Adiemus Care Limited

Hillcrest

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Hillcrest is registered to provide accommodation and non-nursing care for up to 52 older people, some of whom are living with dementia. Short and long stays are offered. The home has two floors and is located close to the centre of Norwich city. When we visited there were 43 people living at the home.

A registered manager was in post at the time of the inspection and had been in her position for four years. 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.

At our previous inspection on 08 August 2013 the provider was meeting the requirements of the regulations that we had assessed against.

People were felt safe living at the home and staff were knowledgeable about reporting any abuse. People were looked after by enough staff to support them with their

Summary of findings

individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people at the home. People were satisfied with how they were supported to take their medicines and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had not been made to ensure that people's rights were protected and there were inadequate assessments in place to assess people's capacity to make decisions about their care and to justify why DoLS applications had not been made.

People were supported by staff who were trained and supported to do their job, which they enjoyed.

People were treated by kind, respectful and attentive staff but this was not consistent. Staff sometimes failed to respect the privacy and dignity of people.

People and their relatives were involved in the review of people's individual care plans. Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. People were invited to take part in a range of hobbies and interests. There was a process so that people's concerns and complaints were listened to and these were acted upon.

Staff enjoyed their work and were supported and managed to look after people in a safe way. The culture of how people were being looked after needed to be more caring. People and their relatives were able to make suggestions for improvements and actions were taken as a result. Quality monitoring procedures were in place but were not always effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were given their medicines as prescribed and there were systems in place to ensure that medicines were stored and recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by sufficient numbers of suitable staff.

Good

Is the service effective?
The service was not always effective.

People's rights were not always protected from unlawful decision making processes.

Staff were supported and trained to do their job.

People's health and nutritional needs were met.

Requires improvement

Is the service caring?
The service was not always caring.

People's rights to privacy and dignity were not always valued.

People were supported to maintain contact with their relatives and make friends.

People's decisions about how they wanted to spend their day were respected.

Requires improvement

Is the service responsive?
The service was responsive.

People, and their relatives, were consulted on a day-to-day basis in relation to people's care needs.

The provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good

Is the service well-led?
Management procedures were in place to monitor and review the safety and quality of people's care and support. However, but these had not consistently picked up deficiencies in the standard of people's care and their care records.

Requires improvement

Summary of findings

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.	

Hillcrest

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.

This inspection took place on 01 June 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a local authority quality assurance manager.

During the inspection we spoke with seven people who used the service, one relative, the registered manager, the deputy manager, the activities co-ordinator, the administrator and training and development officer. We also spoke with a senior carer, a carer, a member of staff from the maintenance department and a member of staff from the catering department. We looked at four people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

We also 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.

Good

Is the service safe?

Our findings

People said that they felt safe. One person said, "I do feel safe because there is always someone around." Another person said they felt safe because of, "Just the niceness of people (staff)." A relative told us that their family member was kept safe because the staff treated their relative well. They said, "Mum is safe because she is never neglected."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. We had received notifications and these showed us that safeguarding policies and procedures had been followed. This showed us that people were kept safe as much as possible.

People's risks to their health and safety were assessed and measures were in place to minimise these. Measures taken included following nutritional advice provided by a dietician and the provision of moving and handling equipment and walking aids to reduce people's risks of falling.

People said that there were enough members of staff to meet their individual needs. One person said, "You don't always see the staff about but there is always somebody about if you need someone." A member of catering staff said, "Staffing levels in the kitchen have always been good." On the day of our visit the home was busy. However, staff were organised in their work and worked as a team to cover unplanned staff sickness and to manage an unplanned incident. We saw that people were being looked after by patient and unhurried members of staff. This included when they supported people to take their medicines and with eating and drinking.

There had been a turnover of staff and new staff were recruited to fill the staff vacancies. Staffing numbers were calculated using a tool that took into account the individual level of needs of people and the layout of the premises. Measures were in place to cover staff absences; these included the use of bank staff and staff working in other areas of the home to cover. We saw that the activities co-coordinator (who was also a carer) and an additional member of care staff were used to cover the unplanned staff sickness.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to look after people living at Hillcrest. Staff recruitment files confirmed that these checks had been carried out before the prospective employee was assessed to be suitable to look after people who lived at the home. However, for one file we noted that an unsatisfactory check had not been investigated before or after the member of staff was employed to work.

People were satisfied with how they were supported to take their prescribed medicines. One person said, "They're (staff) are very good at bringing the medicines. They (staff) ask me if I need anything for pain." Another person said, "I get tablets every day and when I need them." A relative said, "My mum gets it (medicine) when she needs it." We saw that staff explained to people what their medicines were used for and asked them if and when they wanted to take them.

People were given their medicines as prescribed and we saw that staff ensured that people had safely taken their medicines. Medicines were safely stored when not in use. Staff responsible for the management of people's medicines told us that they had attended training and had been assessed to be competent in the management of people's medicines. Their training and competency assessment records confirmed this to be the case.

Requires improvement

Is the service effective?

