Larchwood Care Homes (South) Limited

Hillcrest

Inspection report

106 Thorpe Road
Thorpe
Norwich
Norfolk
NR1 1RT

Tel: 01603626073

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hillcrest provides accommodation and personal care for up to 52 older people including those living with dementia. Accommodation is located over two floors. There were 40 people living in the home during this inspection.

This inspection was unannounced and took place on 2 June 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had yet to receive training in this subject and those spoken with during this inspection were not able to demonstrate that they were aware of the principles of the MCA or DoLS and their obligations under this legislation.

Care plans did not contain all of the relevant information that staff required so that they knew how to meet people's current needs. We could not be confident that people always received the care and support that they needed.

Staff deployment was not well managed which meant that people could not always be assured that their needs would be met in a timely manner

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People were cared for by staff that understood their care and support needs. People's privacy was respected most of the time. Most staff were seen to knock on the person's bedroom door and wait for a response before entering.

People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Although we noted that menus were not available in appropriate formats so not all people were aware of the options on offer. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines in a timely manner and medicines were stored in a safe way.

The provider had a complaints process in place and people were confident that all complaints would be addressed.

The provider did not have effective quality assurance systems in place to audit all areas of the home to

identify areas for improvement. Therefore they were not able to demonstrate how improvements were identified and acted upon.

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.

Risks to people had been identified but information on how to reduce the risks was not available.

There were enough staff employed to ensure peoples safety.

People were supported to take their prescribed medicines.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Some staff were not aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were trained and received supervision to support people with their care needs.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People were supported to see their relatives and friends.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not detailed and did not always provide staff with sufficient guidance to provide consistent, individualised care to each person.

Staff deployment was not well managed which meant that people could not always be assured that their needs would be met in a timely manner

Although there were activities on offer for people these were limited.

Is the service well-led?

Requires Improvement

The service was not always well- led

The systems in place to monitor the quality of the service were not always effective.

There were opportunities for people and staff to express their views about the service.

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 unannounced inspection took place on 2 June 2016. It 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.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with the local authority contract monitoring officer.

During our inspection we spoke with 10 people and five visitors. We also spoke with the registered manager, five care staff and two visiting health care professionals. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe and relatives confirmed they had no concerns over safety. One person said, "At night times you've got someone here all night, if anything happens they're [staff] on the ball, I feel safe, that's the main thing". Another said, "I feel safe, secure and satisfied. The manager asked me the other day and that's what I told her, I'm comfortable and it's my home". A relative said, I've never had a quandary or worries about safety, (family member) is not agitated and we would know the signs".

Although risk assessments had been completed these did not contain sufficient detail about how the risks should be minimised. There was no record of when the risk had been identified so it was not clear if it had been reviewed and was still relevant or accurate. We discussed this with the registered manager and they agreed that further information should be included so that people were not at risk.

Staff were clear about keeping people safe. We heard staff on a number of occasions remind people to use their walking stick or frames when walking round the home. Where people had been assessed to be at risk of harm due to poor skin integrity special mattresses and/or seating cushions had been purchased and were in use. A nutritional assessment was in place but guidelines were not detailed in how staff should support the person to reduce the risk of malnutrition. Staff were able to tell us how they supported and encouraged the person to eat and that they were encouraged to have fortified drinks. The evaluation of the risk assessment provided an update of what the person had or hadn't eaten not any changes or actions that staff needed to take to support the person with their nutritional risk. Another person who had suffered a fall. We noted that the risk assessment had not been updated or action taken to prevent a further occurrence.

Most of the time the home was calm and relaxed. We found that there were sufficient staff on duty to ensure peoples safety; although people needs were not always being met in a timely way. The registered manager explained how they used a dependency tool to calculate staff numbers. There were six care staff, one senior care staff plus the deputy and the registered manager on duty at the time of the inspection. However not all of these staff were providing personal care to people throughout the day. We were told by the care staff that senior care staff did not provide direct care regularly as they were responsible for the administration of medication, dealing with the doctor, organising appointments' and completing and updating care planning documentation.

