Larchwood Care Homes (South) Limited

Hillcrest

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Hillcrest is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 52 people. Hillcrest provides accommodation via three separate units in one adapted building. Each unit has its own communal living room and dining room. Two of the units specialise in providing care to people living with dementia.

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

People were not always kept safe because risks had not always been identified or mitigated appropriately. Risks relating to infection control were not thoroughly managed due to issues of cleanliness in the environment. People's medicines were not always managed safely and administered as the prescriber intended. Quality assurance systems had not been wholly effective at ensuring issues were identified, addressed, and regulatory requirements met. We have made a recommendation that the service acts to improve quality assurance systems.

People were supported by enough staff but staff were not always present in communal areas. We have made a recommendation regarding the assessment of staffing levels in the service. Staff had not always implemented guidance from health care professionals or sought advice. We have made a recommendation regarding ensuring advice from health care professionals is sought and fully implemented.

Systems and processes were in place to safeguard people from the risk of abuse. Safeguarding concerns had been identified, reported, and responded to appropriately. Incidents that occurred in the service were reviewed and used as learning opportunities so risk could be reduced.

People were supported to access a range of health and social care professionals. Holistic assessments had been carried out when people's needs or circumstances changed. People were supported by trained staff who knew their needs. People were supported to eat and drink enough. Meal times were well organised, and people received support to eat where required. A refurbishment plan was in place to update the general environment and décor. People were supported to have rooms that met their individual needs and preferences. 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 were supported by kind and caring staff who knew them well. Where people were distressed or needed additional reassurance this was identified by staff and responded to. Systems were in place to support people to discuss and make decisions about their care. People were supported to be independent as much as possible, staff were mindful of people's dignity.

People received care that was responsive to their individual needs and preferences. Systems were in place to help provide people with information in a way they could understand. People were supported to think about their needs and wishes at the end of their life. A range of planned activities was in place, this also included providing social stimulation to people who needed to be cared for in bed. People were supported to maintain important relationships. Concerns and complaints were taken seriously, investigated, and responded to.

People and staff were consulted and involved in the running of the service. Relationships had been built with external communities for the benefit of people living in the service. The management and staff team were committed to developing and improving the service, they had utilised networks and resources to help them do so.

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

Rating at last inspection
The last rating for this service was good (published 1 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach in relation to safe care and treatment. Please see the action we have told the provider to take at the end of this report.

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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Hillcrest

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 carried out by one inspector and an inspection manager.

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

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

Notice of inspection
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 six people who used the service and two relatives about their experience of the care

provided. We spoke with eight members of staff including the regional manager, registered manager, deputy manager, a senior care assistant, a care assistant, the cook, the activities co-ordinator, and a member of staff responsible for maintenance. We also spoke with a visiting health care professional.

We observed the care being provided and reviewed a range of records. This included records relating to four people's care and seven people's medication records. A variety of records relating to the management of the service 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. We spoke in more detail with the deputy manager and spoke with a care assistant and team leader. We spoke with five relatives and three health care professionals.

Requires Improvement

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Not all risks had been identified and assessed. For example, not all risks associated with people smoking had been identified. Topical medicines, such as creams, which could pose a risk to people's health should they be ingested, were unsecured in people's rooms. The risks in storing them in this manner had not been assessed.
- Where risks had been assessed these were not always being managed in line with risk assessments. We found for two people with skin breakdown, staff were providing support with repositioning which was not in accordance with the corresponding risk assessments. Repositioning had been carried out in a way which did not minimise the risk of further skin break down.
- Whilst a cleaning schedule was in place, we found instances where the cleanliness of the environment could be improved. This meant we could not be confident risks associated with infection control were always being effectively managed. For example, we found one toilet had faeces in it throughout the day, dirty crockery from breakfast was still present at lunchtime, a bin was overflowing in a dining area, and a washing up brush was being used as toilet brush.

We found no evidence that people had been harmed however, risks had not been identified and actions to minimise risk had not always been taken. This had placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager provided us with evidence that showed these risks had now been assessed and actions were being put in place to minimise risk.

Using medicines safely

- Medicines were not always managed in a safe manner. People's medicine administration records did not clearly detail when medicines had been changed or stopped by the prescribers. This increased the risk of medicine errors. We found for one person one medicine had been stopped but their medicine administration record showed it was still being given. For another person a topical medicine had been stopped but we found this medicine unsecured and still in the person's room.
- Administration of topical medicines was not always recorded. This meant we could not be sure these were being given as prescribed.
- Some medicines which had been prescribed for regular use where being administered on an 'as required' basis. This meant the medicines were not being administered the way the prescriber had intended.