Our findings

Hillcrest provides care to people living with dementia. This is a condition that affects how people can understand the information that is given to them and how to make sense of the information to make decisions about their care. In three out of four care records there was no evidence that people's capacity to make formal decisions about their care had been assessed. Members of senior staff were unable to demonstrate that people's capacity to make decisions had been formally assessed. This included end-of-life decisions and decisions about taking their prescribed medicines without the support of a best interest decision. For one person, we found that they were able to make decisions about their care and were able tell us about their day-to-day care. However, their end-of-life treatment plan had been signed by a doctor after their consultation with the person's relatives, but without the person's involvement in the decision making process.

The registered manager advised us that DoLS applications had not been made to the local authority and told us that there were people who would not be able to leave the home without an escort. A senior member of care staff also said, "On the dementia side of the building, everyone would need an escort or to be with a competent person." We saw that doors were locked by means of codes and some of the people were not able to leave the home unless they were supervised by an escort. This deprivation of people's liberty was without the local authority's authorisation.

Staff told us what they would do if a person was unwilling to give their permission in relation to being supported with their medicines or personal care. They described the strategies they would use to gain people's permission, which included giving the person time until they were willing to give their permission. A senior carer said, "You can't force people. You ask them what they want." Care records demonstrated that when people had declined support, to take their medicines or to have personal care, their decisions had been respected.

Staff told us that they enjoyed their work. A member of staff said, "I really enjoy working here. I really love my job." Another member of staff said, "I love my job. We all work as a team." We were also told by another staff member that each working day was different and this made it interesting and challenging for them.

Staff were supported by each other and by the registered manager. Each morning there was a ten minute meeting held by the registered or deputy manager with staff from each of the departments. The staff told us that this provided them with support from each other and helped with communication between each other. Staff also told us that that the registered manager and deputy manager were very supportive.

People told us that they had confidence in the ability of staff to look after them. A relative said, "Staff know how my mum can be and they do know how to look after her." Staff said that they had attended training to look after people. This included induction training and refresher training in medication, dementia and safeguarding people from harm (SOVA). The training and development officer advised us that the numbers of staff who had attended training had dropped and explained that this was in relation to the number of new staff who had recently started. They advised us that plans were in place to increase the numbers of staff attendance in training in SOVA and MCA and DoLS.

People said that they enjoyed their food and had a range of menu options to choose from. One person said, "Breakfast is usually very nice." They also told us that they had enjoyed their lunch and had eaten, "Plenty." Another person said, "You get enough to eat and drink. The food is nice and you get a choice. You can choose what you want (to eat)." A member of the catering staff told us that the care staff provided them with information about people's individual dietary needs and choices. They said, "Every day we have 'flash' meetings. Any changes (in people's dietary needs) are brought up from day to day. Staff will also ring down in between if there are any other changes."

People were encouraged to eat, which included when they had not finished eating their plate of lunch time food. People had a choice of drinks offered to them before, during and after their meals and had a drink of juice placed within their reach all of the time. Prescribed nutritional supplements were provided to complement people's food intake. Staff helped people, who were unable to take a drink or feed themselves, to eat and drink.

People were satisfied with how their health needs were met and that they had access to a range of health care professionals. One person said, "If I want to see the doctor, they (staff) get him for me." "A relative said, "My mum's skin is fragile. So, if she scratches it, the district nurse comes in

Requires improvement

Is the service effective?

(for dressing of the wound). If mum needs a GP, they (staff) just call for one." We saw GPs visiting people and heard the deputy manager making a request for a person to be assessed by a GP in response to their changed health condition. People's weights were monitored and health care advice from GPs and dieticians was obtained in response to people's having unintentional weight loss.

Requires improvement

Is the service caring?

Our findings

We saw some good examples of how people were treated when they were supported with taking their prescribed medicines and when they were asked what they would like to eat and drink. However, staff were not always respectful of people's privacy and dignity. We saw three out of four staff members walk into people's rooms without knocking or, when the fourth member of staff had knocked, they did not ask the person for their permission to enter the privacy of their room. We also heard a member of staff say to a person, in a negative and uncaring way, "Are you in one of your funny moods today?" In addition, a member of staff described people who needed help with eating and drinking as, "Feeds". This description had also been entered in the minutes of a team meeting, which was held on 01 May 2015. During our SOFI we saw that staff only engaged with people when they were offering and giving out mid-morning hot drinks and biscuits, rather than in a non-task driven way. Furthermore, confidential records of people's accidents and incidents were held in information folders labelled for the attention of relatives of people who use the service. The folders were in the corridors of both floors of the home where people, who were not authorised to do so, could gain access to people's confidential information.

People said that staff were kind and caring. One person said, "People (staff) are very, very nice." Another person said, "I do think people are treated nicely." Staff had received 'thank you' cards from relatives. One of these cards read, "Everyone was cheerful, polite and kind." Another of these cards read, "Staff always give 120% and give out so much love and kindness."

People and their relatives were involved in making decisions about the person's care. One person said that they could get up when they wanted to. They said, "I got up at 8am. I looked at the clock and I thought, 'Oh! It's 8am.'" A relative said, "Sometimes mum is not dressed or out of bed because she hasn't wanted to." Staff were aware of how to offer people the choice of what they would like to wear and this was based on people's individual abilities to make such decisions. This included holding up garments for the person to see and to choose from.

