

Hilgay Ltd

Hilgay Care Home

Inspection report

Hilgay
Keymer Road
Burgess Hill
West Sussex
RH15 0AL

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Tel: 01444244756

Website: www.hilgaycare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Hilgay Care Home is a residential care home providing accommodation and personal care in one adapted building for up to 35 older people living with frailty, dementia and other health related conditions. At the time of the inspection there were 14 people living at the home.

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

At the time of this focused inspection, due to the risk of COVID-19 some people were being supported in their rooms as part of a two-week isolation period when they were admitted to the home.

Significant improvements had been made since the last inspection. People and their relatives talked of a 'turnaround' in the way the home was managed and how pleased they were with changes that had been implemented. One person said, "We have a new activities lady now and I enjoy doing armchair exercises. I used to just come downstairs for meals, but I come down more now because there is more to do. I used to get sad and lonely, but I'm feeling better now". Two relatives felt that any concerns they had would be listened to and addressed. One relative added, "I keep in contact over the phone and the manager keeps me up to date. The home has a Facebook page and I can see photos".

People spoke confidently about the registered manager and were positive in their feedback. Staff had an enthusiastic and caring approach to their work, which was observed at inspection.

People's risks were identified, assessed and managed safely. If accidents or incidents occurred, these were reviewed and analysed; lessons were learned to prevent a reoccurrence. People received their medicines as prescribed. Infection prevention and control procedures were effective and applied rigorously. New staff were recruited safely, and checks were made on their suitability to work in a care setting. Staffing levels were sufficient to meet people's needs.

Auditing systems continued to be implemented well and were effective in monitoring and measuring the care delivered and the home overall. The registered manager adopted a pro-active approach, demonstrated a keen and passionate understanding for building and sustaining the improvements already implemented, and involving staff in the management of the home.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement, (report published 17 March 2020). Conditions were placed on the provider's registration between March and June 2020. This required the provider to advise CQC on new admissions, and for the services of an external consultant to advise the registered manager about setting up auditing systems. At this inspection we found improvements had been made, and the conditions to registration have now been removed.

Why we inspected

We undertook this focused inspection to check whether improvements made at the last inspection continued to be sustained and be embedded into practice. This report only covers our findings in relation to the Key Questions Safe and Well-Led.

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

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hilgay Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

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

Notice of inspection

We gave a short period of notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had requested and received about the service. The provider was not asked to complete a Provider Information Return prior to this inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. The registered manager was able to send

us documents we requested beforehand that related to the key questions we planned to inspect. We used all of this information to plan our inspection.

During the inspection

We spoke with two people living at the home about their experience of the care provided and one relative. We spoke with the registered manager, the administrator, and two care staff. We looked at five people's care records in detail, including risk assessments. We observed how medicines were administered and looked at a variety of care and quality records such as people's medication administration records, records of accidents and incidents and internal quality audits. We looked at three staff files in relation to recruitment and supervision, staff rotas and training records.

After the inspection

We spoke with two relatives and a member of care staff over the phone to obtain their feedback and views about the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection improvements had been made in the assessment and management of risks to people, but needed to be sustained and embedded in practice.

At this inspection, risk management systems continued to be implemented and were effective in protecting people from potential harm.

- People were protected from the risk of avoidable harm. Risks to people were identified, assessed and managed safely.
- The majority of people who recently moved into the home had been discharged from hospital. Pre-assessments were completed to identify any risks for people, including risks to others, and these were managed effectively.
- We reviewed information provided to staff in people's care plans. Throughout the inspection, we observed that staff were aware of people's risks and followed the guidance provided. For example, one person had been assessed as requiring a soft textured diet by a speech and language therapist. The chef had prepared their meal to comply with the advice given by the health professional. This person's care plan noted they were at risk of choking, so they should be supervised. We observed a staff member sat with them and another person who required assistance with their meal.
- Incidents and accidents were recorded and monitored on a monthly audit, with actions taken to reduce the risk of reoccurrence. One person had a fall and changes were made to the layout of their room to mitigate the further risk of a fall.
- Risks associated with the safety of the environment and equipment were identified and managed. Scheduled checks were carried out to identify and action any maintenance that was needed. For example, the actions identified in a recent fire risk assessment had been completed.
- Staff knew how to keep people safe and how to support them in the event of an emergency. Staff told us about the training they received, and that regular fire drills were carried out. Staff told us of and showed us a 'grab box' located by the front door, which contained information on how to support people should the building need to be evacuated.
- Personal Emergency Evacuation Plans (PEEPs) were in place for individuals. These advised staff how best to support each person in the event of an emergency. For example, one person's PEEP stated staff needed to support the person to remain calm and avoid agitation and gave suggestions of how staff could reassure them.

