

Hillsborough Residential Home Limited

Hillsborough Residential 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Hillsborough Residential Home ("Hillsborough") is a residential care home that provides care and accommodation for up to 22 older people, some of whom are living with dementia. At the time of the inspection there were 14 people living in the service. Hillsborough is also registered to provide personal care to people in their own home. However, at this inspection, no-one was receiving support with personal care.

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

At our last inspection we found the management of people's medicines and the monitoring of the quality of the service provided were not effective. We also found the environment was not always well maintained or suitable for people's needs.

At this inspection we found improvements had been made. Medicines were well managed, and people received their medicines safely and as prescribed for them. Robust auditing and quality monitoring systems and been set up and fully implemented. The registered manager had a comprehensive overview of the service and knew where improvements could be made.

The premises were clean and there were no malodours. An extensive re-decoration programme had been in place since our last visit and the service was brighter and more suitable for the needs of people living there. These improvements, while still on-going, included several bedrooms being upgraded and the shared living areas had been de-cluttered, redecorated and re-carpeted. Additional signage had been put in place to help people living with dementia to identify their surroundings more easily.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm. Comments from people included, "Happy with everything" and "I feel safe living here."

People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were quickly answered.

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.

Information about people's care needs, and any changes to those needs, were individualised, informative and shared effectively within the staff team. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

People were supported to access healthcare services, staff recognised changes in people's health, and

sought professional advice appropriately. Staff were informed about people's changing needs through effective shift handovers and informative records of the daily care provided for people. People were offered a range of healthy meal choices.

Staff were recruited safely and there were enough staff on duty to meet people's needs. The service had some staff vacancies and recruitment to these posts was on-going. The registered manager assessed staffing levels based on the needs of the people living at the service and only accepted new admissions when there were sufficient staff employed.

Staff had received appropriate training and support to enable them to carry out their role safely and effectively. Staff told us they were well supported by good training, regular one-to-one meetings and approachable management.

We were assured that risks in relation to the COVID pandemic had been managed appropriately. Staff had access to appropriate PPE and hand washing facilities, which they used effectively and safely.

The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published on 21 October 2020) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We carried out an unannounced inspection of this service on 22 September 2020. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillsborough Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hillsborough Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Hillsborough is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people living at Hillsborough. We looked around the premises and observed staff interacting with people. We spoke with six staff, the registered and deputy managers and a visiting healthcare professional.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection medicines were not robustly managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management of medicines had improved since the last inspection. A robust auditing system, to check medicines administration and stock, had been implemented. These checks were completed daily, weekly and monthly. This meant any errors were quickly identified and could be rectified in a timely manner.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- People received their medicines safely and on time. Staff were trained in medicines management and their competency regularly assessed.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence as much as was possible.
- Where people had been identified as being at risk of falls appropriate measures had been put in place to help mitigate these risks. This included the use of pressure mats and alarms, to alert staff when people moved around.
- The premises were well maintained, and any repairs or faults were reported and acted upon, to help ensure the environment was safe. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Appropriate fire safety checks were carried out, such as fire alarm checks, fire drills and fire equipment checks. Staff were trained in and understood the fire safety procedures.
- Staff had been appropriately trained in the use of manual handling equipment.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Conversations with people and staff confirmed there were enough staff available. Staff told us, "There are plenty of staff on duty, some days are busier but the managers will cover" and "Staffing level are generally OK, just the odd day when numbers have been lower."
- The service had some staff vacancies and recruitment to these posts was on-going. The registered manager assessed staffing levels based on the needs of the people living at the service and only accepted new admissions when there were sufficient staff employed.
- During our inspection we saw staff were responsive to requests for assistance and call bells were promptly answered. Staff recognised when people needed support and had enough time to engage with people in a meaningful way.
- The provider's recruitment practices were robust and staff confirmed appropriate checks were undertaken before they supported people living at the service.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed living at Hillsborough and told us they felt safe.
- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.
- Staff knew how to report and escalate any safeguarding concerns. Staff received appropriate safeguarding training as part of their initial induction and this was regularly updated.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any incidents to minimise the risk of adverse events reoccurring. For example, additional support for people was sought when needed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had not ensured the environment was in good repair and suitable for people's needs. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection the provider had developed an action plan to detail and prioritise the work needed to improve the premises. The programme to implement these improvements had started following our last visit and, while all essential work had been completed, plans to re-decorate all areas of the premises were on-going.
- We found the premises were brighter and more pleasant for people living at the service. Several bedrooms had been upgraded, which included new furniture, hospital beds and carpets. The remaining bedrooms were due to be gradually re-furnished. Shared living areas and corridors had been de-cluttered, redecorated and re-carpeted. One carpet, in the lobby area that accessed the kitchen and two of the shared living rooms, was worn and in need of replacing. We were assured this carpet was on the list to be changed shortly after this inspection.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. Additional signage had been put in place to help people living with dementia to identify their surroundings more easily.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Stair lifts were available for people to access the upper floors. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff received regular training, suitable for their roles. There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff had regular one-to-one supervision meetings and an annual appraisal. This gave staff the opportunity to discuss their individual work and development needs. Comments from staff included,

