Tamaris Healthcare (England) Limited

Hillside Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 25 April 2017and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last carried out an inspection on 30 March 2016, where we found the provider was in breach of three regulations relating to safe care and treatment, staffing and good governance. At this inspection we found that improvements had been made and they were now meeting all regulations we inspected.

Hillside Lodge Care Home accommodates up to 50 older people, most of whom have nursing needs and some who are living with dementia. There were 47 people living at the home at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the 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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. The local authority safeguarding team told us there were no organisational safeguarding concerns with the service.

We spent time looking around the premises. Two shower rooms were not currently being used because they were awaiting refurbishment. The manager told us that quotes were being sought for this work to be completed. Checks and tests were carried out to ensure the building was safe.

Safe recruitment procedures were followed. Some people and staff told us that more staff would be appreciated. We observed that staff carried out their duties in a calm, unhurried manner on the day of our inspection. The registered manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people.

There were safe systems in place to receive, administer and dispose of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed that staff supported people with their dietary requirements. Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff.

There was an activities coordinator employed to help meet the social needs of people. Some people told us that more activities would be appreciated; others said there were sufficient activities at the home. People were supported to access the local community.

A complaints procedure was available. Feedback systems were in place to obtain people's views.

'Real time' checks and audits were carried out on a computerised management system. This enabled the registered manager and provider to identify any areas for action and monitor whether these had been completed.

All staff informed us they were happy working at the home and morale was good.

The provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

At our last inspection we rated the service as requires improvement. At this inspection we found that improvements had been made and action had been taken to ensure good outcomes for people in each of the five key questions we reviewed.

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.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Checks were carried out on all aspects of the environment to ensure it was safe.

There was a system in place to manage medicines safely. Safe recruitment procedures were followed.

We observed that staff carried out their duties in a calm, unhurried manner on the day of our inspection.

Is the service effective?

Good

The service was effective.

Staff told us that training was available in safe working practices and to meet the specific needs of people who lived at the home.

Staff followed the principles of the MCA.

People were supported to receive a suitable and nutritious diet and access health care services.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and

support to be provided to people.

An activities coordinator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. People, relatives and health and social care professionals spoke positively about her.

Effective audits and checks were carried out to monitor the service.

Staff informed us that they enjoyed working at the home and morale was good.

Hillside Lodge 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.

The inspection took place on 25 April 2017 and was unannounced. This meant that the provider and staff did not know we would be visiting. The inspection team consisted of an 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 service.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

We contacted Northumberland local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with 10 people and two relatives. We liaised with a community matron for nursing homes from the local NHS trust and a reviewing officer from the Scottish Borders.

We spoke with the registered manager; clinical lead, one nurse, six care workers, the activities coordinator and two domestic staff on the day of our inspection. Following our visit to the home we spoke with one nurse and two care workers who worked on night duty.

We read two people's care records and information relating to staff recruitment and training. We looked at a variety of records which related to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. Comments included, "At home I was always falling, whereas here, there's always someone around," "Oh, I feel safe enough" and "I've never felt unsafe."

At our last inspection we identified a breach of the regulation relating to staffing levels. There was one nurse on duty to administer medicines and one of the nurses was working excessive hours. At this inspection we found that improvements had been made. Staffing levels had been increased to eight care workers in the morning and four at night. Care Home Assistant Practitioners (CHAPs) had been introduced to support the nursing staff. They assisted the nurse to administer medicines, write non-complex care plans and carry out simple dressings.

We received mixed feedback from people about whether there were enough staff. Comments included, "Oh yes, there's enough of them" and "If I need them in the night, they come quickly". A relative told us, "Well, there appears to be [enough staff]. I canna [can't] imagine the manager running the home without enough staff. I've been here mornings and nights and there always seems appropriate numbers of staff." However, other people commented, "I don't think there is enough staff; quite often there's not enough." and "They're overworked and they try to do the best they can."

We spoke with night staff to ascertain how care and support was provided at night. They stated that on occasions staff would phone in sick at short notice. They said however, they were able to meet people's needs with the number of staff on duty.

We saw that staff carried out their duties in a calm unhurried manner. Nurse call buzzers were answered promptly. We did not observe any instances where people's needs were not met by the number of staff on duty on the day of the inspection.

