Barchester Healthcare Homes Limited

Hilton Park - Oaklands

Inspection report

Bottisham
Cambridge,
CB25 9BX
Tel: 01223 811256
Website: oaklands@barchester.com

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Ratings

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

Overall summary

Hilton Park - Oaklands is a home providing nursing and personal care for up to 54 people, some of whom are living with dementia. There are three units called Maple, Elm and Willow. All bedrooms have en-suite bathrooms and there are external and internal communal areas for people and their visitors to use.

The service had a registered manager in place. 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.

Our last inspection took place on 12 November 2013 we found the provider was meeting all the regulations we looked at.

This unannounced inspection took place on 3 December 2014.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained

Summary of findings

and well supported by their managers. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs. People received their prescribed medicines appropriately and medicines were stored in a safe way.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process. DoLS applications were in progress and had been submitted to the authorising body.

People received care and support from staff who were kind, friendly, caring and respectful. Staff respected people's privacy and dignity. People and their relatives were encouraged express their views on the service provided.

People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure the change was effective. People were offered 'event' type activities, (such as entertainers) and group activities (such as bingo), but individualised activities that focused on people's interests or hobbies were limited.

The registered manager managed one other service in addition to this one, Hilton Park Care Centre, which was a care home next door to this service. The registered manager was supported by senior staff, including qualified nurses, care workers and ancillary staff. People, relatives and staff told us the home was well run. People and their relatives told us that staff of all levels, including the registered manager, were approachable. People's views were listened to and acted on.

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 living in the home were kept safe from harm because staff were aware of the actions to take to report their concerns.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Good

Is the service effective?
The service was effective.

People received care from staff who were trained and well supported. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were kind, friendly, caring and respectful.

People and their relatives had opportunities to comment on the service provided and be involved in the care planning process.

Good

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

A limited range of social activities and hobbies were available for people to access. Activities and stimulation was limited.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Requires Improvement

Is the service well-led?
The service was well led.

Good

Summary of findings

People, relatives and staff told us the home was well run and that they were encouraged to provide feedback on the service in various ways.

The service had an effective quality assurance system. This was used to drive and sustain improvement.

The registered manager looked to develop the service and had plans in place for development over the next 12 months.

Hilton Park - Oaklands

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 unannounced inspection took place on 03 December 2014 and was undertaken by two 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. The expert-by-experience had experience in older people's care.

Before our inspection we looked at all the information we held about the home. This included the 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 any improvements they plan to make.

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also spoke to the service's commissioners.

During our inspection we spoke with 10 people, and the relatives of five other people who live at the home. We also spoke with the registered manager and 12 other staff who work at the home. These included senior staff, care workers and ancillary staff. We observed the way care was provided to help us understand 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.

We looked at five people's care records, staff training and five staff recruitment records. We also looked at records relating to the management of the service, including audits, staff supervision and appraisal plans, and procedures.

Good

Is the service safe?

Our findings

The people we spoke with said that they felt safe and did not have any concerns about the way staff treated them. One person told us, "I feel safe living here." Another person told us, "There were some issues earlier in the year, but these were addressed. I'd talk to [the registered manager] if I was worried now." We saw that people were provided with information about protecting people from potential harm which included who to contact if they had any concerns.

All the staff we spoke with told us they had received safeguarding training and, where appropriate, refresher training within the last 12 months. Staff showed a good understanding and knowledge of how to recognise and how to report and escalate any concerns to protect people from harm. One member of staff told us, "I have not had any concerns about safeguarding. If I did I would inform my unit manager and escalate if needed. I am aware of the outside agencies involved. There is information in the office." Another member of staff said, "I don't have any concerns about abuse. There is a helpline number to call. We were taught it during the induction. I would talk to the team leader or unit manager first."

Care and other records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whist still promoting their independence. These included, but were not limited to, risks such as skin care, falls and anxiety. For example, we saw that staff had completed risk assessments in relation to the use of bedsides. These included whether the bedsides should be covered to prevent entrapment. We saw that the actions in these risk assessments were being followed in order to promote people's safety.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, we saw that people's behaviour charts were monitored and, where appropriate, the care plans and guidance that staff followed were reviewed.

The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member's experience and good character.

