

Hillesden House Limited

Hillesden House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 July 2017 and was unannounced. Hillesden House provides personal care and accommodation for up to 22 older people who may have a dementia diagnosis. At the time of the inspection there were 19 people using the service.

There was a registered manager in post at the time of our inspection. 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.

People had to wait for their care and support as staff were sometimes too busy to respond. Medicines were not stored safely; however people did receive their medicine when they needed it.

People were supported to manage risks to their safety and staff understood how to safeguard people from abuse.

People had support from staff that were knowledgeable and had the skills to meet their needs. People had their rights protected by staff that understood and could apply the principles of the MCA; however this was not always documented in an appropriate way.

People had a choice of food and drinks and received support to ensure their dietary needs were met. People had support to maintain their health.

People received support from staff that were caring in their interactions with people. People were involved in decisions and had their choices observed by staff. People received support in a way that maintained their privacy and dignity.

People had their needs and preferences for care and support met by staff that understood them and they were supported to be engaged in meaningful activities. People understood how to make a complaint and the registered manager had a system in place to investigate and respond to concerns.

There were systems in place to monitor the quality of the service; however these were not always effective in identifying areas which required improvement. People and staff could approach the management team. The registered manager and staff understood their roles and responsibilities. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding good governance and safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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.

People did not always have support to meet their needs at the time they needed it.

People had their medicines administered safely; however medicines were not always stored safely.

People received support to manage risks to their safety.

People were safeguarded from potential abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's rights were protected by staff but records did not always show how decisions had been made in people's best interests.

People were supported by staff with the knowledge and skills to meet their needs.

People's nutrition and hydrations needs were monitored and they had a choice of food and drinks.

People received support to monitor their health.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were supported by caring staff however staff did not always have time to provide support in a caring way.

People were involved in making decisions and choices.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences were understood by staff.

People were able to follow their interests and access social activities.

People understood how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

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

The registered manager and staff understood their roles and responsibilities.

People received support from staff and managers who had an open and transparent culture.

Hillesden House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 26 July 2017. The inspection team consisted of one inspector 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. When planning the inspection we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We also contacted the Local Authority Safeguarding Team for information they held about the service.

During the inspection, we spoke with four people who used the service and two visitors. We also spoke with the registered manager, the provider, one senior care, two care staff and one domestic staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of four people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including accident reports, staff rotas, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection we found the building was not kept clean in some areas and some areas were poorly decorated, at this inspection we found improvements had been made, however there was more work to do which the provider had plans in place to complete.

Medicines were not always stored safely. The medicine room was not in use on the day of the inspection, this was because of the provider being unable to keep the room at the correct safe temperature. A different room had been designated for use to store medicines. The provider had not yet taken any action to address the temperature issues in the medicines room. The temporary room was not a sterile environment, there was uncovered wiring, loose plaster on the walls, the floor was uneven and the surfaces were not painted. There were two windows leading to the external area of the home, these had no additional security added. The medicines trolley was stored in this room when not in use; however there was no facility to secure the trolley to the wall. There was a lockable cupboard in use to store medicine, some of which were controlled medicines, the cupboard was free standing and not fixed to the wall. There was no refrigeration storage available; however there was currently nobody that received medicines which required refrigeration. This meant medicines were not stored or secured safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

We found people received their medicines as prescribed. People told us they had the support they needed with their medicines. One person said, "The staff stay with me whilst I take them". Staff told us they had training to administer medicines and felt confident. They could describe the medicines administration procedure and could tell us how they would seek advice if someone had missed a medicine. We observed staff administering medicines. Staff asked people if they were ready to take their medicines. They followed the instructions and recorded on the medicine administration records (MAR). Plans were in place for people that had medicines prescribed to be given as and when people required them, for example pain relieving medicines. We found the recording and administration of controlled medicines was completed accurately. This meant people received their medicines as required.

