Hillesden House Limited

Hillesden House 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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Hillesden House on June 16 2016. At our previous inspection in June 2014 the provider was not meeting all of the regulations as the building and environment were not safe and did not meet people's needs. The provider had sent us a report explaining the actions they would take to improve. At this inspection, we found that some improvements had been made since our last visit but further improvements were required to ensure people were safe and their needs were fully met in regards to the environment.

Hillesden House provides personal care for up to 22 people. There were 19 people living at the home at the time of our inspection.

The home is required to have a registered manager in post. 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. There was a registered manager in post at the time of inspection.

Staff understood how to support people to make decisions and when they were unable to do this, support was given; however, the provider did not consistently follow the principles of the Mental Capacity Act 2005 (MCA). This 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 knew how to complain and staff knew how to respond to complaints. A complaints procedure was in place, and people and their relatives were encouraged to give feedback on the care provided. However, feedback wasn't always analysed to highlight any issues and to ensure changes were made to improve the quality of the service provided.

There were systems in place to monitor quality of the service; however some of these were not effective in identifying issues of when improvements to the quality of the service were required.

There were sufficient staff to people's needs. We saw that people's needs were responded to promptly and staff had undergone pre-employment checks to ensure they were suitable to work with the people who used the service.

People's risks were assessed and managed to help keep them safe and we saw that care was delivered in line with agreed plans.

People felt safe and staff knew how to protect people from avoidable harm and abuse. Medicines were safely managed, stored and administered to ensure that people got their medicines as prescribed.

Staff were suitably trained to meet people's needs and were supported and supervised in order to effectively deliver care to people. People's health was monitored and access to healthcare professionals was arranged promptly when required.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals when they needed them. People told us that staff arranged access to healthcare professionals such as the GP promptly when required.

There was a positive atmosphere at the service and people felt the manager was approachable and respectful.

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 consistently safe.

The building was unkempt in places with some poorly decorated and maintained areas.
There were enough staff to keep people safe and to meet people's needs.
Risks were assessed and managed and care was delivered as planned. People felt safe and staff and the manager knew how to protect people from avoidable harm and abuse.
People's medicines were managed, administered and stored Safely

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the MCA were not always followed to ensure that people consented to or were supported to consent to their care, treatment and support.

People's nutritional needs were met and people had support to eat and drink enough to maintain a healthy diet. People had prompt support from health care professionals when they needed it.

Staff were supported to fulfil their role through training and supervision.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate.
Their choices, preferences and wishes were respected. People's privacy was respected and staff provided care in a dignified way.

Is the service responsive?

Good

The service was responsive.

People received care that met their individual needs and preferences from staff who knew them well. People knew how to complain and staff knew how to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality monitoring systems were in place but were not effective in ensuring that issues were identified and were acted upon to improve the quality of the service.

The manager was respected by people who lived in the home and the staff, and staff were supported to carry out their roles effectively.

Hillesden House 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.

This inspection took place on 16 June and was unannounced. It was undertaken by two inspectors.

We looked at information we held on the service including notifications the provider is required to send us. These are notifications about serious incidents that the provider is required to send to us by law. We looked at the action plans the provider had sent us since the last inspection and we had spoken to commissioners of the service. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We spoke with nine people who used the service and observed care in the communal areas. We spoke with two relatives, the manager, three members of the care staff team and a visiting health professional.

We looked at four people's care records, and we looked at the systems that the provider had in place to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our previous two inspections we found there were breaches in Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control, Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises. During this inspection we saw that some improvements had been made, however the building was still unkempt in places with some poorly decorated bedrooms and poorly maintained areas.

People told us they felt safe living at the home. One person told us: "I feel extremely safe". We found that all the staff we spoke with knew what constituted abuse and had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff told us they would report any incident to the manager, and were confident that the manager would act on any concerns raised. The manager demonstrated knowledge of the safeguarding procedures and we saw that where incidents had occurred referrals had been made to the local authority.

Risk assessments were in place to support people to be as independent as possible. Staff knew people's risks and how to support them. We saw safe moving and handling practices where staff were seen to be following the plan for one person from the occupational therapist as written. Staff were also able to tell us what the plan said in relation to the hoist and sling use for this person.
On the day of the inspection the home was short staffed due to sickness, however we saw there were enough staff to keep people safe and people received support in a timely manner. We saw that staff supervised the lounge area and rang the call bell when they needed extra assistance for staff to come and support people when they needed to. We had a discussion with the registered manager about providing cover for an activity coordinator post as staff told us it was easier to support the lounge area when they were on duty.

