

Accord Housing Association Limited

Hillfield House

Inspection report

Hillfield Lane
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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

Hillfield House provides accommodation and residential care for up to 34 people who may be living with dementia. At the time of the inspection there were 32 people using the service.

At the last inspection on 1 October 2015, the service was rated Good. At this inspection we found the service remained Good.

People felt safe with the staff that supported them. People were supported to keep safe as identified risks were managed in a way that ensured risks to people were minimised, whilst promoting their rights and choices. People were supported to take their medicine when needed in a safe way. People were protected from the risk of harm as staff understood what constituted abuse or poor practice. Checks were made before employment to confirm staff were of good character and suitable to work in a care environment.

People's needs and choices were met as there was sufficient staff available who received training and supervision to support and develop their skills. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported by a consistent staff team that knew them well and promoted their independence. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent to specific decisions they were supported in their best interest.

People's needs were assessed and support plans were developed with them and their representatives to enable them to be supported in their preferred way. There were regular reviews of people's care to ensure it accurately reflected their needs.

People were supported to maintain a diet that met their dietary requirements and received support from health care professionals to ensure their well-being was maintained. Health concerns were monitored to ensure people received specialist health care intervention when this was needed.

Staff were kind and caring when supporting people and knew their likes and dislikes. People were supported to participate in social activities. People told us that they liked the staff and we saw that people's privacy was respected by the staff team. The staff and management team made visitors feel welcome and were approachable. People were treated with respect and supported to maintain their dignity. The staff worked in partnership with people when supporting them.

There were processes in place for people to raise concerns and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Hillfield House

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 checked 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 comprehensive inspection took place on 5 July 2017 and was unannounced. The inspection was carried out by 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spoke with 13 people who used the service and one person's visitor, one visiting professional, six care staff, a senior carer and the registered manager. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We also looked at the care plans for two people to see if they accurately reflected the care they received. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People felt safe with the staff. One person told us, "I feel very safe here and come whilst my son is on holiday. It gives him peace of mind to know that I am safe and being looked after." Another person said, "Having people around me makes me feel safe and they are all so willing and helpful here." A person's visitor told us, "I have absolutely no concerns about [Name's] safety here." We saw that the staff had a good rapport with people and they were relaxed and comfortable with the staff supporting them.

Staff understood the signs to look out for that might mean a person was at risk of harm and knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns directly to the manger or the person in charge. If needed I know I can report to CQC or the local authority but I've never needed to do that here." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe. The management team followed the safeguarding procedure and reported safeguarding concerns to the local authority. Records demonstrated that referrals were made when needed and we had been notified of these.

The staff knew about people's individual risks and any equipment they used to support people safely. We observed staff supporting people to move throughout the day using equipment and this was done in a safe way. The care plans demonstrated that risks to people's health and wellbeing were assessed. Risk assessments were in place and provided staff with detailed guidance on how to support the person and we saw that these were followed. We saw that equipment was maintained and serviced as required to ensure it was safe for use. One person's visitor said about the staff, "Everyone appears to know what they are doing and I have never witnessed any unsafe practice."

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

We saw and people confirmed that staff were available to them. Comments included; "I am happy here, I have my independence but I am waited on and there is someone here to help me when I need it." And "There are always staff here to help me; I very rarely have to wait." And "I have a buzzer in my room and they come pretty much straight away if I press it." A person's visitor told us, "Whenever I come there always appear to be enough staff and everyone looks very clean and well cared for."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

People received their medicine as needed. One person said, "They bring me all my medication on time and if I need a painkiller I just ask and they sort it out for me." We observed people being supported to take their medicine and saw this was done in a considerate way and at the person's own pace. Medicines were stored securely and were not accessible to people who were unauthorised to access them. Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why. Staff had clear guidance regarding medicines that needed to be taken before meals or at specific times of the day and we saw this was followed. Information such as allergies and people's health conditions were recorded with indicators of health deterioration. This supported staff in identifying any concerns, to enable them to seek medical guidance to support people's wellbeing.

Is the service effective?