People and their relatives had mixed views about the numbers of staff available. Some people told us there was sufficient staff to meet their needs. Whilst others said they sometimes had to wait as there were insufficient staff. One person said, "There needs to be at least one more member of staff". Staff told us there were sufficient staff most of the time. Some staff told us more staff were needed in the evenings; they told us people sometimes had to wait for their support for short periods most days. During the inspection we found staff were busy and some people had to wait for support. For example, one person had to wait ten minutes for a drink, they didn't wait long but staff were unable to get this for them straightaway as they were attending to someone else's needs. We looked at the rota's which confirmed there were less staff on duty during the evenings the registered manager told us this was based on peoples dependency levels, which would mean people were at risk of having to wait for their support. People told us they sometimes had to wait for their meals. One person said, "Sometimes it can be up to an hour". We observed on the day of the

inspection, some people had waited half an hour for their meal to be placed in front of them. We spoke to the registered manager about the number of staff on duty and they said there was enough staff on duty and they provided extra support by working on the floor with staff during the day when required. They also confirmed any staff absences were covered; this was supported by what we saw on the rotas. This showed people sometimes had to wait for their care and support as there was not always sufficient staff to meet their needs when they required it.

People were provided with care and support by safely recruited staff. The provider ensured checks had been carried out before new staff started work. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting. We saw staff files also contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment.

People were supported to manage risks to their safety. People and their relatives told us staff understood how to support them safely. Staff could describe where people were at risk. For example they could tell us about people who were at risk of choking and how they were supported to minimise the risk. In another example staff could describe how to safely transfer a person using the correct equipment. We saw staff followed people's risk assessments and provided care in a safe way. For example, when they were transferring people from a wheelchair, using the appropriate equipment to support people and making sure people had thickener in their drinks. We confirmed in people's care records risks were assessed and plans were put in place to reduce the risks. This meant risk's to people's safety was assessed, plans were put in place to manage these risks and people were safe.

Staff understood what action to take in the event of an accident. Accidents and incidents were reported to the registered manager. We saw individual accident forms were included in people's care records and they detailed how the accident happened and what action had been taken. This showed staff understood what action to take when someone had an accident.

People and their relatives told us they felt safe using the service. One person said, "I feel safe because I know everybody, they all know me, and I feel very comfortable here". A relative told us they felt their family member was safe, they said this was because of the care in general, and that the staff can call the GP if anything was wrong. Staff had received training in safeguarding adults and could describe the signs of potential abuse. Staff could tell us about the action they would take if they observed an incident or activity they felt was potentially abusive. Staff told us that they felt able to approach the registered manager if they had concerns and knew how to escalate if no action was taken. There had been no safeguarding incidents since our last inspection; however the registered manager was able to describe how these would be investigated and reported to the appropriate body. This meant people were supported by staff who understood how to safeguard them from potential abuse.

Is the service effective?

Our findings

At our last inspection we found improvements were needed to the staff's understanding of the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had been made, however there were further improvements required to how the decisions were recorded.

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 told us staff asked them for their consent before giving care and support. Staff told us they always sought consent from people before offering care and support. One staff member said, "Some people here have dementia, you have to make sure you explain to people what is happening in a way they can understand and always walk away if they do not consent". During the inspection we observed staff checked with people that they consented or were happy for staff to assist them with everyday tasks. For example, when staff offered people their medicines and when asking if people were ready to move and offering personal care. Where people lacked capacity to make decisions staff could describe how they made decisions in the person's best interests. However we found this was not always documented in the care plan and capacity to make individual decisions had not been assessed. The registered manager told us they would look at the way decisions were recorded and make changes to how decisions were documented in the future. This showed that whilst staff understood how to make decisions in peoples best interests, the records of decision making were not always in line with the principles of the MCA.

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 observed people were being supported that had their liberty restricted and they did not have capacity to consent to their care. Where this was the case the registered manager had made the appropriate applications to the authorising body. For example, one person's capacity had been assessed by a GP and an application had been made to the authorising body. There were no conditions attached to the authorised DoLS for this person. This showed us where people's liberty was restricted it was done in line with the principles of the MCA.

People were supported by staff that had the skills and knowledge to support them. Staff told us they undertook an induction and were supported to attend relevant training which was kept up to date. One staff member said, "The induction was good it covered all areas such as fire safety, challenging behaviour and health and safety. I was able to shadow a more experienced member of staff to get to know the routines and people". We observed staff had the skills to support people, for example we saw staff using infection control measures, supporting people safely with transfers and giving people their medicines. The registered manager told us there were meetings for staff where they could discuss their training needs and that staff had access to all mandatory courses along with the opportunity to attend additional training. For example, staff had attended a dementia level 2 courses and a course about nutrition. The records supported what we

were told which meant staff had the skills to support people effectively.