We found no evidence that people had been harmed however, medicines were not always being managed safely or administered as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● The provider had a system in place to assess staffing levels. This was supplemented by regular reviews of staffing levels by the registered manager. Most people and relatives told us they felt there were enough staff to meet people's needs, although one relative raised a concern that staff were not always present in communal areas. Staff told us they felt staffing levels were mostly adequate, but on the unit where people had a higher level of need, increased staffing would be helpful. One staff member said, "We do [manage] but it would be nice to just have that little bit of extra time, at the moment quite a few people need repositioning, [with] two [staff] in the bedroom then that floor is unmanned, [people] can't actually see that there is somebody about."

● During our inspection we did not find staffing levels impacted on the service people received, however we found the building was large and care tasks for some people would affect the ability for staff to be present on the floor and in communal areas to monitor people were safe.

We recommend the service seek advice from a reputable source on assessing staffing levels with reference to the physical environment and building.

● Since our last inspection the registered manger had worked to involve people using the service in the recruitment of staff. They now had a representative from the people using the service who interviewed prospective staff and was part of the selection process. This person told us, "I thought that was really helpful, it's good to be able to have input for the residents."

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to safeguard people from the risk of abuse. Safeguarding concerns had been identified, reported, and responded to appropriately.

● Information on how to report concerns was provided to people, relatives, and staff. Safeguarding posters were on display throughout the service. Staff had been trained in this area, they told us they felt able to report and challenge potential incidents of abuse.

Learning lessons when things go wrong

● A system was in place to review incidents that occurred and analyse these for any patterns and trends. Staff told us incidents were discussed and used as learning opportunities. The management team had put in place a regular falls meeting to review and discuss falls that had occurred in detail.

Good

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 good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with health care professionals to meet people's health care needs. This included occasions where people moved between health care and social care settings. Health professionals told us staff referred to them appropriately and followed their advice, we found this to be the case in most issues . However, we found staff had not fully understand and followed advice regarding the management of two people's pressure ulcers. For another person staff had identified difficulties with eating certain food and textures. Whilst staff had acted to address this risk, they had not referred this concern to a relevant health care professional, for a thorough assessment and to ensure this action was correct.

We recommend the service act to ensure advice from health care professionals is sought and fully implemented where concerns regarding people's health are identified.

● Following our inspection, the registered manager confirmed they had taken action to address the issues identified. This had included contacting health care professionals to visit and provide additional training and support for staff.

● Records showed people's healthcare needs where assessed and considered. For example, regular assessments were carried out on people's oral health. Staff supported people to access health care services, such as opticians and chiropodists.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Holistic assessments had been carried out on people's needs. This included assessments around people's physical and social needs.
● Where circumstances for people had changed staff reassessed their needs. For example, we saw one person had recently been admitted to hospital and staff had carried out a new assessment of their needs prior to them returning to the service.

Staff support: induction, training, skills and experience
● Staff were trained in a range of subjects relevant to people's needs. This included topics such as person centred care and positive behavioural support. Records showed staff training was up to date. Relatives told us they felt staff knew people's needs and how to meet these.

● Training was delivered via e-learning and face to face training. Staff told us they enjoyed the training. They said the registered manager had good oversight of their training and ensured this was kept up to date. Staff also confirmed regular supervision took place.
● An induction process was in place for new staff. New staff were supported by a mix of training and shadowing more experienced staff. The deputy manager told us the level of support provided was flexible and based on the needs of the staff member, this meant they could provide additional training and shadowing if needed.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough. People at risk of dehydration and malnutrition had been identified and their intake monitored.
● We observed the support provided to people over lunchtime. This support was well organised and people received the assistance they needed to eat where required. People received support to choose meals they liked, pictorial menus were used appropriately to support this. People spoke positively of the food provided, one person said, "The food is lovely. If they make something I don't like they will do an alternative for me."

Adapting service, design, decoration to meet people's needs
● A refurbishment plan was underway in the service to help improve the general environment and better meet people's needs. People had been involved and consulted in the re-decoration of communal areas. Areas of the home, including the garden had been made accessible to those using the service.
● Staff had supported people to help ensure their rooms were personalised and meet their individual needs. For example, one person told us how staff had helped them put their art work in to frames to display in their room. A relative told us how staff had worked with them to help make their family member's room feel, as much as possible, like their own home. They said, "We've been able to make that space [name's] space which is really personal to them. Staff have worked with me been open to ideas."