The premises maximised people's privacy and dignity. Bedrooms were for single use only and communal toilet and bathing facilities were provided with lockable doors. We saw that people were supported with their personal care behind locked doors.

People were supported to maintain contact with their relatives and make friends. One person said, "I've made friends with people here." During our SOFI we saw them speaking with another person who used the service. Another person said that their relatives often visited them and a relative told us that they could visit any time.

Information about mental health advocacy and general advocacy services was not available for people to have access to. The registered manager advised us that advocacy services were not being used as people were represented by their relatives.

Good

Is the service responsive?

Our findings

People were satisfied with how their care was provided to them and what level of support they received to meet their individual needs. People's care records demonstrated that people's individual needs were assessed and met. These included needs with personal care and with their mobility.

Members of staff described the principles of good care. This included offering and valuing people's choice and providing people with care to meet their individual needs. They said, "We treat every person as an individual and we have to meet their care needs. You get to know the residents and you give them choice all the time. You never assume that they always want tea. You offer them the choice of coffee as well." Another member of staff said, "(The care) is to make sure people come first and give them good care. It is their home. If they want a cup of tea at any time, they can have it."

Staff spoke with people in the way that they could understand and when they involved people in their day-to-day care plans in an informal way. This included offering people choices of where they wanted to eat, when they wanted to take their medicines and where they would like to sit. A relative told us that they had been involved in developing their family member's care plan. They said, "They (staff) have plans in place and they get checked regularly and I just sign them off." However, some of the people told us that they were not aware of their care plans, although they told us that staff had asked them what care they needed on a day-to-day basis.

Care plans and risk assessments were kept under review and action was taken in response to people's changed needs. This included changes in their weights and their health conditions. Care plans also demonstrated what support and care they required to maintain their independence with personal care and eating and drinking. Assessments were also carried out to demonstrate whether a person was safe to be independent with the management of their medicines.

People's hobbies and interests included spending time with their relatives, in and out of the home. One person told us that they enjoyed going with their relatives into the centre of the Norwich, where they went shopping and ate out. Another person said, "We do sit and chat a lot. We go for all sorts of walks."

Photographs were on display which showed people taking part in a range of hobbies and interests. The activities co-ordinator told us that they had information about people's life histories to use when they had enabled people to engage in hobbies and interests that were meaningful to them. These included growing vegetables and flowers, painting, tea dances and taking part in board games. External entertainers included singers and a company who owned animals and reptiles for people to look at, touch and to hold.

People were supported to follow their religious beliefs which included a monthly visit from a member of a religious organisation.

There was a complaints procedure in place. People knew who to speak with if they were unhappy about something but said that they had no cause to do so. One person said, "I'm quite happy." A relative said, "We've not had any complaints but when there has been anything, they (staff) have been able to sort it out." The registered manager told us that there had been no complaints received. Where concerns have been received action was taken and this included, for instance, the replacement of a person's slippers.

Requires improvement

Is the service well-led?

Our findings

We found a number of areas that required improvement that had not been detected as part of the provider's quality assurance system. This included whether DoLS applications had been made and the presence of MCA assessments during audits of people's care plans. In addition, any deficiencies in the way that staff valued people's privacy and dignity had been addressed to improve the culture of how people were cared for, were ineffective.

People, who were able to tell us, knew who the registered manager was. One person said, "I believe it is a lady but I can't remember her name. She pops in and asks me how I am. She's very, very good." A relative also told us that they saw the registered manager about the home and knew her name. Members of staff said that they found the registered manager to be supportive and approachable. A staff member said, "[Registered manager] is lovely. She treats the home as if it is her home and treats the people as if they are her own (relatives)." Another member of staff said, "[Registered manager] is happy to listen to any concerns and will listen. Nothing is ever brushed under the carpet."

People and relatives were given opportunities to make suggestions and comments to improve the service. Minutes of the meetings demonstrated that people were satisfied with the quality of the service that they had received.

Members of staff attended a meeting held at 10am every morning during which they were provided with opportunities to make suggestions. For example, the replacement of crockery. Other team meetings were also held. Minutes of a team meeting, which had been held in 2015, noted that staff were reminded of their roles and responsibilities in respecting each other and to provide people with a good quality standard of care. A member of staff told us that their suggestion made at one of these team meetings had been acted on and this was in relation to respecting the times of when people chose to go to bed and when to get up.

Links were made with the local community which included a religious organisation and work-related projects. A member of staff told us that, during 2015, as part of their work experience a team of people, from the community, had attended the home and worked with people. People were also enabled to go into the community to visit shops and eating out places.

Audits on medicines and infection control and cleanliness were carried out and action was taken in response to the findings, if this was needed. This included providing infection control equipment in areas for staff to use. Other audits included those for people's care records and action had been taken in response to the audits. In addition, action had been taken in response to our suggested improvements when we last inspected the home in August 2013. The improvements were in relation to information in respect of staff, care records and the recording of medicines.

Staff were aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice. A staff member said, "I would know who to contact if I needed to."