People and their relatives told us the food was good and they could choose what they wanted to eat. One person said, "I enjoy my food here. It's very good, and you get plenty". Staff understood people's nutritional needs and preferences. One staff member said, "There are people here that need to have a liquidised diet and they have to be monitored at all times". We saw this was documented in these people's care plans and observed staff monitoring them at mealtimes. We saw menus were on display with pictures to show people what the options were for their meals. We saw people had different meal options at lunchtime. The meals were presented well and people looked like they were enjoying their food. This showed people had a choice of food and drinks and their nutrition and hydration needs were met.

People were supported to maintain their health and wellbeing. One person said, "I have seen the GP recently and we had a good general chat". Relatives told us they were informed if their relative was unwell and had seen a medical professional. Staff told us they monitored people's health and could give examples of how they supported people. One staff member said, "[Persons name] is seeing the district nurse we follow all the advice from the nurse". We saw the person's care record showed the district nurse had visited this person and gave advice for staff to follow; we observed staff following this advice throughout the inspection. This showed people had access to health professionals and were supported to maintain their health.

Is the service caring?

Our findings

People received care and support from staff that knew them well and offered support in a kind and caring way. One person told us, "The staff are wonderful, they chat to me and listen". A relative told us, "The staff have good interactions with people. They are also good with us. We always get offered a cup of tea. They are all very approachable. I feel very comfortable talking to them". Staff told us they had good relationships with people and could give examples of how they had developed relationships. One staff member told us, "I always look for some similarities to develop some common ground, one person loves dogs, so I bought my dog in to visit them". We saw staff spoke with people throughout the inspection in a caring way. People were observed smiling and chatting to staff and each other throughout the day. However, staff were sometimes busy and found it difficult to engage with people. For example, staff were supporting people to engage in an activity which was enjoyed by those participating but on a couple of occasions this was interrupted to enable the staff member to support other staff with meeting people's personal care needs. We saw staff inviting people to come to a newspaper reading session and then have to postpone this due to needing to assist other staff. This showed staff were caring however the staff levels meant people were not always supported in a caring way as they had to wait.

People were supported to make choices about their care and support and retain their independence. People told us they were independent with some aspects of their care and staff respected that. Relatives told us people were supported to make choices about what to eat, where to sit and other aspects of their care. Staff told us this was important to maintain people's independence and allow people to make choices. One staff member said, "I like to offer people choice, most people can decide what colour top they want to wear for example". We saw staff encouraged people to support themselves, such as walking independently. One person told us they were able to manage their own personal care. Staff confirmed this was the case and the records we saw supported this. This showed people continued to have support to make choices about their lives and live as independently as possible.

People were supported to maintain their privacy and dignity. People and their relatives told us staff were respectful. One person said, "The staff protect my privacy, they always knock the door before coming in". Staff told us it was important to be respectful and maintain people's privacy and dignity. One staff member said, "It is important to go at people's pace when supporting them, it's more dignified, you can't rush people". We saw staff observed people's privacy and protected their dignity. For example one staff member was observed discreetly asking someone what was wrong as they were upset. We heard them offer to take the person somewhere private to talk. This showed people continued to be treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Our findings

People received support from staff who understood their needs and preferences. People and their relatives told us staff had a good understanding of their needs and preferences. One relative said, "In our view, yes staff know [my relative] well. They know all about their likes and dislikes. They have an allergy and all staff are aware of this". Staff could describe people's needs and preferences to us. One staff member said, "[Person's name] likes to do things slowly, especially when it's personal care". Staff told us about people's preferences, for example what time they went to bed and how they liked to spend their day and what their needs were. We saw staff observed people's preferences and meet their needs in the way they had described. We were able to confirm this was all documented in people's care plans. This meant people continued to be supported by staff that understood their needs and preferences.

People and their relatives were involved in their assessment, care plans and reviews. One relative told us, "We are involved in the care plan and when it is reviewed, my sister is as well". Staff told us when people's needs changed or there was a review they were informed and the care plan was updated. We saw records which confirmed what we had been told. This showed people continued to be involved in planning their care and support.

People told us they were supported to follow their interests and take part in social activity. One person said, "I listen to talk sport on the radio a lot". Another person told us, "I spend time reading and I like to join in the activities". Another person told us, "I like to do a lot of knitting". Staff told us there was someone on duty during the day to organise activities. They told us they spent time engaging with people throughout their shift and carried out a range of different group activities. We saw people were engaged in different activities throughout the day. For example people were playing games of skittles and noughts and crosses. Some people were dancing to music which was played; others were playing an exercise game which involved throwing objects to people to catch. Everyone was participating and we saw people were laughing and chatting and encouraging each other. The staff member involved was actively speaking with everyone and encouraging them to join in. This showed people continued to be supported to participate in activities.