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.

● People's capacity to consent to different aspects of their care had been assessed. Where it had been identified that people were not able to consent best interests decisions had been made in accordance with the MCA.
● Staff sought people's consent. Staff told us they knew people well and this helped them to support people with decision making, this included knowing what people's views and preferences might have been in situations where people struggled to make decisions independently.
● The registered manager understood when to make DoLS applications and had done so appropriately. No one living at the service had a DoLS authorised at the time of our inspection.

Good

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
● Staff were kind and caring. Staff spoke about people in a caring manner and told us their colleagues were kind and caring. People and relatives also confirmed staff treated them kindly. A relative told us, "I think they make everybody feel welcome, it feels like a family." Several relatives told us staff were, "Accommodating" and tried hard to meet people's needs.
● Where people were distressed or needed additional reassurance this was provided. During our visit we observed several instances where staff responded to people in distress in a kind, patient and reassuring manner.
● Staff had received training in equality and diversity. Staff were interested in people and understood they had diverse backgrounds. One staff member told us, "[Staff] are intrigued about [people's] backgrounds, it's nice to know a little bit about someone."

Supporting people to express their views and be involved in making decisions about their care
● Many of the staff were longstanding staff members who knew people well. Staff told us this supported them in understanding and helping people express their views. One relative told us how this knowledge of their family member's wishes had ensured staff had identified an issue when their family member was admitted to hospital and staff had taken action to address this.
● Systems were in place to support people to make their views known, this included resident and relative meetings, and regular planned meetings to review people's care. People and relatives told us they felt consulted and involved in the support provided. They said the registered manager sought their views informally and took the time to check they were happy with the support provided. One relative said, "[Registered manager] wouldn't walk past, she always comes in and speaks to me if I am here."

Respecting and promoting people's privacy, dignity and independence
● Staff were respectful of people's independence and dignity. They understood the importance of allowing people to have control over their lives whilst gently prompting and supporting people to meet their own needs where possible. Staff provided us with practical examples of how they encouraged people to be independent. A relative told us how respectful staff had been of their family member's desire to be independent. They said staff had been very considerate of this and taken time to enable this the person to carry out a task particularly important to them.
● For some people with difficulties around their continence we identified areas of malodour in their rooms which compromised their dignity. The registered manager had identified this and provided us with a plan to show flooring would be replaced to help address this.

Good

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 requires improvement. At this inspection this key question has now improved to good. 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

● The care provided was personalised to meet the needs and preferences of people in the service. Staff knew people well, including their likes and dislikes which helped them to provide person centred support. A staff member told us, "When new staff come we always remind them of the little things people like or don't." One relative told us how their family member missed having pets and regular contact with animals. They said the registered manager had worked with their family member to address this and this had made, "A real difference" to their family member.

● Staff understood the importance of ensuring people's routines were set by people in line with their preferences. A staff member said, "You can't regiment people. People can do what they want. If someone wants to go for a sleep in the afternoon why shouldn't they, you would at home." People and relatives confirmed that the support provided met people's preferences around their daily routines. One relative said, "[Family member] likes to lie in so [staff] will leave [family member] and change meal times [to accommodate]."

● People's care plans contained information on their preferences and needs, some care plans contained detailed person centred information but this varied. Not everyone in the service had information about their social history or important relationships. We saw the activities co-ordinator was in the process of writing these with people and their families. Whilst the information contained in care plans could be expanded we found the impact of this was reduced due to the stable staff group who knew people's needs and preferences well.

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.

● Systems were in place to help provide people with information in a way they could understand. Notice boards were utilised around the home and this contained a range of information for people on the service and wider social care issues, such as advocacy.

● Where people needed additional help, information was provided in pictorial form. For example a pictorial menu was in place and the signage to help people navigate around the home. The registered manager told us they would continue to develop signage around the home within their refurbishment plans.