People told us that staff supported them with their medicines. Comments included, "Oh yeah, I get them on a morning and at tea-time," "Oh, they always give me them; I never have to ask" and "Aye…no, I'm not left waiting." Appropriate arrangements were in place for the receipt, recording, administration and disposal of medicines including controlled drugs. Controlled drugs are medicines which are subject to stricter controls since they are at risk of misuse. At our last inspection we found shortfalls with the recording of topical medicines. At this inspection, we found that improvements had been made and accurate topical medicine records were maintained.

At our last inspection we found the provider was in breach of the regulation relating to safe care and treatment in relation to infection control. At this inspection we found that action had been taken to improve in this area.

People told us their bedrooms were kept clean and staff used appropriate personal protective equipment such as gloves and aprons. Comments included, "Oh it's clean," "They clean my room every day" and "They always have the gloves on, always. They have aprons as well." A relative told us, "It's spotless. They're always

cleaning when you're here."

Three bathrooms had been fully refurbished and the laundry area was clean and tidy. New shelving and drainage racks had been fitted in the sluice rooms. Cleaning schedules were available in each of the rooms, including communal areas. We spoke with a member of domestic staff who said, "We complete the cleaning rotas every day, we put our initials on. We also have out weeklies and our monthly [cleaning duties]."

We saw that some of the décor was worn in people's bedrooms and communal areas. Staff had taken action to brighten up certain areas in the home by putting up window scene pictures of tranquil views such as waterfalls and gardens. Colourful stencils had been applied to the corridor walls. Two of the shower rooms were awaiting refurbishment and were currently not being used. The registered manager told us that they were in the process of obtaining quotes for this work to be carried out.

There were safeguarding policies and procedures in place. Staff had completed safeguarding training and were knowledgeable about what action they would take if abuse was suspected. We conferred with the local authority safeguarding team who told us that there were no organisational safeguarding concerns regarding the service.

Staff told us that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. There was a system in place to check that nursing staff were registered with the Nursing and Midwifery Council [NMC]. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.

There were assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included choking, falls, moving and handling, malnutrition and pressure ulcers. These had been reviewed and evaluated regularly.

Good

Is the service effective?

Our findings

People and relatives told us that the service effectively met people's needs. Comments included, "They're very hardworking and nearly all of them are very conscious of their responsibility and I admire them" and "When I came here, they seemed to know everything I needed." A relative said, "They canna [can't] do enough for her."

The community matron for nursing homes was positive about the skills of nursing staff and the CHAPs. She told us, "I have no concerns about the clinical skills of the nurses…I also work closely with the CHAPs. [Name of CHAP] has changed wound care around completely. Each of the CHAPs have their own forte – [name of CHAP] has taken ownership of all the wounds, she is very keen and has done remarkably well. [Name of CHAP] is brilliant with record keeping and notes, he is very good too."

Staff told us there was training available. Comments included, "The training is good," "Oh yes we get enough training," "You learn something new every day in this job" and "I'm always learning, there's always changes." The registered manager provided us with information which demonstrated that staff had carried out training in safe working practices and to meet the specific needs of people who lived there. There was a training champion in place. She told us proudly that staff at the home had achieved 100% compliance in all areas of training. This was confirmed by the records we viewed.

Staff told us and records confirmed that they undertook induction training when they first started working at the home. New and established staff had completed the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of new care workers. We spoke with the moving and handling coordinator who told us, "If we get new staff in, I show them how to use the hoist and slide sheet. It protects them and the residents. I like to stick to the rules; they [rules] are there for a reason." This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff informed us that they felt supported by the registered manager and clinical lead. Regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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 the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted

DoLS applications to the local authority for authorisation in line with legal requirements. .

We noticed that mental capacity assessments had been carried out and saw records of best interests decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. We noted that mental capacity assessments were sometimes general and not specific. The registered manager told us that this would be addressed.

Most people were complimentary about the meals. Comments included, "The food is very good quality. If you don't like what they're having, they'll offer an alternative" and "The food is wonderful. I said to the chef that I had never had a fried egg sandwich and he made me one." Two people commented, "I don't care very much for the food. There's plenty of drink" and "The food's rather basic to be honest. I can be picky sometimes."