People and their relatives understood how to make a complaint. One relative told us, "I would complain to the registered manager or the provider, but I haven't needed to as yet". Staff told us they understood how to support people with making a complaint. We saw there was a complaints policy in place and the registered manager could explain how complaints would be investigated and a response given. There had not been any complaints since our last inspection. This showed the registered manager had a system in place to receive and respond to complaints.

Is the service well-led?

Our findings

At our last inspection on 16 June 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance. We issued the provider with a warning notice because there were continued issues with building maintenance and ineffective quality assurance systems in place. At this inspection we found the provider had met the requirements of the warning notice, however they remain in breach of the regulation.

The provider had taken action to improve areas of the building which had been identified as not being safely maintained in the last inspection. The provider had assessed the quality of the décor and equipment in the communal areas and bedrooms and developed a programme of improvements. We found a number of areas of work had been completed, whilst there was work continuing during the inspection, this included the laundry area. There had been numerous maintenance jobs completed which included the provision of a new water boiler, a new roof and changes to some ground floor bedrooms. We saw the provider had prioritised the areas of work and was monitoring the plan to ensure continual improvement, however at the time of the inspection further work was still required.

The provider had introduced a range of quality audits since the last inspection. We found there was a medicines audit in place which looked at the administration of medicines, the audit had identified the concerns with the temperature in the medicines room and a temporary solution was put in place. However, when we spoke with the registered manager there had not been any agreement about a solution for the medicines room longer term. In another example the provider had introduced cleaning schedules for the home to improve on the effectiveness of cleaning. We found these schedules were improving the homes cleanliness and infection control however they had not identified all the areas where action was required.

An external audit had been carried out by the infection control team. This had identified a number of areas where work was required to improve the infection control. Not all of the concerns had been identified by the provider. The providers audit had not identified changes required to the laundry to manage infection control. However, the registered manager told us there was a plan in place to address the areas of concern. We could see work had begun to deal with the areas which had been highlighted, such as the laundry was being updated. However further work was required to meet with the advice from the infection control team. We saw a recent food hygiene inspection had given the service a rating of 5 which is the highest possible rating.

The provider had a system in place to check the dependency levels of people using the service and help them decide how many staff they needed. However this had not identified the issues we found with people having to wait for their support. This meant the system in place was not effective in identifying the issues with staffing levels.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

People, relatives and staff told us they knew the registered manager and the providers and were able to approach them with any concerns they had. One person said, "The registered manager is approachable and

they listen to us". One relative told us, "The registered manager is good and friendly and the place is definitely well run". People were complimentary about the service, as were relatives. One person said, "I feel so comfortable here. I was welcomed when I arrived". Another person said, "The relationship between us and the staff is very good". A relative said, "The staff are so kind, really great, they give so much love". Staff told us they felt comfortable approaching the registered manager for help and advice. One staff member told us, "The service is good, it's safe here, we protect people and make sure they are happy". Another staff member said, "The management team are really approachable". We saw the registered manager was approached for advice by staff throughout the inspection. People spoke with the registered manager throughout the day and were comfortable in having conversations. This showed the registered manager was approachable and people and staff were comfortable in seeking support.

Staff told us the registered manager offered them support in their role. They told us they had access to them continually and could seek support through their team meetings and supervisions. The records we saw supported this.

The registered manager understood their role and responsibilities with regards to notifying us of significant incidents for example DoLS approvals, allegations of abuse, serious incidents. The rating from the last inspection was on display in the home. This showed the registered manager understood their role and responsibilities.

People and their relatives had been asked for their feedback. We saw people had given their views about the service in a survey. The survey had been analysed and feedback had been shared with people and their relatives. One person had suggested staff be given name badges to pin to their uniforms. The response had explained this was considered but not adopted as there was concern about the risk of injuries to people when they were receiving support, which may be sustained from the badges. Staff told us they could share their views about the service and how to make improvements and would be happy to recommend the service to people. One staff member said, "I would make suggestions to the management team for improvements now my confidence is growing". This showed people and staff had their views sought and this was used to drive improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were stored safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems were not always robust enough to highlight concerns.