Mr Brian J Cowan & Mrs Geraldine M N Cowan

Hilda House Care Home Adults L D

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 16 January 2017 and was announced. The provider was given 24 hours' notice of the inspection because both the provider and people who lived in the home were often out in the local community. We needed to be sure that they would be in the home at the time of the inspection.

The home was last inspected on 11 March 2015 when we found no breaches of legal requirements. We made a recommendation about the recording of best interests decisions in line with the Mental Capacity Act 2005.

Hilda House Care Home Adults LD provides care and support for up to three people. There were two people living at the service at the time of our inspection; both had lived in the service for many years. The provider was a husband and wife partnership, Mr Brian and Mrs Geraldine Cowan. We will refer to them as 'The provider' throughout this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Mrs Cowan was the registered manager. There were no additional staff employed at the service.

We found there were safe procedures for the management of medicines and the provider had received refresher training in this area. Medicines were stored safely and records were accurate and up to date.

The provider had received training in the safeguarding of vulnerable adults and knew what to do in the event of concerns. A policy was in place and there were no issues of a safeguarding nature under investigation at the time of our inspection.

Risk assessments and checks on the safety of the premises and equipment were carried out. Individual risks to people were also assessed and mitigated. A record of accidents and incidents was kept.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The service was working within the principles of the MCA and applications had been made to deprive people of their liberty and subsequently authorised. Decisions taken in the best interests of people who lacked capacity were appropriately recorded.

The provider had undertaken regular training and development to ensure they remained up to date with current best practice.

People were supported with eating and drinking. Meals were prepared freshly on the premises and people had choices about what they would like to eat. People's weights were recorded and monitored. They had

access to a range of health professionals.

The premises were clean and tidy and generally well maintained. Some areas required redecoration and the provider told us this happened on a regular basis. People's bedrooms were homely and personalised and reflected their choices.

We observed kind and caring interactions with people. Their dignity and independence was respected and promoted. Privacy and confidentiality of information was maintained.

Person centred care plans and personal profiles were in place outlining people's goals and needs, and how these would be addressed. Communication was provided in pictorial easy read format when necessary.

People had access to a range of activities they enjoyed, tailored to their individual preferences. People were supported to maintain friendships in the local community.
A complaints procedure was in place although there had been no recent complaints received by the service.

There were systems in place to monitor the quality and safety of the service, including regular audits and checks.

We found that statutory notifications had not been made in line with legal requirements. We clarified that the provider fully understood their legal obligations in relation to these. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Feedback mechanisms were in place to obtain the views of people and their relatives about the quality of the service.

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.

Medicines were managed safely and a procedure was in place to ensure the safe administration of medicines.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service. Safety checks of the premises and equipment were carried out.

Safeguarding procedures were in place and training had been provided in the safeguarding of vulnerable adults.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

The provider undertook regular training and development to remain up to date with best practice.

People were supported with eating and drinking and nutritional assessments were carried out.

Is the service caring?

Good

The service was caring.

People were treated kindly and with respect.

Dignity was preserved and the confidentiality of information was maintained.

People were involved in decisions about their care and treatment and the day to day running of the service.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place and these were reviewed and updated regularly.

A range of activities were available including trips into the local community.

A complaints procedure was in place. No recent complaints had been received.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The provider had not submitted statutory notifications to the Commission in line with legal requirements to inform us of certain events.

A range of audits on the quality and safety of the service were carried out.

Feedback mechanisms were in place to seek the views of people and their relatives.

Hilda House Care Home Adults L D

Detailed findings

Background to this inspection

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

This inspection took place on 16 January 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Prior to the inspection we spoke with the local authority safeguarding and contracts teams who told us they had no concerns about the service. Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the provider and two people who used the service, during the inspection. We also spoke with one relative.

Good

Is the service safe?

Our findings

There were safe procedures in place for the ordering, receipt, storage and administration of medicines. Two people received medicines on a regular basis and the provider was knowledgeable about these. We checked medicine administration records [MARs] and found these were complete and up to date. The running total of medicines in stock was recorded and these were checked during regular audits by the provider. There were no medicines requiring refrigeration at the time of the inspection. A lockable container was provided in the fridge for medicines if required. The provider told us they had good relationships with their local GP and pharmacist and were able to obtain new medicines promptly. Instructions about when and why to give 'as required' medicines, such as pain relief, were detailed and specific to the individual.