We observed the lunch time meal and saw that people were supported to receive a suitable nutritious meal. Staff asked people what they would like and whether help was required. People's nutritional needs and preferences were recorded in their care plans and their weights were regularly checked. Action was taken if any concerns were identified and appropriate referrals to health care professionals were made.

People told us that they were supported to access healthcare services. Comments included, "Oh yes, they help with both the dentist and doctor" and "Aye, if I needed them they'd get them." We read that people saw their GP, consultants, dentists, dietitian, opticians, podiatrists and speech and language therapist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments from people included, "They seem to have patience galore and that makes a difference," "Everybody's so friendly and she's getting excellent care," "I've lost the sight in one eye and I thought that I would just be left. But I'm not, they are all very considerate," "You can feel a nice atmosphere when you walk in; it's like home," "It's very good - brilliant. They're all confident with her; they have a lot of time for her.
All the staff including kitchen, domestics, people like that, they all make us feel welcome as well." The community matron told us, "Even the kitchen staff and domestics are brilliant, they really know the residents. The care is very person centred."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "It's not just a job here, just to hold someone's hand and sit with them, it's so important," "We all work as a team to make sure they get the care we need" and "We are here to fulfil their needs."

We saw positive interactions between staff and people. Staff were singing a song with one person. A staff member said, "[Name] loves to dance and sing. A staff member was talking with another person. The person turned to us and said, "Look, she [staff member] has a big smile on her face, her daughter has just become a doctor." We heard staff tell other people, "[Name] my friend, would you like this [meal]" and "You look so handsome in blue" One staff member said, "I love it here. I love talking to the residents"

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People told us that staff promoted their privacy and dignity. Comments included, "They make sure the door's closed and ask me if I'm alright" and "Oh yes, definitely [promote privacy and dignity]. When they take my nightie off they always make sure I'm covered with a towel and they always shut the door."

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed care staff assisted people when required and care interventions were discreet when they needed to be.

People and relatives were involved in the care planning process. "I have power of attorney. Anything concerning my mum is discussed with me." Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care .This meant that people and their representatives were consulted about people's care, which helped maintain the quality and continuity of care.

At the time of our inspection no one accessed the services of an advocate, but we saw more informal means

of advocacy through regular contact with families. This meant that people were invited to be supported by those who knew them best. Advocates help to represent the views and wishes of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People and relatives informed us that staff were responsive to people's needs. Comments included, "Nothing is too much trouble" and "They know when I'm in bed I need my legs elevated. They advise me to come back to bed in the afternoon to raise my legs, and I've only been here a month."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave staff specific information about how the people's needs were to be met and gave staff instructions about the frequency of interventions. They also detailed what people were able to do to take part in their care and to maintain some independence. People therefore had individual and specific care plans in place to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

Emergency health care plans (EHCP) were in place for some of the people living at the home. An EHCP is a document that is planned and completed in collaboration with people and a health care professional to anticipate any emergency health problems.

A staff handover procedure was also in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We received mixed feedback about activities provision at the service. Some people told us that activities provision was good; others said that more activities would be appreciated and several individuals told us that they chose not to join in with activities. Comments included, "There's a lady who arranges for singers to come in; like entertainment" and "They have a domino afternoon and carpet boules; I enjoy that." A relative said, "There's always activities. She's included and involved in everything." Others commented, "There doesn't seem to be much going on" and "I don't like to go out of my room. I like to watch the snooker."

An activities coordinator was employed to help meet people's social needs. She worked Monday to Friday. Some staff told us that it would be beneficial to have two activity coordinators to help cover the weekend. We spoke with the registered manager who told us she was currently looking into activities provision at the weekend.

We conferred with activities coordinator who told us that entertainers and musicians visited the home. She said she also carried out one to one activities for those who were looked after in bed or who did not want to join in with group activities. She said, "I've got a tablet [hand held computer] and we have one lady who loves cats and we watch funny cats videos and we have someone who loves dogs so we watch funny dogs videos. We have a PAT [pets as therapy] dog who comes in every week. We've also had birds of prey in and they loved them… One person used to like to go to church, so I go in and I'll put a church service on the tablet or listen to hymns."