The provider followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.
Systems were in place to ensure peoples medicines were managed and administered safely and we saw that these were effective. Staff administering medicines were knowledgeable about the medicines they were administering and one person told us that staff knew the importance of the frequency and timing of their medication they said: "The staff give me my tablets so that my breakfast doesn't interfere with them and it gives them time to work before I start eating".
Medicines were kept in a locked trolley, and we observed staff administered medication in a safe and person centered way allowing each person time to take their medication before moving onto the next person.
Senior care staff were trained to administer medication, and night time care staff were also trained to administer 'as and when required' medicines such as pain relief. This meant that people had their medicines when they needed them. We observed that people were offered pain relief medication and that protocols were in place for staff to follow for people who were prescribed 'as and when Required' medicines.

Requires Improvement

Is the service effective?

Our findings

People told us and we saw that people were asked for consent before they were supported with an activity or personal care. For example, at lunch time we heard a member of staff ask a person: "Can I put this apron on for you so you don't spill anything on your blouse?" The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the manager had identified some people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body for those people. However, nearly everyone living in the home were living with dementia and were unable to consent to their stay. There were certain restrictions in place such as mat sensors and stair alarms which monitored people's whereabouts at all times. This meant that the Manager had not recognised and referred everyone as required and had only referred people who were asking to leave the home and had not fully understood the requirements of the MCA.
People and their relatives spoke positively about staff and told us they were skilled to meet their needs, one person said: "The staff here are extremely kind and efficient". From our observations staff were competent and knowledgeable about their role. Staff told us, and we saw records that confirmed they had completed training which included safeguarding, moving & handling, challenging behaviour and communication and this was refreshed annually. We saw staff following protocols written in care plans for moving and handling and saw positive and caring communication whilst supporting people.

The staff were aware of people's dietary needs and preferences. People were supported to have a meal of their choice and preference and any special diets were documented and known by the cook and staff. People told us they enjoyed the food and were able to make choices about what they had to eat. One person said: "The food is very nice, you can have what you want really, there's always a couple of choices but if you don't fancy those you can have something else", another person said after they had finished their meal: "I enjoyed that, it was lovely".

Peoples' weight loss and gain was acted upon promptly. Weekly weight checks were implemented as soon as significant weight loss was noted. We saw that people had their prescribed food supplements when they required them. We saw that staff took their time when supporting people to eat, and were patient. They offered people encouragement to eat when needed. We saw people had adapted equipment if needed in the style of lidded cups and straws and saw staff using thickeners for fluids where these had been prescribed. Staff also identified that one person's medication was acting as an appetite suppressant, and had consulted their GP who changed it to another medication and the person has now gained weight and no longer required their weight to be monitored.

People had access to health and social care professionals. People's changing needs were monitored to make sure their health needs were responded to promptly. There has been recent input from a community psychiatric nurse for one person whose behavior had changed since being in hospital, and we saw that staff were following instructions in how to manage these changes, recording them and administering the person's medication as instructed. People's changing needs were monitored to make sure their health needs were responded to promptly, one person told us: "I'm very happy here, they look after me and I get to see the Dr whenever I want to" and a relative told us: "The night staff recognised my relative was ill and called an ambulance, it's a good job they did, they ended up quite poorly". This meant that people were receiving the appropriate heath care when they needed it and in a timely manner.

Good

Is the service caring?

Our findings

People received care and support from staff who knew them well. We observed that the relationships between staff and people who used the service demonstrated dignity and respect at all times. We saw staff promoting peoples' dignity by using a blanket to keep the person's modesty covered during support with special equipment and by keeping bedroom doors shut during personal care and when assisting people in the bathroom. People told us they were happy in the home, one person told us: "I've been very happy here, I'm looked after, well in fact I am spoilt, staff pass the time of day with you they are very kind". Another person told us: "It's very homely here, the staff are tremendous, they really are and I wouldn't go anywhere else".

People told us they were given choices and these were respected one person said: "I can do what I like when I like", and we observed a member of staff asking one person: "Are you ok if I take your blood pressure?" These interactions demonstrated that staff respected people's right to make choices.

People told us that they were encouraged to be as independent as possible, one person told us: "The staff always ask how I am feeling before offering to help me with my breakfast as they know I'm proud but I don't like spilling things. They help me get ready at my own pace, and they wait to see if I can manage shaving and washing myself before they offer help as they know I'm independent and like to do things for myself when I can"

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. We saw one person getting quite anxious during lunch and a staff member quickly responded to this and asked if there was anything they could do or would they prefer to sit somewhere else to eat their lunch. We saw that the person was being supported to eat their lunch in another room and they appeared less anxious and was enjoying the company of care staff.