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. The staff we spoke with showed they had understood and had knowledge of how to recognise, and report any concerns to protect people from harm. Whilst staff said they would report any poor practice or safeguarding concerns to the registered manager they had no clear knowledge regarding how this information could be reported to external agencies. One member of staff said, "I would always tell the manager if I had any concerns". We mentioned this to the registered manager who said they would take it to the next staff meeting. Safeguarding information was made available during the inspection. This was placed on the notice board and was now accessible to staff and families in the main entrance and at various points throughout the home. This included the telephone number of the local authority safeguarding team.

Staff had received training in medicines management The provider had arrangements in place for managing people's medicines. Medicines were stored securely and safely. Appropriate arrangements were in place to ensure unused medicines were returned to the pharmacy to be disposed of. We observed the member of staff administering the medication. People were asked if they would like pain relief. One person was supported and staff provided instructions to ensure they received the correct dose of their prescribed medicine. One person required their medicine to be mixed with their food (given covertly) we found that the best interest decision and a protocol had not been fully implemented to explain how and why it needed to be given in this way.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references and criminal record check to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

Requires Improvement

Is the service effective?

Our findings

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 checked whether care staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's mental capacity to make decisions about their care had been assessed and DoLS applications had been made as a result.

The registered manager understood the principles of the MCA and DoLS. Although all staff had received training those staff we spoke with had very little understanding and were not able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager told us they would hold another session for staff at the next team meeting to discuss the principles.
Staff told us that the training they had received was on the whole good and had helped them to develop the skills they needed to carry out their role. Staff explained they had received training in dementia care and that had helped them understand people's behaviours. Although two members of staff told us they had not received sufficient training in supporting people living with dementia. Training records showed that staff had received training in a number of topics which included infection control and food safety, moving and handling and safeguarding people. The registered manager said they would look into further dementia training for staff.

Staff told us they received regular supervision and support from the registered manager. The records showed that staff received supervision at least every other month. They told us they had the opportunity to discuss their support, development and training needs.

We observed lunch in two dining rooms. Whilst some people chose to sit at tables; some chose to remain in their chairs in the lounge area using a portable table and a number of people remained in their rooms. One person when asked about the food told us "I look forward to it [meals]". Another person told us "The food is lovely. I can't want no more". A third person when asked about menu choices said, "They [staff] just say what's on the menu; we used to have a menu board but not now, I just say to the cook "What are you going to surprise us with today? One person told us that people could have bacon and eggs for breakfast, soup for tea and a snack with a hot drink in the evening.

Tables in the dining rooms were laid with place mats, serviettes, cutlery, condiments including malt vinegar,

and a floral table decoration. We noted that menus were not accessible as they were in the far corner of the room. People told us they could not remember what the meal choices were but staff would remind them when it arrived. We heard staff reminding people what they had ordered when placing their meal in front of them

People were offered a choice of cold drinks with their meal. Food was served by a member of staff from a heated trolley supported by other members of staff who asked people individually of their preferences to main course, vegetables and potatoes. Some people opted for smaller portions. Soft diets were served to those people who were unable to manage a normal diet.
We observed a member of staff who supported one person to eat their meal. They gave them time to eat each mouthful and asked if they were ready for the next. One person was able to eat independently with the use of a plate guard. Another person was being supported by a member of staff who spoke very little to the person and did not explain what was on their plate or have any discussion with them. During the meal the person began choking. The member of staff we spoke with explained that the vegetables were a little firm and made it difficult for them to eat as the person preferred them to be soft, which they usually are. The member of staff did not take any further action. For example, offer them an alternative that would have been easier to eat. During both the morning and the afternoon people were offered drinks, biscuits and snacks

Records showed that people's health conditions were monitored regularly. Staff also confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, dentist, dieticians and therapists. One person said, "They'll [staff] make a note of it if I'm not feeling myself. I had to have the doctor out early one morning having been unwell in the night". People told us they saw the chiropodist. One person said, "They [chiropodist] do my nails and feet, they came just a few days ago". Another person replied, "Hair, barber, nails and all, everything you get here". A third person said "The chiropodist does my toenails and my [family member] does my finger nails". We were also told that an optician had visited the home. One person told us "Somebody came in, not so long back, to test my eyes, they took about half an hour, give you a good overall. I wear glasses for reading but they were alright last time". Another person who we observed used a magnifier to read with told us, "I'm due for a (sight) test in July. They [optician] do come here but I have my own". A visiting professional we spoke with told us they visited the home approximately twice a week. They said that staff were very helpful and provided useful information to support peoples care needs. Advice or information they gave was acted upon such as advice regarding pressure care. They told us that staff always called if they required further advice and were proactive in responding to people's changing healthcare needs.