The registered manager told us that a multi-denominational church service was held each month and a

Catholic priest visited the home. This meant that action was taken to support people to meet their spiritual needs.

A complaints procedure was in place. Some people told us they had raised a complaint and it had been dealt with appropriately. One person said, "I complained once that my meal was cold and the manager came up… They said they would heat it up in the microwave." A relative said, "I dinna [don't] need to complain. I would imagine there is a procedure, but there's no need to complain."

'Residents and relatives' meetings' were carried out and electronic feedback systems were in place to obtain immediate feedback about all aspects of the service. We noted that feedback from the management team about any issues raised either electronically or during meetings was displayed in the foyer of the home. New garden furniture had been purchased and the hairdressing salon had been refurbished as a result of feedback.

Good

Is the service well-led?

Our findings

There was a manager in place who had registered with CQC as a registered manager in April 2016. She was not a registered nurse. A clinical lead was in place to oversee the nursing care of people. The community matron told us, "[Name of registered manager and clinical lead] work so well together."

People, relatives and staff were complimentary about the registered manager. Comments included, "I think it's well led," "The manager is very nice" "She's very approachable," "She's a brilliant manager" "[Name of registered manager] is lovely – she's really really good" "The whole atmosphere has totally changed since [name of registered manager] started" "She's very nice – flexible and approachable," "She's like a breath of fresh air" and "It [home] has opened up a lot more since she started."

At our last inspection we identified shortfalls with the maintenance of records. At this inspection we found that improvements had been made. We checked various charts which documented people's care and support and noted that these had been completed accurately. Medicines administration records, including topical administration records were well maintained. Health and safety checks and servicing records were maintained on an electronic portal system. This system highlighted if any services were due or action required. The system was monitored by the provider's estates manger.

'Real time' checks and audits were carried out on a computerised management system. This enabled the registered manager and provider to identify any areas for action and monitor whether these had been completed. The registered manager completed daily "walk arounds." She checked areas such as the environment, people's care and support and staff engagement. She entered her findings onto a hand held tablet [computer]. The night nurse also completed a walk around so people's care and support could be monitored at different times of the day and night.

There was an electronic feedback point at the front entrance of the home for relatives, visitors and health and social care professionals to record their experiences of the service. Hand held tablets were available for people to provide immediate feedback on all aspects of the service. This feedback was communicated directly to the provider and registered manager which enabled them to address any issues or concerns immediately. We noted that feedback was positive with comments such as, "Staff are always smiling and have time to chat to me."

People told us that action was taken if they raised any concerns or issues. Comments included, "If you ask anything, they're happy to oblige. For instance, I've had some shelves put up for my [ornaments] and I've asked for a phone and they're sorting that out," "Everything is done as I would expect it to be" and "If you want something done, she'll [registered manager] try and do it for you." A staff member told us, "Things are being done much quicker – we're onto things."

Staff also completed feedback via the electronic system. One member of staff told us, "I can express my ideas and give my feedback." The registered manager told us, "If any negative feedback from staff is received, I get an email from my regional manager checking what action I have taken to address the

concerns. It's good that we can monitor staff feelings because staff could feel left out or alone and it's important that they know they are not alone and we can talk things through." One member of staff said, "We're very open here, if something isn't right, we ask why isn't it right and what can be done."

This meant there was a system in place to ensure that people, their representatives and staff were consulted to help drive continuous improvement.

Accidents and incidents were recorded electronically. Staff recorded accidents and incidents on the electronic system which were immediately transferred to the registered manager to review. Depending upon the accident or incident, other departments or management staff were notified such as the provider's health and safety manager. Each accident or incident was reviewed and where necessary, action was taken to reduce the likelihood of reoccurrence.

Staff told us that they enjoyed working at the home and felt morale was good. Comments included, "I love my job. I love interacting and when I go home, I have such job satisfaction" and "We're on a journey [names of registered manager and clinical lead], we are all evolving. We have great links between the clients and families – it's getting better all the time." We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

The provider had submitted notifications to CQC in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. They were displaying their previous CQC performance ratings at the service and their website in line with legal requirements.