There were no other staff working with the provider and no recruitment had taken place since the last inspection. The provider lived on the premises and was available at night if people needed attention, and systems were in place for people to call them. The provider told us they were able to meet the needs of people. An external cleaning company cleaned the home. The provider told us they did not have unsupervised access to people. The provider had completed safeguarding training and was aware of how to alert concerns if necessary. There were no concerns of a safeguarding nature at the time of the inspection.

Risk assessments and safety checks of the premises were carried out including gas and electrical safety checks. Portable appliance testing [PAT] was completed three yearly and small electrical appliances were visually checked daily. A legionella management plan was in place to prevent exposure of people to legionella bacteria. The service was considered low risk as the water supply was mains fed and the premises were domestic in size.

Infection control training had been completed and regular checks on the cleanliness and tidiness of the building took place to ensure there were no hazards. A door which led to steps leading to a cellar was locked and the cellar was inaccessible to people at all times. Personal protective equipment such as gloves and aprons were available. The service was not required to have an environmental health food hygiene rating but the provider followed the 'Safer Food Better Business' guidance from the Food Standards Agency. This meant they sought to prepare, serve and store food safely.

A fire alarm and emergency lighting system was in place. A fire safety inspection had been carried out and found everything was satisfactory. There were regular checks on fire equipment and people were told when a fire test was taking place and reminded what to do in the event of a real fire. An emergency contingency plan was in place and the provider had access to alternative premises if the home needed to be evacuated for any reason.

Individual risks to people were assessed including their ability to access the community safely, gardening, household tasks and outings. These included detail about the level of the support each person needed to remain safe including road safety awareness for example.

A record of accidents and incidents was maintained. There had been no serious accidents and incidents

records showed that advice had been sought related to specific incidents where further support needed to be provided to the person and provider.

Good

Is the service effective?

Our findings

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 operating within the principles of the MCA. Applications to deprive people of their liberty had been submitted for authorisation to the local authority in line with legal requirements.

At the last inspection, we made a recommendation that the provider followed the principles of the Mental Capacity Act 2005 [MCA] in relation to best interests decision making.

At this inspection we found that improvements had been made to recording best interests and applications had been made to the supervisory body at the local authority to deprive people of their liberty, in line with legal requirements. Records contained details about everyday decisions people could make and a 'consent to care' easy read form was available, with a thumbs up sign to indicate the person was happy with the support provided.

The provider was a husband and wife partnership and they met regularly to discuss performance and development needs they may have. There were no staff employed that required supervision or appraisal. The provider told us they were conscious that they could be potentially isolated so they attended external training as often as possible to remain up to date with current best practice. The training they had undertaken included safeguarding, health and safety, nutrition and hydration, fire safety, equality and diversity and human rights, infection control, learning disability awareness, epilepsy awareness, dementia awareness, and person centred care planning.

People were supported with eating and drinking. A list of people's likes and dislikes were recorded and there were no special dietary requirements. The provider told us they promoted a healthy balanced diet and ate with people at each meal time. People could choose to eat with others in the conservatory or sometimes ate while watching television at a table in one of the lounges. The provider cooked meals and fresh ingredients were used and available. They ate out with people once a week at a venue discussed and chosen by all which people enjoyed. People's weights were monitored and one person had been supported to lose weight. A nutritional screening tool was available for use in the event of concerns about people's weights. The provider entered details of people's weights into this tool on a regular basis and found they were of a healthy weight. This was not recorded as there had been no concerns. We discussed this with the provider who said they would make a record of the person's nutritional score periodically in their nutrition care plan. People did not help with cooking as they were not keen to do so, but they did bake with the provider. A large

well equipped kitchen was available.

The premises were clean and tidy. We looked in people's bedrooms, with their permission, and they were homely and personalised. The décor reflected individual tastes and interests. A television was provided in each room and there was a large walk in shower. En-suite facilities were also available. The home was generally well maintained. There were some areas in need of redecoration but a rolling programme of decoration was in place. The office used by the provider was away from the main area of the home. The provider told us this was deliberate and that they tried to keep the 'business' aspect of the service from encroaching on the homeliness of the environment.

People had access to a range of health professionals including GP, dentist, chiropodist and optician. They also attended annual health checks with the practice nurse at their GP surgery. The provider told us they always took a note of people's blood pressure following these appointments to keep a baseline record in the service.

Good

Is the service caring?

Our findings

A relative and an officer from Scottish Borders contracts department told us that people were well cared for. The relative said, "They have been very happy in the service and always look forward to going back when they have been to visit."