Good

Is the service caring?

Our findings

People living at Hillcrest residential care home told us that the staff were caring, polite and friendly. One person told us, "It's a nice place, it's quiet, every day is different". Another person said, "I love living here". A third person who was being cared for in bed said, "I do feel cared for". A fourth person laughed and said, "We [staff] chat with each other about anything. They [staff] know me very well. I couldn't ask for anything better, really I couldn't. I have a lot of laughter with them (staff)". The same person also said, "They (staff) do what they possibly can in the twelve hours (shift), at changeover time, its lovely to hear them, you wouldn't think they'd been working twelve hours, they're happy, singing, it's lovely". A relative told us "Right from the word go we've been happy with the care and how [family member] has been looked after. They're good, they (staff) know how [family member] ticks, they're very good with them". The visiting professional told us they had no concerns about the care provided and that had never witnessed any poor care practice.

Staff told us how they treated people with dignity and respect. They told us that they made sure that people's needs were met, they were treated as individuals and that they were involved in making choices. We saw that people were offered choices. Staff said they knocked on people's doors before entering the person's bedroom and kept people covered up when offering personal care. We saw most staff knock on people's doors before entering their room. Staff also said that they explained what they were going to do before undertaking personal care. People we spoke with confirmed that staff explained to them what they were going to do before supporting them with the care and support needs. One person said "If I'm in the toilet they [staff] always say, "are you decent?" they always knock".

We saw that staff were kind, caring and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. We heard staff keep answering a person who kept forgetting where they should be going. Relatives told us that staff showed a very good understanding of the needs of people who were living with dementia. One relative said, "I am quite happy with all the staff. They are very patient." One member of housekeeping staff said, "If a person is in bed, I always ask if they want the TV or music on. I sometimes sit for a few minutes and chat. It can be very lonely for some especially those that don't have many visitors." This showed that staff in all roles understood the importance of interacting with people.

People told us that staff know them well. One person said, "I come here [sat in the dining room] at eight thirty for breakfast. It suits me; I think you just get used to it. They'll [staff] say "are you having the usual". You can have something different if you like". Another person told us "I suit myself; you can stay in bed all day if you want. I enjoy my breakfast; I go down when I'm ready". A third person said "The atmosphere is lovely, the staff, cleaners, whoever they are greet you. That calms them [people living with dementia] down. They (staff) reassure them, oh they do, they kiss them, they're compassionate, they really are".

The audits and some staff referred to areas of the home in a very institutional way for example 'resi up' which referred to the residential unit on the upper floor of the home and 'EMI (elderly mentally infirm) down' which referred to a unit on the ground floor that supported people living with dementia. The registered manager said she would discuss this with staff at handover and again in the staff meeting and look at

possibly renaming the areas in the home in. consultation with the people living at Hillcrest

People and their relatives told us that there was no restriction regarding when their family and friends could visit though most explained that they usually tried to avoid mealtimes One person explained to us that their spouse had previously lived with them at the care home. They said "My [family member] when they died here the family were all here, the staff stood back, they didn't interfere".

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

One relative told us, "We have been able to visit whenever we want" and that staff had kept them informed about changes in [family members] health, care and treatment. Another relative commented, "The staff are very good, they know [family member] very well and know what their likes and dislikes are.

Care plans that we looked at did not always provide detailed information on how peoples care needs were to be met. One person's care plan stated they had a catheter in place. There was no detailed information on how the staff need to manage this for example when it required changing. One person's plan had been reviewed and stated that the person now required full assistance at mealtimes. Although the plan stated that a plate guard was in use, it wasn't in use at lunch time. We found that some plans had been written but were not signed and dated by the author. It was therefore unclear if they were still in date. Care plans did not explain what the people were able to do for themselves and provided instructions for staff on what support people required to meet their needs. Staff were able to tell us what people were able to do. It was not clear how much involvement the person or their family had in devising the care plan as there was no information on who had attended reviews or that care plans were not signed by the person and or their families. This put people at risk of receiving care that did not meet their care needs and support. Staff told us they had just completed the incident form and this was passed to the nurse. Staff we spoke with told us they did not have time to read care plans with the exception of new staff who were provided with time as part of their induction. Risk assessments had identified for example where a person was at risk of pressure sores. There was no detailed information in the care plans on how to prevent these. This put people at risk of receiving care that did not meet their care needs and support.