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people.
- People told us they felt safe living at the home. One person said, "I do feel safe here. I am fairly independent, but I can use the call bell if I need help".
- Relatives said they were not concerned about their loved ones' safety because they had regular contact with staff at the home. They felt staff provided reassurance and relieved any anxieties they might have, such as when they were unable to visit during lockdown.
- Staff confirmed they received safeguarding training and records corroborated this. Staff knew how to recognise potential signs of abuse and how to raise concerns in line with the provider's policy and procedures to the local safeguarding authority. One staff member demonstrated their understanding and explained, "Yes, we need to be aware of any situations, look out if people become withdrawn or seem different. I would report any concerns".

Staffing and recruitment

- There were sufficient staff to meet people's needs. Rotas confirmed there were enough staff to support people, without the need to use agency staff. A relative said that staff always responded quickly to call bells when they came to visit, and had never had to wait long at the front door before it was answered.
- We observed that staff were available and spent time talking with people .
- Staff told us there were enough staff to support people, with staffing levels reviewed when people were admitted to the home. The registered manager said they had asked the provider for additional support to enable them to manage the home more effectively, and arrangements had been made for this.
- Staff were recruited safely. Staff files showed that all necessary checks had been undertaken, including with the Disclosure and Barring Service. This service checks people are of good character and hold no convictions which may affect their ability to provide care and support to people. These were obtained and employment histories verified.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- A relative told us they were always informed about any changes to their family member's medicines, or when they became unwell.
- We observed a staff member administering medicines to people at lunchtime and this was completed with great care and attention. The staff member was knowledgeable about the medicines they were administering to people and demonstrated an understanding of each person's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task.
- Medicines were audited safely and any issues identified were rectified. Records were clear and up to date, ensuring staff administering medicines had all the information they needed to carry out this procedure safely. Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for.

Preventing and controlling infection

- The registered manager told us of the actions taken to maintain people's wellbeing during the two-week isolation period following admittance. Staff confirmed they could spend time with people who were isolating in their rooms and provide meaningful activities.
- As part of CQC's response to the coronavirus pandemic, we have been conducting a thematic review of infection control and prevention measures in care homes. We were mostly assured the home was following safe infection prevention and control procedures to keep people safe.
- The home was following Public Health England guidance in respect of COVID-19 to keep staff safe. Clear processes were in place for visitors to the home which reduced the risk of catching or spreading infection.

- Individual COVID-19 risk assessments had not been completed for members of staff. These would be needed in the event of a coronavirus outbreak at the home if staff were unable to work and in order to redeploy staff. We discussed this with the registered manager at inspection as this was an area in need of improvement. Immediately following the inspection, the registered manager informed us that they had already started the process of risk assessing staff.
- The registered manager was accessing COVID-19 testing for people and staff; they told us all staff were committed to participating in the testing programme.
- The home was clean and fresh and staff were observed using Personal Protective Equipment (PPE) effectively and safely.
- The registered manager explained the current infection prevention and control practice. Staff confirmed this and told us they were kept up to date with any changes which were put into practice.

Learning lessons when things go wrong

- Lessons were learned and actions were taken to prevent reoccurrence if things had gone wrong.
- Accidents and incidents were recorded, with actions taken in response. One person had a fall as a result of trying to pull their bed covers back. The action taken was to ensure this person's bed covers were loosened when their bed was made, to minimise the risk of them slipping and falling again. The registered manager sent us a copy of the new risk assessment and confirmed the person now made their own bed safely.
- Complaints were learned from. A relative had made a complaint about the loss of their family member's belongings and this was resolved satisfactorily after staff located the missing items.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection improvements had been made in quality assurance and governance procedures, but needed to be sustained and embedded in practice. We placed conditions on the provider's registration which required them to provide a written report to CQC each month, from 1 March until 1 July 2020. The written report was to include actions taken as a result of audits, including actions that had been taken if any errors or omissions were found. Audits undertaken needed to include checks in relation to risks to people and how these were managed.

From 1 March until 30 June 2020, the provider needed to notify CQC of any new admissions to the home within 24 hours of admission. Admissions would be limited to a maximum of one new admission each week until 30 June 2020. The provider was to engage an external management consultant to provide support to the registered manager in undertaking and setting up quality auditing systems.

At this inspection, these improvements continued to be implemented and were effective in developing the service provided at the home. The conditions on the provider's registration have been met. Therefore the conditions have been removed and a new certificate of registration has been issued.