People told us that their relatives were free to visit at any time, one person told us "they always make my friend feel welcome when they visit, and let me know if they are going to be late"
Relatives told us they were happy with the care their family member was receiving and were kept informed about their relatives' wellbeing, one relative said: "The staff are always on the end of the phone".

Good

Is the service responsive?

Our findings

We observed that the provider had not considered the adaptation of the home by the use of signage or decor to assist people living with dementia to navigate around the home more easily. We saw people asking which way to go to the living room and toilets during the inspection.

People told us that they were offered choice and preferences were respected, one person told us "I can get up when I want and go to bed when I want to and I get to choose food that I like to eat" and another person said "you get personal care like you do at home". People's care plans and risk assessments were personalised and detailed daily routines specific to each person's individual needs and preferences, an example of this was details regarding one person's preference to get dressed by themselves and to go to the toilet alone despite needing support in other areas. The plans were regularly reviewed and updated to ensure they reflected people's current care needs. On speaking with staff they were able to describe people's support needs in detail and we saw people being supported as per their care plans during the inspection. This meant that people were receiving care that met their assessed needs in the way in which they preferred.

Staff and the manager took prompt action when people's needs changed as reflected in the care plans. Where a person had either gained or lost weight, plans to address this had been implemented and removed promptly once the issue had been addressed. Where changes had occurred with moving and handling plans staff knew the changes and acted upon them. We saw that when an occupational therapist had made changes to one person's care plan, that staff were following these new guidelines.

People told us that they had regular activities they could be involved in such as indoor bowling, singing sessions and enjoying the garden in good weather. We saw staff chatting to people and trying to engage people in an activity in the absence of the activity coordinator. We saw that people had access to books; newspapers and that people were requesting different types of music to be played throughout the day. We saw people's choice of music was respected. People and their relatives told us that occasions such as birthdays, Christmas and Easter were celebrated at the home.

People told us that they knew how to complain but hadn't needed to, one person told us: "I'm very happy here, no grumbles", and another person said: "Yes, I'd complain if I needed to, but I've never had anything to bring up".

Relatives said they would complain if they needed to and thought that the manager was responsive. The complaints procedure and blank complaint forms were available for people to use, however no complaints had been received up to the day of the inspection, and we saw in the hall way compliments in the form of thank you cards were pinned to the notice board.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspections we had concerns that the building was not being maintained to a suitable and safe standard. We had asked the provider to improve. The provider had sent us an action plan telling us how they planned to improve by the end of December 2014. At this inspection we found that the provider had not met the time scales set in their action plan and in some areas of the building the environment was not safe or maintained to a suitable and safe standard. This meant that the manager had not identified these issues as continuing problems.
Quality assurance systems were in place to monitor the quality of service being delivered. For example, we saw that audits were completed for medicines administration records (MAR) for each resident to check all medicines had been given, and audits were completed for the environment. However some of these were proving to be ineffective as they did not adequately identify issues with the décor and maintenance within the home. For example we saw a checklist which had been completed by the registered manager which stated that one person's bedroom was safely maintained. However from our observations several issues had not been identified such as broken window latches, a damaged door frame and a broken nurse call socket. We discussed this with the registered manager who agreed these had not been noted when the room had been checked. The manager stated that a new health and safety audit would be implemented to better identify issues with the building maintenance.

Accidents and incidents were recorded; however there had been no effective analysis of these, this meant that the provider had not identified that people who used the service were at continuing risk of further accidents or incidents. Quality questionnaires had been given to people who used the service and their relatives; however analysis of these had not taken place to highlight any potential areas of concern. This meant that these processes were ineffective as they would not support the provider in recognising areas for improvement, and that the views of people and their relatives were not taken into account.

The provider and manager had not identified the risks to people that use the service from the building being poorly maintained, and the manager had not always followed The principles of the MCA and DoLS to ensure that people were not being inappropriately restricted.
These issues constitute a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff, relatives and people who used the service told us they liked and respected the manager. Staff told us they had met with the manager both individually for supervisions and appraisals and also as a team and this enabled them to discuss any training needs or concerns they had and felt that if they needed to raise any issues or concerns that the manager would support them

People and staff told us they had confidence that the registered manager would listen to their concerns and would be received openly and dealt with appropriately.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Continued issues around building maintenance. Quality assurance process not effective in monitoring risks to people using the service. Regulation 17 (b)

The enforcement action we took:

Warning notice