Each unit had an identified team consisting of a unit manager, qualified nurses, team leaders and care workers. The registered manager told us that they had had difficulty recruiting qualified nurses and suitable care workers. Vacancies were filled by existing staff working, extra hours, and agency staff. Staff told us that the agency staff usually knew the home and people's needs. The registered manager told us that they had a set budget per resident per day for staffing. During people's pre admission assessment the registered manager took into consideration the staffing levels in the home and adjusted them if required to meet people's needs. We saw that some people had additional staff allocated to them in order to meet their needs safely and effectively.

Prior to our inspection a healthcare professional told us they felt there were not enough staff to meet the needs of people living in one area of the home. We found that staff in this area were very busy and there was limited time for them to engage people in meaningful activities, hobbies or interests. One person told us, "Staff are really busy, too busy to sit and talk." A member of staff told us, "There are not always enough staff, but we get everything done, just not always in the correct timescale." Another member of staff told us they had attended dementia training. They said they, "loved the job," but were unable to put into practice the things they had learned because, "We are so short of staff and too busy."

Staff told us, and we found, that there were sufficient staff to meet the needs of the people they cared for in the other two areas of the home.

The registered manager told us they had identified a staffing shortfall and had recruited staff to focus on providing stimulation and activities that were devised around people's interests. These staff were due to take up post shortly.

People were safely supported with their medicines. People told us they always received their medicines on time. One person told us, "I have medication four times a day, it's always on time, I'd know if it wasn't because it's mostly pain relief." Another person told us they were supported to apply their prescribed creams themselves, but that staff "looked after" their other medicines. They said they were happy with this arrangement.

Staff told us that their competency for administering medicines was checked regularly. We saw medicines being

Good

Is the service safe?

administered during our inspection. We observed that staff were respectful of people's dignity and practiced good hygiene. We found that medicines were stored securely and at the correct temperatures. Appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Good

Is the service effective?

Our findings

People and their relatives told us that their, and their family member's, care needs were met. One person told us, "The staff are very nice, I've been here a long time now. They know what I need." Another person told us they were quite independent, but that, 'I say what I need and [the staff] will do it'. A third person said, "[The staff] keep me warm at night. They know if they keep me comfortable they can get on. This is a nice place but it isn't home." One person's relative told us, "The staff are absolutely brilliant. They are well trained and 100% excellent. The standard of care is fantastic and I would want to be in here if I ever need care." Another relative said, "It's brilliant here. No question. The staff are absolutely lovely."

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. One member of staff told us, "I love it here. I had an induction. I shadowed staff for a few weeks as an extra member of staff. The induction was very useful." Staff members told us they had a received a variety of training including, dementia workshops, moving and handling, and infection control. Staff told us they were also supported to gain qualifications to increase their knowledge. This included National Vocational Qualifications (NVQ) in health and social care. A programme of leadership training was in the process of being delivered to senior staff members. This included coaching, mentoring, supervision and appraisal. This meant that staff were trained to meet the needs of the people they provided care to.

The registered manager told us that staff appraisals were being re-introduced over the next 12 months. Staff told us they felt well supported by their managers. One member of staff told us, "Team leaders do supervision every one to two months and staff meetings are roughly monthly. I feel well supported here." Another staff member said, "I do find [supervision] useful. We discuss clients and it helps me understand how to meet people's needs." This shows that supervision was effective and staff felt supported.

People's rights to make decisions were respected. People's capacity to make day to day decisions had been assessed by senior staff where appropriate. Where people lacked mental capacity to make decisions, they had been supported in the decision making process. This involved people who knew the person well, such as their relatives or other professionals. Staff had documented these 'best interest' decisions. An example of such a decision included when people refused support with their personal care.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and spoke knowledgably about this. The registered manager confirmed they had made applications under DoLS to the supervisory body to deprive some people living at the home of their liberty. At the time of our inspection the authorising body had not made a decision on these applications.

People had enough to eat and drink and told us the food was good. One person told us, "The food is very good." Another person said, "I have never had a bad meal here. The food here is good. They know what I like." A relative said, "The chef is brilliant, I've eaten here and I recommend the cake in the afternoon – delicious."

