased cleaning of high touch areas during the COVID-19 pandemic.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Managers and staff recognised incidents of a safeguarding nature and reported them appropriately.
- People told us they felt safe and were treated well. Family members told us they were confident their relative was kept safe and treated well. Comments included, "No concerns living here, the staff are kind and caring." "Staff treat me very well they are marvellous, couldn't ask for better" and "Think they keep [relative] safe and treat him well."

Learning lessons when things go wrong.

- Incidents were well managed well and learning took place when things went wrong.
- Managers and staff followed the providers procedures for reporting and recording events such as accidents and incidents.
- Accidents and incidents were analysed to establish what lessons could be learnt to reduce further occurrences. Any lessons learnt were shared across the staff team.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements made within the service have been sustained since the last inspection.
- The provider's systems for checking on the quality and safety of the service were used effectively. Where audits and checks identified areas for improvement they were actioned in a timely way.
- There was a service improvement plan in place which clearly set out areas for improvement and timescales for completion. Managers and staff acted to improve the service based upon our previous inspections and feedback from people, their representatives and local authority commissioners and safeguarding teams.
- Improvements were made immediately during and after our inspection visit following feedback we gave. The required records were put in place and we were assured that staffing arrangements would be reviewed.
- Risk was identified and mitigated through ongoing monitoring of the service. Family members were confident that risk was well managed. Their comments included; "They [staff] are aware of risks and manage them very well" and "[Relative] is at risk because of their health staff know what the risks are and do everything to keep him safe."
- The registered manager, unit managers and staff were clear about their role and responsibilities. The registered manager was aware of their regulatory responsibilities and kept up to date with changes to legislation and codes of practise.

Planning and promoting person-centred, high-quality care and support with openness;

- There was a positive and person-centred culture which aimed to promote good outcomes for people. Managers and staff were open and honest and recognised when good outcomes were not achieved and acted to put things right.
- Staff morale was positive and there were good interactions between staff and people. People described staff kind, caring and respectful and said staff had a good understanding of their needs, likes and dislikes. Staff described a positive atmosphere and felt supported and listened to.
- People, family members and staff described the registered manager as supportive and approachable. Their comments included, "Manager is supportive, chats to us when we visit. Think the home is well managed" and "Very good manager and takes time to listen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was effective partnership working and engagement with people, their representatives and others

involved in their care.

- Managers held discussions with some people living on Ash unit following their requests to improve the environment and outside access. We were assured that plans for the improvements were ongoing with people's involvement.
- People and relevant others such as family members were involved in the development and reviewing of care plans. This was done via telephone and the use of other technology during COVID-19 visiting restrictions.
- Family members told us the registered manager and staff had provided them with regular updates about their relatives. Their comments included, "[Manager] and the staff keep in touch, kept us up to date about [relative] and any changes" and "Have a weekly phone call with the nurse to discuss how [relative] is."
- Staff were updated through daily handovers, meetings and newsletters/emails. Staff felt well informed about changes made within the service.
- Managers and staff sought professional advice where this was needed for people from others such as GPs, social workers and commissioners.

How the provider understands and acts on duty of candour responsibility;

- There was an open and honest culture promoted at the service. When things went wrong, staff at all levels were open and honest. Investigations took place where this was required, and any learning was shared across the staff team.
- Relevant others including CQC were notified in a timely way about incidents, events and changes at the service.
- The last CQC inspection rating was displayed at the service and on the providers website.