

Hillswood Care Limited

# Hillswood Lodge

## Inspection report

9 The Close  
Endon  
Stoke On Trent  
Staffordshire  
ST9 9JH

Tel: 01782505221

Date of inspection visit:  
03 July 2019

Date of publication:  
26 July 2019

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hillswood Lodge is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 21 people in one building. The service is registered to support people with needs such as dementia.

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

People were protected from the risk of potential abuse and risks to people were assessed and planned for. People told us they felt safe, medicines were stored safely and there were enough staff to meet people's needs.

People had their needs and choices assessed and were supported by trained staff. The service ensured people had enough to eat and drink and catered for different dietary requirements. People were supported to access healthcare services when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were treated with kindness by staff who knew them well. People were referred to advocacy services where appropriate and had their privacy and dignity respected.

People received personalised care that was responsive to their needs. The provider was working in line with the Accessible Information Standards and people were able to complain. There were plans in place to support people with end of life care.

The service had a positive person-centred culture. Both people and staff told us the registered manager was approachable, the service worked in partnership with others and engaged people and staff. The service was displaying its current rating as required and had sent us notifications when necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 5 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Hillswood Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this 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.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Hillswood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, care

workers and the chef. We also spoke to one health and social care professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the potential risk of abuse. Safeguarding referrals had been made where necessary.
- Staff were aware of the different types of abuse and the signs to look out for and who they would report their concerns to.
- One staff member told us they would report their concerns to the registered manager and were confident they would act upon the concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and planned for. For example, where people had mobility issues plans were in place to mitigate the risk of falling.
- People told us they felt safe, with one person telling us they felt, "Very safe."
- Emergency plans were in place detailing the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- Staff were safely recruited. The provider ensured that Disclosure and Barring Service (DBS) checks were completed on new starters. DBS helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs.
- One person told us they got support when they needed it and, "Didn't have to wait."

Using medicines safely

- People could be assured they received their medicines safely.
- One person told us, "I get my medication and there is no problem with asking for pain relief."
- We saw people's medication was safely stored and accurate medication administration records were kept.

Preventing and controlling infection

- People were protected from the risk of cross infection as staff wore personal protective equipment (PPE)
- We saw PPE was readily available for staff to access.
- Staff could tell us when they would wear PPE, with one staff member telling us they would wear it when, "Undertaking personal care."

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Accidents and incidents were analysed so any trends or patterns could be identified.

- There was a recent incident where the temperature inside the medicine room had gone above the recommended temperature. Action was taken to ensure this was rectified and advice sought from the pharmacist with regards to the medication.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement due to the inconsistent approach to supporting people with decision making. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-assessments were completed before people started using the service. This helped ensure the service could meet the needs of people prior to admission.
- One health care professional told us, "The registered manager always does a pre-assessment, they are very willing."
- Where people were had needs, such as dietary requirements, we saw people had health assessments in place and were being followed by staff.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. One staff member told us, "Yes, I don't think there is any training we haven't had."
- One relative told us, "Staff have been here an awful long time which is a positive."
- New starters had an induction which included shadowing more experience staff members.
- Staff told us they had regular supervisions and they felt supported in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People received enough food and drink to maintain a balanced diet.
- One person told us there were, "Plenty of juices to drink."
- Where people required a special diet, this was catered for and staff were aware of people's needs. For example, who required thickener in their drinks.
- Alternative food was provided if a person did not want what was on the menu that day.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager ensured people using the service had information in regard to their care and support needs readily available to pass onto other agencies if necessary.
- The service had yearly pharmacist visits in line with best practice guidance.

Adapting service, design, decoration to meet people's needs

- The service had adapted its design to meet people's needs. For example, toilet doors were the colour red and also had a picture on them, so they were easy to visually identify.
- The register manager informed us some people did not like having the door closed on them when using the toilet, so had installed a curtain across the door frame so people's privacy was maintained without having to shut the door.