People were offered a choice of what they would like to eat and drink in a way they could understand. The registered manager told us that the menu had recently been redesigned to increase the amount of choice available. People and staff told us alternatives were available if people did not want the choices on offer. Staff offered people hot and cold drinks and snacks between meals. We observed lunch time and found that where people needed support to eat their meal, staff encouraged and assisted them appropriately. In two areas of the home, staff served up the meals for people who were in eating in their rooms and then served the people sitting at the dining table. Whilst people did not show any signs of impatience, this meant that some people watched other people's meals being served for 25 minutes before they were presented with their meal.

People were provided with aids to help them to eat or drink independently, such as specialist beakers to aid drinking. However, we noted that for one person the aid had been placed on the table on the side of their body where they had difficulty with movement, this made it difficult for the person to access their drink without staff assistance.

The time of the last meal of the day had recently been moved to reduce the time between people's last meal of the day and breakfast. There was a mixed response from

Good

Is the service effective?

the people we spoke with about this change. The registered manager was aware of this and told us they were looking at ways of the meal time being staggered so that people ate at a time that suited them.

Records showed that people's weight was monitored regularly and action taken where concerns were identified. Where appropriate, advice from health care professionals had been sought and followed in relation to people's diets. This included where people had swallowing difficulties. Staff were aware of people's nutritional needs. One staff member told us, "We have to be very careful about [people's diets]. If a mistake is made then we must tell the senior nurse immediately."

People told us, and their care records showed, that they saw a range of healthcare professionals including GP's, dentists, Speech and Language Therapists and chiropodists. One person told us, "'The GP comes every week [and we] have an optician and a chiropodist in." A relative told us, "[The staff] are good at calling in the GP or specialist." People's health conditions were monitored and we saw that healthcare support was accessed when required. This meant that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives praised the staff. One person said, “The staff are very nice, I’ve been here a long time now. They treat me very well and know what I need.” A relative told us, “The staff are excellent.” Another relative told us that his family member needed a shower just as a member of staff was going off duty. In order to provide continuity, the staff member had stayed in their own time to assist his family member. He told us, “That’s the kind of staff they are.”

We observed pleasant and friendly interactions between staff and the people living at the home. Staff were extremely polite and addressed people using their name. Staff took time to help people to be comfortable. For example, we saw one staff member pull curtains across part of a window so the sun was not in a person’s eyes. Another member of staff checked people were comfortable while taking their medication and afterwards. Staff showed patience and were encouraging when supporting people. They spoke calmly to people and did not rush them

Staff knew people well and told us about people’s health and personal care needs and preferences. They were also aware of people’s religious and cultural values and beliefs. This information had been incorporated into people’s care plans and was taken into consideration when care was delivered. A staff member told us, “We ask people what they like and try to offer choices. We try and interact all of the time.”

Staff showed an understanding of the effects health conditions had on people. One member of staff told us about a person’s health condition. They said the person sometimes got upset and angry. The member of staff told us the person, “has a lot of pain and I understand that.”

We saw examples of staff respecting people’s privacy and dignity. Staff members knocked on people’s doors and waited for a response before entering. We saw that staff assisted people with their personal care in a discreet manner. However, during our inspection we noted one example of when a staff member did not respect a person’s dignity. We heard the staff member call across a dining room to another staff member making reference to a person’s nutritional care needs.

We saw that people were dressed appropriately for the temperature of the home and were well presented. One person told us, “[The staff] keep me clean and tidy.” A relative made the same comment about their family member.

Each person had a dedicated member of staff called a ‘keyworker’. The registered manager told us that keyworkers were allocated based on matching the person’s and staff member’s personalities. The staff had recently introduced ‘resident of the day’. This provided one day each month when extra time was allocated to one person for their care to be reviewed and additional time spent with them. The registered manager said this provided a better focus on ensuring they were meeting people’s specific needs and wishes.

The registered manager told us that they encouraged relatives and friends to visit at any time and provided private areas where people can enjoy the company of those close to them. This was verified by visitors to the home who said they were made welcome. Relatives said staff were good at keeping them updated about their family member and contacted them immediately if there were any changes or concerns.

Requires Improvement

Is the service responsive?