Our findings

People confirmed that they were happy with the support they received. One person told us, "The staff seem very well informed and trained and I have never felt that they are unsure of how to care for me." A person's visitor told us, "They really are very attentive here and appear to be well trained to understand the challenges that dementia can bring." Staff told us they received the training they needed to support people. One member of staff said, "The training we get is very good and we are always being updated." Another member of staff recently employed told us, "I don't need to complete the care certificate as I have worked in care before and have a diploma in health and social care." The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. This member of staff went on to tell us, "The staff have been lovely, really helpful. I have been shown around the building so I know where the fire exits are. I have met everyone that lives here, read care plans and observed care. My induction is over the next two weeks and I have moving and handling training next week. I can't support anyone using equipment until that's been done. One of the senior care staff is my supervisor and they have been really supportive." This demonstrated that new staff received the support and training required to meet people's needs and maintain their safety. Staff confirmed they received supervision and appraisals. One member of staff told us, "We have regular supervision but all of the management team are available to us whenever we need them. We don't have to wait for supervision." Another member of staff told us, "We are supported really well by the manager and the seniors."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected their capacity when they needed support to make decisions. Staff confirmed they were provided with training to support their understanding around the Act. Discussions with staff demonstrated they understood the principles of the MCA. One member of staff told us, "Some people have capacity to make decisions, they may need a bit of support to do this but we know people well and how to support them. If they can't make decisions we make them in their best interests following their plan and what we know they prefer."

Where people had capacity to make decisions staff understood their responsibilities for supporting them to make their own decisions and we saw this was done. One person told us, "I always get asked about what I do and don't want and I choose my own clothes in the morning." Another person said, "I get up pretty much the same time every day but I could stay in bed longer if I wanted." One person's visitor told us, "The staff will never questions [Name's] decisions, they will leave her for a while and then go back to talk to her and offer encouragement and support. They never force her to do anything just make sure she is aware of the options and then respect her choice."

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). One person had restrictions placed on them as they needed support for their safety. An application to lawfully restrict their liberty had been made and approved. Further applications had been made to the Supervisory Body that were awaiting an outcome. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA.

People told us they enjoyed the food. One person said, "The food is always very nice, plenty of it and I am never hungry." Another person told us, "There is a choice on the day of two different meals, I am quite easy to please and there is always one I like." People confirmed that alternatives were provided if they preferred. Staff were aware of the need for people to have food and drinks at regular intervals and we saw that people were encouraged to drink throughout the day. People were offered ice lollies in the afternoon as it was a very warm day. People's comfort was considered regarding the temperature of the home. The rooms were well ventilated, with higher windows open and communal areas with air-conditioning which ensured people were supported in a comfortable environment.

Care plans included an assessment of people's nutritional requirements and their preferences. We spoke with a member of the catering team who confirmed they were provided with information regarding people's specific dietary requirements and preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

People told us that they had access as required to their doctor and a dentist, optician and chiropodist. People's representatives confirmed they were kept informed of any changes in health or other matters. One person's visitor told us, "If there is any change or concerns they always call me to discuss. They even email me if I am out of the country on holiday. They are very observant and quickly seek medical help if they are unsure and think [Name] may be unwell." People's health care needs were monitored and we saw that referrals were made to the appropriate health care professionals when needed. For example one person had lost weight despite eating well. The registered manager had referred the person to their doctor who had organised for tests to be undertaken to determine the cause.

Is the service caring?

Our findings

People liked the staff. One person said, "They are all very friendly staff and they look after me well" Another person told us, "The staff are all very kind. I have lots of choice and I am very happy." We observed a positive and caring relationship between people and the staff supporting them. People were comfortable with the staff and the staff demonstrated a good understanding of their needs and the level of support they required.

People were supported to be as independent as they could be. One person told us, "The staff are all extremely kind. I like to be able to get myself about and go to my room whenever I want but know there is help here if I need it." We saw another person supported the domestic staff with the laundry. They told us, "I enjoy folding the laundry and like helping out. I don't do any ironing as I wouldn't enjoy that! " We observed that staff demonstrated a good understanding of people's abilities and limitations and we saw them actively encouraging independence whilst being conscious of people's safety. For example, several people moved around the home independently with walking aids. We saw that corridors were clutter free to allow this and communal areas were appropriately laid out to allow safe passage between furniture. Other people required some support from staff to walk about and this was given in a calm, patient and respectful manner, allowing people the choice of where they moved to and from.

Staff supported people's need for privacy. For example one person received visits regularly from their relative and had a settee and a dining table in their bedroom to enable them to eat together and have some privacy. Another person told us, "I like it to be quiet and the staff are very kind and considerate and I am very happy."

We saw that people were supported to maintain their dignity by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. When people were supported to transfer using equipment we saw the staff ensured they were covered to promote their dignity. One visitor also confirmed this and told us, "I think they do a very good job; they respect [Name's] dignity and offer privacy when needed. Even if there is a toilet incident which needs to be addressed they will do this calmly and discreetly avoiding embarrassment for [Name], us and anyone else around."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us, "There is a quiet lounge where I can go with visitors and they can get a drink which is nice." Another person was attending a wedding with their family and it had been arranged for one of the staff to support them at this family celebration.