"Training is good and all up to date", "I have regular one-to-one meetings with the manager, who is very approachable and helpful" and "We have monthly one-to-one meetings."

- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. The provider's induction programme reflected best practice recommendations.

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

- People were offered a range of healthy meal choices and were involved in menu planning. People told us, and we observed, they enjoyed the food provided.
- Staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. Where people needed support from staff to eat their meals, assistance was provided in a kind and dignified way.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Nutrition and hydration care plans were in place and covered people's dietary needs and detailed if assistance from staff was needed. When people's food and fluid intake needed to be monitored records were consistently completed and acted upon if necessary.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care;

- People's health conditions were well-managed and staff engaged with external healthcare professionals such as community nurses and GPs as needed to help provide consistent care. A visiting healthcare professional told us, "Staff are brilliant and have enough knowledge to know when to make referrals to our team. Pressure care management at the home is really good."
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care.

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

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- Capacity assessments were completed to assess if people were able to make specific decisions

independently.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider had failed to effectively identify areas of the service that required improvement and failed to learn from information and previous inspection outcomes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection robust auditing and quality monitoring systems and been set up and fully implemented. The registered manager carried out regular audits of care plans, incident/accidents, call bells, medicines, kitchen audits, staff competency checks, observations of staff practice, dining experience observations, menu choices and building checks. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- The registered manager started in post shortly after our last inspection. They had built an open and trusting relationship with the provider and this had resulted in a consistent management approach. This cohesive approach, between the registered manager and provider, had helped to achieve the improvements that had been made to the running of the service and the outcomes for people living at Hillsborough.
- Roles and responsibilities were clearly defined and understood. The manager was supported by a deputy manager, senior care workers and the provider.
- Staff spoke positively about the management and the way the service was run. They told us they felt valued and were well supported. Comments included, "The manager is lovely, she guides us well. Can't believe how good she is. Both her and the owner are such caring people. They nurture us in our role, they are very supportive", "The new manager is brilliant. I am given set shifts that suit me" and "I enjoy working here, the staff are friendly and helpful".
- Important information about changes in people's care needs was communicated at staff daily handover meetings and updated, as they occurred, in the electronic care records system.

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

- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the

service's current procedures. People's care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being. Staff told us, "Love working here" and "It's a home from home."
- People told us were happy living at the service and with the staff who cared for them. Commenting, "The staff are good", "Staff are kind" and "Happy with everything."
- A visiting healthcare professional was also positive about the service and the care provided for people. Commenting, "There is always a good atmosphere in the home, staff greet us on our arrival and are knowledgeable about the people living there."
- We observed that staff had good relationships with people and interactions between people and staff were caring and considerate.

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

- People and their relatives were involved in the service and asked for feedback on the service's performance through informal conversations and individual monthly feedback meetings. Comments from the most recent monthly feedback from people included, "I am very happy with the care I receive, the staff always do more than enough for me", "The food is good and the care is good, enjoy a laugh with the staff" and "I have five star treatment you are all like my family."
- Communication between staff and management was good. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon. The registered manager was visible in the service and held regular staff meetings. Minutes from these meeting confirmed there was an open dialogue between managers and staff and suggestions and ideas were welcomed. One care worker told us, "There is a good staff team. We support each other, if there are any issues we talk to each other and resolve them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under the duty of candour. Families were kept informed of any changes to people's needs and any updates in relation to the running of the service.
- The provider had notified CQC of any incidents in line with the regulations.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Continuous learning and improving care

- Electronic systems had been introduced to record details of people's care and these systems were continuously evaluated and improved. This helped to ensure the registered manager had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- People's needs and preferences were assessed prior to a person moving into the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.