- People could personalise their bedrooms as they wished and had access to outside space in the form of a garden.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and support.
- One person told us, "They told me this morning they would call the doctor for me if needed as I have bad knees."
- A relative informed us, "If [person's name] has been unwell they get it fixed straight away."
- Records were in place which documented when people had seen healthcare professionals and the advice they had given.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Mental capacity assessments were completed when appropriate.
- One person told us, "Staff have to ask your permission on everything."
- DoLS had been applied for where necessary and the registered manager was aware and meeting conditions on authorisations.
- Staff had received MCA training and were aware that some people had DoLS in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness by staff who knew them well. One person told us, "I am happy here and I hope to stay here for a long time."
- Another person told us, "If you want anything they give it to you."
- We observed kind and caring interactions between people and staff. For example, staff checking if people were comfortable or if they wanted to spend time in their rooms.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to talk to the registered manager about anything they wished to discuss.
- Referrals to advocacy were made when appropriate. An advocate is somebody who speaks up on a person's behalf.
- We saw records that showed people and relatives were involved in reviews of care plans and relatives confirmed this to us.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and independence promoted.
- One person told us, "Staff are very polite and ask permission [before supporting the person]."
- Staff were able to give us examples of how they respected people's privacy such as closing doors and making sure people were covered up when undertaking personal care.
- One relative told us their loved one requested staff to be discreet around their dietary requirements. After a discussion with staff this request was upheld.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised to their needs. Care plans described individuals needs and preferences and were reviewed regularly.
- People told us they had choices over their care, for example when to get up and when to go to bed and what to watch on TV.
- Care plans considered people's sexuality and religion, which are protected characteristics under the Equality Act.
- One relative told us, "They give [person's name] the attention to detail they need."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the requirements of the AIS. Communication plans were in place to guide staff on how help people communicate effectively.
- Some people had photos outside their bedroom doors to help them identify which room belonged to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People accessed the community. One person told us they, "Sometimes go shopping with staff."
- If people had a particular faith they practiced, they were enabled to attend services in the community.
- Relatives told us the provider encouraged them to visit the service at any time and always made them feel welcome.
- The service had daily activities which people were encouraged to partake in such as games and music and keep fit sessions. On the day of inspection, we observed people engaged in musical entertainment.

Improving care quality in response to complaints or concerns

- Whilst the service had not received any recent complaints, there was an appropriate complaints policy and process in place.
- One person told us, "I can speak to [registered managers name] no problem."

End of life care and support

- The service had end of life plans in place for people.
- These looked at people's wishes around their end of life care and support.
- The service linked in with health professionals in this area when necessary.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive person-centred culture. One staff member said the service was, "Just like one family."
- A relative told us, "The staff are what make it here. I would recommend anybody to come here."
- The registered managers vision was to further develop the service to become more dementia friendly. For example, making the environment more colourful for people.

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

- The registered manager was aware of their duty of candour and told us they would be, "Utterly honest if we made an error and seek advice and report [the error]. We would Inform families and the person themselves [about the error]."
- One relative told us although their loved one had not been involved in many incidents at the service, when they had they were informed straight away, and it made them feel, "Very confident of the systems [the provider had in place]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had their current CQC rating on display as required and was aware about their duty to send us notifications.
- Audits of many aspects of the service took place, including infection control, mattress checks and DoLS. Audits help to identify any issues and drive improvements.
- The registered manager undertook medication competency checks on staff members.
- People knew who the registered manager was, with one person telling us, "I know [registered manager name] very well. They are very nice."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider invited faith organisations into the service for people who wanted to access this.
- Communication between people, staff and relatives was good. With one relative saying, "The door is always open, never not seen them [management]."

- Resident and relatives' meetings were held several times per year. It had been monthly but following feedback from relatives the frequency was reduced.

#### Continuous learning and improving care

- The registered manager had identified that some people were struggling with their medication when it was presented in clear pots, so changed these to red pots which has helped people.
- As the service provides support for people living with dementia, the registered manager had enrolled some staff on a dementia champion course.

#### Working in partnership with others

- The service worked in partnership with others. One health and social care professional told us, "I have a very good relationship with the registered manager and they always call me for advice. They go to the nth degree to support people."