We observed caring and courteous interactions between the provider and people who used the service. Both people had limited communication and did not speak with us in any depth. One person was out during most of our visit. We observed that they appeared relaxed in the home and appeared to have positive relationships with the provider.

The provider had cared for people over a long period of time and their communication about people showed they had a close relationship with people. They told us, "We try to maintain professional boundaries but obviously when you live with people seven days a week you do get to know them well." The provider also told us that people were included in everything they did and that it was their job to ensure people were "living their life as much as possible."

Confidentiality was maintained. The provider told us they were often approached in the local community and asked questions about how people were, so was aware that they should not disclose any information about people. They went on to say, "You tend to find that when people live in a care setting people know everything about them. I only tell other professionals what they need to know about people. They wouldn't know everything about me so I try to keep anything else private for the individual." A statement of rights in the home included that people would be protected from discrimination. Our discussion with the provider demonstrated that they promoted this and protected people's rights in this area.

People were encouraged to be as independent as possible. Care records detailed the amount of support people needed and what they could do unaided. The provider told us they were very keen to support people's independence and reminded care professionals not to assume people were unable to do something. They said, "People have a diagnosis but they are more than a label. They are unique."

End of life care plans were in place. Relatives had been consulted about these and we saw the letter asking for them to contribute to this was sensitively written.

No one was accessing any form of formal advocacy but the provider knew how to access this if necessary. Advocates can represent the views and wishes for people who are not able to do this.

Good

Is the service responsive?

Our findings

Care plans were person centred which meant they took into account people's personality, likes, dislikes, previous experiences and interests. Individual goals for people were set in relation to their health, personal safety, risks and communication needs. A personal profile was in place which contained detailed and personalised information through answering such questions about what made the person happy, sad, angry or upset. There was information about what to do if people were feeling sad, angry or upset and how they might be supported to feel better. Care plans were up to date and regularly reviewed. Care plans to support people with physical health needs were in place and we saw that these were followed.

Daily routines and preferences were recorded including what time people liked to get up. We read that one person liked to have a lie in at weekends and during holidays. Communication needs were clearly recorded and examples were given of phrases used by people and how these should be interpreted. This meant there was clear information to ensure the needs of people were understood and responded to.

Individual activity plans were available for people. This included weekly routines such as visits to day care, and other activities people enjoyed. We saw that people went bowling at the sports centre, and one person was supported to visit friends regularly in a local town. One person attended an art class and their work was displayed around the home. They had enjoyed having some of their work displayed in an exhibition at the local library.

People were involved in all aspects of the running of the service. The provider consulted them about daily activities, trips, meals and any changes in the home. People were supported to make choices about their daily lives and were provided with easy read information to support these, where appropriate. People were encouraged to choose their own clothing but could find shopping difficult. The provider had found an online [computer based] shopping retailer where people could choose their clothes. The shop had the style of clothing people preferred and clear pictures which could be enlarged to make them easier to see. People selected the items they wanted and the provider put in the correct sizes and placed the order. This meant that steps had been taken to provide opportunities to shop in a way that suited people.

A complaints procedure was in place. No recent complaints had been received and the provider was in regular contact with a relative and was accessible at all times, should they have any concerns. An officer from Scottish Borders contracts department told us they had never been aware of any complaints about the service. They told us people's needs were responded to and that the provider worked closely with them.

Requires Improvement

Is the service well-led?

Our findings

Mrs Geraldine Cowan was registered as the manager for the service. The provider had cared for people since 1999 and knew them well. A relative told us they were in regular contact with the manager and was kept informed about their relation's care.

The provider had not submitted statutory notifications to CQC in line with legal requirements. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of including deprivation of liberty applications that had been granted. We spoke with the provider about this and confirmed their understanding of notifiable incidents.

There were systems in place to monitor the quality and safety of the service. Audits carried out related to the environment, infection control, medicines, and records. Records we saw were up to date and well maintained.

Annual questionnaires were given to people and their relatives. People were supported to complete this and were asked questions about their experience in general when living in the home. This was provided in a pictorial easy read format. The provider also met with people monthly and used a shorter survey format to ascertain their views. They explained that they did not hold meetings formally, but discussed the survey during a meal time, so that people were more relaxed, as they did not always like to be directly questioned. This meant the provider sought the views of people in the way they preferred. The provider's responses to surveys and questionnaires were recorded.

A service user guide was available to people which was up to date and contained information about facilities and amenities in the local area including shops, churches and leisure activities such as walks to Berwick docks and local wildlife areas. It also contained sample menus and information about the home. There were close links with the local community where people accessed various services and leisure activities.