Our findings

People, and or their family members, said that staff met people's care needs. One person told us, "They always look after me well." A relative said their family member slept a lot but that, "When [my family member] wakes and wants to get up, [the staff] are always there to help [my family member]."

People's care needs were assessed prior to them moving to the home. This helped to ensure staff could meet people's needs. Care records were detailed and included guidance for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move, eat and communicate. Where possible, staff involved people and, where appropriate, their relatives in writing care plans. One person told us, "I am involved in my care plan. I know what I'm on, I know what it says and if I don't, I always ask and they tell me." Staff told us people's care plans were accurate and updated promptly.

There were examples of staff encouraging people to maintain hobbies or interests. For example, one person liked football and had the fixtures list in their room so they knew when they could watch the matches on television. People told us about trips out that they had enjoyed and one person said they were supported to go shopping regularly. Some people told us they enjoyed the entertainers that visited the home and the group activities that were offered. However, other people told us there was a lack of organised hobbies or interests for them to participate in. One person said," I don't want to sit in Bingo or listen to Elvis…. but that's what they keep doing. Those activities are not OK for most of us. [They're] boring."

Another person said, "I used to knit. I knitted everything, but I would need someone to help me now … and [the staff] are too busy or not interested." Another person said, "I may as well stay in my room. There's nothing to do in [the lounge]."

There was a lack of organised hobbies and interests for people to be involved in. On one unit during the morning there were nine people in the lounge. Loud Christmas music was playing. One person had three soft toys they were holding, another person had ear phones in with music playing. No attempt was made by the staff to engage the other seven people in any activities, hobbies or interests. When asked, staff told us that normally they would have shown a film on the television, "to keep them busy," but that the television had recently broken down. The registered manager told us they were in the process of recruiting staff to focus on individualised activities for people who could not, or didn't want to, participate in large group activities. The registered manager said activities would be devised around people's preferences and interests.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager would listen to them and address any issues they raised. One person, and another person's relative, told us they had raised concerns with the registered manager last year. Both told us the registered manager had listened and taken action to address their concerns leading to the situations improving. The complaints procedure was available throughout the home and staff had a good working understanding of how to refer complaints to senior managers for them to address.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the people and relatives spoken with. One relative told us, "I cannot praise the home enough. I would give the home ten out of ten and don't want [my family member to live] anywhere else." Another relative said, "I am really pleased. The care is excellent." They told us that staff asked for their views about the service in general, as well as about individual people's care.

The registered manager hosted meetings for people and relatives to attend. These provided an opportunity for people to air their views. We spoke with two relatives who had attended these. They said felt able to voice their views at these meetings and felt the registered manager listened. One person told us that, "They always deal with things I bring up." The registered manager told us that feedback cards were issued to people and relatives which they could then post directly to an independent company for publication on a website. The registered manager received a report and score generated by this process which they monitored. Feedback had been positive so no actions were required from this.

A registered manager was in post. They were supported by senior staff, including qualified nurses, care workers and ancillary staff. Staff were clear about the reporting structure in the home. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people supported by this service.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to their manager.

They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. The staff we spoke said they enjoyed their jobs and felt supported by senior staff and the registered manager to meet people's needs. One staff member said, "I really love working with older people. We have a good team." Another said, "The manager is very good and I feel well supported."

The quality of people's care and the service provided had been monitored in various ways. These included, but were not limited to, audits of medicines, infection control and skin care. The registered manager conducted unannounced visits to monitor the quality of service during the night and at weekends. The regional director reported on their monthly visits to the home and produced an action plan. The report included feedback from people and staff, a tour of the premises and a review of complaints and investigations. We could see that at each visit the action plan from the previous visit was reviewed and updated. Specialists within the provider organisation also carried out audits periodically. For example, a health and safety audit was carried out in April 2014. The service scored 'good' and had four actions which the regional manager was monitoring as part of their monthly visits. These audits helped the provider to ensure that a good standard of service was provided.

In the PIR the registered manager explained the various improvements they planned to make over the next 12 months. These included, but were not limited to, the employment of staff to focus on providing the opportunity for people to take up new, and maintain old, hobbies and interests, and the development of leadership skills within the senior staff team. This showed the registered manager continually sought to improve the service.