People's representatives confirmed that they were involved in reviews of their care. One visitor told us, "We are fully involved in [Name's] care planning and support decision making which is good. The care is appropriate for [Name's] needs and they adapt and change it as their needs change."

Is the service responsive?

Our findings

People and their representatives confirmed that their needs were met by the staff team. One person's visitor told us, "The staff are very focussed on individual care and respond well to sometimes quite demanding needs. For [Name] this is better than at home because they have other people around and can socialise with them when they want to." A visiting professional told us that people's needs were met by the staff team and said, "People's needs are regularly reviewed through their personal outcome plans. The staff are very good at keeping these up to date and they follow them so that their current needs are met." Staff demonstrated a good understanding of people's individual needs and responded to people with consideration and empathy. We saw that staff had a laugh and a joke with people which was received well and supported a homely and friendly environment. Staff told us they were encouraged to get to know people and understand their needs well, as this enabled them to offer care and support on an individual basis.

Opportunities were provided for people to participate in recreational activities. One person told us, "I used to have an allotment and like gardening so I help out with planting things and watering." Another person said, "I can still help with gardening and sometimes the staff take us out to 'Birds' for a cream cake." People were supported to participate in activities by the staff team. On the day of the inspection one person was supported to go out to the local shops and a pamper session was provided in the home's designated pamper room by care staff. We observed this and saw staff were very attentive, giving choice, respecting decisions and asking for people's opinions afterwards. They offered praise and encouragement and had one to one conversations about people's past, families and interests. The staff told us about a pamper session that had been provided by a pharmaceutical company. This included a makeup and manicure session which we were told was enjoyed by the people that participated.

We saw that people were supported to follow their cultural preferences. For example one person was supported by staff to make a specific meal from their country of birth which they confirmed was one of their favourite meals. Events were arranged where people's family and friends were invited such as fish and chip suppers, afternoon teas in the garden, quizzes and fundraising events. The staff told us about that previous afternoon tea events had been successful. One member of staff said, "We got the residents involved in buttering scones and washing the strawberries. Everyone really enjoyed it."

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. One person told us, "If I wasn't happy I would tell one of the care staff." A complaints procedure was in place and guidance was available in communal areas of the home on how to express a concern or raise a complaint. A system was in place to record the complaints received. We saw that complaints were addressed in a timely way and included the actions taken and the outcome.

Is the service well-led?

Our findings

There was a registered manager in post. People told us they liked the registered manager. One person told us, "I do know the manager she is always in and out having a chat with us." A visitor said, "It all appears very well led to me. The manager is organised, informative and listens and staff appear to work well as a team. There is always a positive atmosphere so I think staff are generally happy."

The registered manager and senior carers were visible throughout the day and were supportive towards care staff. Throughout the day we saw they were actively involved in supporting people and stopping for a chat with them. The registered manager demonstrated a good standard of leadership and staff confirmed they felt supported by the registered manager and senior staff. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at Hillfield House. One member of staff said, "Our priority is to make sure people get the care they need and deserve. We all work together to make sure that happens." Another member of staff told us, "I find this a very rewarding job."

The views of the people living at the home were sought on a regular basis through regular reviews and an annual satisfaction surveys. The surveys for this year had been sent out and the registered manager confirmed they had not received the results at the time of this inspection. We looked at the results of last year's surveys and saw that where areas for improvement had been suggested actions had been taken to address these. For example, some people had requested more activities that were meaningful to them and suggestions were provided. We saw that improvements had been made such as the pampering events, afternoon teas and the gardening club.

People and their representatives were kept informed of any changes to the service provided. For example we saw that people had been informed of management changes that were due to take place and on plans to relocate the service to a new build in 2018. We saw that detailed information was available to people regarding this. This demonstrated that the provider was open and transparent with people and their representatives.

The registered manager undertook quality audits each month, using the provider's corporate tool to assess the standards of care and support provided. This included analysing accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the registered manager had taken action to minimise the risks of a re-occurrence. For example referrals were made to the appropriate professionals such as the falls team and equipment provided to monitor and support people's wellbeing. People were supported to maintain their mental health by the community mental health team who visited on a weekly basis. People were supported to maintain their physical health as weekly GP surgeries were held at the home twice a week with additional visits organised as needed.

The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.