We found that the staff deployment on the upper floor was not adequate to be able to support people in a timely way. Although they were sufficient staff in the home only two staff were working on the floor at the time of the inspection. This was because were informed that senior members of staff were not deployed to undertake personal care at all times. There were periods of up to 20 minutes where people were left unsupervised in communal areas whilst staff supported others with their personal care. Some of the people left in the lounge had poor mobility and therefore could be at risk of falling without support from staff especially those who used mobility aids. One relative told us, "They're (staff) always about, on occasions they have been short staffed. Another relative told they did not always see staff as they were busy. People told us the staff met their needs but they sometimes had to wait. One person said, "'The staff are great. They help me with everything, and everything I want is here". Another person told us that, "Staff are wonderful and work very hard to meet our needs". A third person said, "I sometimes have to wait as the girls [staff] are very busy with other people".

On the day of our inspection the activities co-ordinator was not on shift. We did not see any evidence of activities taking place, with the exception of a therapy dog that visited in the afternoon. There was no activity plan available and no events or entertainment advertised. One person when asked if there were activities to do during the day, said, "Activities lady, no to be honest, we only see her occasionally". Another person said, "I can't say that I notice too many activities". A third person said, "There's a lack of entertainment here". One person showed us they do word search puzzles although there book was now

complete.

One person told us they used to have regular activities "I threw myself into them, making things with dough, ornaments". They told us, "She (activities coordinator) loses heart because people don't try". When we asked people if outings and visits were arranged they told us "No they don't do that [outings]. How can they? People would just wander off. There's too much at risk". A relative told us "They have people in singing. [Family member] loves music". Another person told us "She [activities coordinator] sits and does things with me, making things". When we asked a relative about any entertainment they told us "They do have a singer regularly, not just 'key' events. There is a tea party for the queen coming up. I can also take [family member) into the garden at the back".

One person told us "I used to go to St. Johns church, you don't get out here. They [staff] wouldn't have time to take us. I used to go out a lot more in the previous care home but you don't here". Another person said, "Sunday mornings I always play my hymns [CD player in room], and they [staff] don't mind, they respect it". Whilst we did not see any information about religious services held in the home. One person said, "Two people from church come, they have a service here every month. They sit round and we have hymns, communion".

Everyone we spoke with felt confident speaking to the staff if they had any concerns. One person told us "I would tell them, one of the seniors, they would respond". A relative said, "We speak to the staff and it's sorted, any of the girls [staff], and if it's not followed through we would go to the manager". Another relative said. "If we've got an issue we'll speak to whoever and someone will always resolve it". Other people told us that they had no complaints but would talk to someone if they felt they needed to.

There had been a number of compliments received from relatives especially thanking staff for the care and support their family members received during their time at Hillcrest. The home had a complaints procedure which was available in the office. There had been no recent complaints.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People we spoke with said that they knew who the registered manager was and felt able to approach her if they needed to raise any issues. We asked a relative what the care home excelled at, they told us, "Friendliness, always. It's the main thing here. I pop in at all times, I never come announced, and I'm always made welcome".

Audits were in place which monitored safety and the quality of care people received. Audits included areas such as care planning, medication and health and safety. Audits were not effective and had not identified our findings in medicines where a person was being given medicine covertly and a lack of detailed information in the care plans. Audits had been carried out in regards to the cleanliness and tidiness of the laundry, kitchen and store cupboard which contained cleaning substances.

The registered manager informed us that new audit forms were being introduced which would cover areas such as but not limited to, maintenance, kitchen, medicines and housekeeping. A questionnaire was due to be sent to people who use the service, relatives and other stakeholders for them to have a say in the quality of the service provided at Hillcrest.

Staff told us they received support from the registered manager. Comments included, "I love working here. I am well supported by both the management and the people I work with and the residents are well cared for." "I feel well supported." "I have regular supervision".

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "I would have no hesitation in raising a concern if people were receiving poor care".

There were staff meetings for all staff during which they could discuss their roles, training and were provided with information in relation to peoples care. Staff we spoke with were happy about meetings. One member of staff said, "There are staff meetings every month and we are able to add to the agenda".

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.