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
● An activities coordinator was in post and there were regular planned activities and events taking place. The activities co-ordinator had put in a plan of activities to include those people in the service who needed to be cared for in bed or had a significant cognitive impairment. The service had purchased an electronic device which the activities co-ordinator used to help engage people in social interaction. They explained they would tailor use of this in line with people's interests, for example if people were interested in particular subjects would play them short clips of videos and discuss this with them.
● Whilst the activities coordinator was motivated and enthusiastic, there was only one of them, and we noted the service was large which supported people with a range of needs over three units. This meant we were concerned it would be difficult for plentiful and meaningful activities to be developed for everyone in the service. One person told us they didn't feel there were a lot of activities taking place. A health care professional told us, "Don't see a lot going on [in residential unit]." We discussed this with the registered manager who told us they would review how they assessed and allocated staffing hours in regards to activities.
● Staff understood the importance of involving and supporting family relationships. The registered manager had identified many people in the service had young relatives visiting them. The registered manager had put in place a children's play area outside so younger relatives had somewhere to play and people in the service could interact with them. A relative told us, "I can take [family member] out and they can see them [grandchildren]. As kids get older they don't necessarily want to come in to a care home so it's good to have."

Improving care quality in response to complaints or concerns
● A complaints system was in place. The registered manager responded to complaints in an open and transparent manner. They investigated complaints thoroughly and used these to help learn from and drive improvements in the home. People and relatives told us they felt able to raise concerns and if they had these had been responded to and resolved.

End of life care and support
● No one in the service was being supported at the end of their life at the time of our inspection.
● People had end of life care plans in place which contained basic information on people's wishes at the end of their life. We saw there was an assessment framework in place which would allow staff to obtain more person centred information if required. A relative told us how staff had identified and sensitively discussed with them that their family member may be requiring end of life care in the near future. The relative told us they had, "Valued that conversation."

Requires Improvement

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Quality assurance systems were in place. These had identified some issues in the service but not all. Whilst improvements and standards had been made and maintained in most areas we found this was not the case in all areas. This meant we could not be confident that quality assurance systems were wholly effective in driving and maintaining standards in the service.
● Regulatory requirements had not been met in respect to Regulation 12 safe care and treatment. We also found daily records relating to people's care were unsecured in a communal area and accessible to other people in the service. This raised concerns that the service did not fully understand its responsibilities under general data protection regulation.

We recommend the service seeks guidance from a reputable source on ensuring quality assurance systems drive improvement and regulatory requirements are met.

● The service was well organised, staff responsibilities were clearly delegated, and we observed the service running smoothly during our inspection. Overall the feedback we received about the service was positive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Systems were in place to enable engagement and feedback on the service. This included regular resident and relative meetings and annual care reviews. Most people and relatives told us they felt meaningful consultation and involvement took place, although two people felt this could be strengthened. Staff also told us they felt the management team were approachable, supportive, and consulted them on the service provided.
● The management team was committed to developing a person-centred culture. They had involved people in the re-decoration of the service and developed a representative to consult on staff recruitment.
● The registered manager had introduced a resident of the day system which meant staff should meet one to one with the person selected as resident of the day to discuss and seek feedback on various areas, including meals and activities. Whilst this had potential to improve consultation and involvement we found in reality these conversations were not taking place in a way that would drive meaningful change to people using the service. The registered manager told us they would review this system.

● The service had built relationships with the local community. For example, they had been working with Prince's Trust and local students to help enhance and develop the service. Students helped with refurbishment of the home and engaged in activities with people living in the service. The registered manager was keen to develop this further including intergenerational activities.

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
● Duty of candour was met. Responses to complaints demonstrated the registered manager was open and honest with people and relatives where they had identified the service could have done things better.

Continuous learning and improving care; Working in partnership with others
● The management team were motivated to develop and improve the service. They viewed concerns and complaints as an opportunity to learn and develop. Staff were encouraged to discuss and share ideas so that the service could be improved. One staff member told us, "All staff challenge each other and remind each other that they are working as a team together."
● The registered manager had built links with the provider's other services in their area to help share ideas of good practice and development. They had invited the registered manager of one of the provider's services rated outstanding to visit the home and provide them with constructive feedback.
● Staff worked appropriately and collaboratively with professionals across a range of services. Health care professionals spoke positively of staff engagement with them. One told us how the registered manager had invited them to give a training session on a particular health care need to help enhance staff's understanding.

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 How the regulation was not being met: People who use services were not protected against risks because these were not assessed, and actions were not taken to mitigate risk. Insufficient actions had been taken to mitigate the risks associated with infection control. Medicines were not managed safely. Regulation 12 12(1)(2)(a)(b)(g)(h).