- The registered manager had worked hard to implement a system to measure and monitor the service provided, to identify areas for improvement, and ensure any issues were addressed.
- The provider had sent us monthly reports of the action they had taken to improve the service as part of the conditions imposed on their registration. We reviewed this information both during and after the inspection to ensure that actions identified had been completed in line with what the provider had told us. We found the actions taken matched those marked as completed in the provider's monthly report. Therefore, the conditions of their registration have been met and will be removed as a result of this inspection.
- A range of audits had been completed which included checks on moving and handling equipment, a monthly health and safety audit, and care dependency assessments to calculate the number of staff required.
- A care plan audit identified that seven people still required 'hospital passports' to be completed. Hospital passports contain information about people's care and support needs which go with them should they need

to be admitted to hospital. The audit showed that action was taken and the seven hospital passports had been completed. The registered manager sent us copies of the hospital passports in confirmation.

- Care plans were updated regularly. The registered manager would talk through each person's care plan with staff following any reviews so they had an even better understanding of each person's needs and how best to support them.
- The registered manager understood their responsibilities under duty of candour, and the need to be open and honest in communication. People and their relatives confirmed they were aware of the difficulties that had been encountered by the home in the past and were kept up to date on actions taken to address these.
- One person told us, "It's marvellous now, with [registered manager] things have changed. I was worried and anxious the home might close, but we've had new people coming in and they have coped with it. We didn't get the attention we needed before, but now we do. The staff work very hard". The person talked about a tea party that they had attended in the gardens at the home the day before and how much they had enjoyed this event. They added, "Staff work so hard to keep us happy. [Registered manager] makes sure she sees everybody at some point during the day".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt that significant improvements had been made, and the home provided a good standard of care and support for people, in line with their preferences.
- A relative told us how difficult it had been not to be able to meet with their loved one face to face due to COVID-19 restrictions. However, they explained that they were able to speak daily with their loved one and staff also provided updates on how people were. Relatives could visit with people in the garden, maintaining social distance. The registered manager said when the weather turned colder, arrangements had been made so people could receive visitors in the conservatory, behind screens .
- A relative spoke highly of the registered manager and said, "I like [registered manager] very much. She has turned things around; she is friendly, open and capable". Another relative felt the registered manager was available when needed and any concerns the relative had would be listened to. The relative told us, "It has turned around and I am happy with the care now".
- One person said, "So far it's nice. The staff will all come and chat with you. I've no complaints and the food is brilliant".
- People's diverse needs were catered for and their equality characteristics were considered and understood. One person whose first language was not English was concerned about their fluency in English and that people might not understand them. Staff spoke clearly and slowly with them, checked their understanding, and reassured them in a caring way.
- The registered manager explained that residents' meetings had not taken place recently because of the pandemic, but they hoped these meetings could be resumed soon. However, the service had explored different ways of gathering people's opinions during this time. People and their relatives were asked for their views through surveys, kept in touch through a newsletter, and had regular conversations with the registered manager and staff. One relative commented, "I think it's excellent and they do a grand job. The atmosphere in the home is very friendly".
- Staff were positive about working at the home; they felt their views would be listened to and acted upon. One staff member said, "If I were to raise a concern, [named registered manager] would approach it really well and sort it out. She is chirpy and chatty, genuinely tries to sort problems out. She will prioritise what needs to be done first".
- We observed staff supported each other and worked well together as a team. A staff member explained, "I haven't had a problem since I've been here and everyone is happy to help out". The registered manager talked about the impact of COVID-19 on the service and said, "It has been very hard, but we are a good team.

I've been sleeping in on occasion so I've got to know staff really well. We've laughed and cried, we support each other".

Working in partnership with others

- The home worked well in partnership with a range of health and social care professionals.
- Integrated response team meetings took place via social media, where professionals met with home staff to discuss people's needs and any actions arising. For example, the local hospice had suggested the use of a questionnaire to find out how staff were coping during the pandemic, how to recognise the signs of potential 'burn-out' and how these could be addressed. Staff had access to counselling if they wished.
- GPs undertook conversations with people via social media and with the registered manager. For example, digital images of one person's skin condition were shared with a GP so they could provide a diagnosis and suggest treatment. District nurses came daily to administer injections to people who required this as part of monitoring a health condition.
- Where required, referrals were made to healthcare professionals, such as speech and language therapists, for dietary advice. The registered manager said, "What's come out of this awful pandemic is the bonding, the sharing, and working with other professionals".