Care Quality Commission

Bupa Care Homes (GL) Limited

Hillview Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Hillview Nursing Home on 16 February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. At the last inspection in October 2014 we found the home did not meet the regulations related to records and medicines. The provider sent us an action plan that detailed how they intended to take action to ensure compliance with these two regulations.

Hillview provides personal and nursing care for up to 53 people with general nursing care needs. The people they support may also have problems with their memory or ability to communicate. It is a large building in it's own grounds situated close to the Cleveland Hills. On the day of our inspection there were 42 people using the service.

The home has a registered manager in place, although they were off sick at the time of our visit and an interim manager was in place at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We last visited Hillview Nursing Home on 1 October 2014 to check that the service was compliant with requirements we made at a visit in June 2014 regarding medicines, records and the care and welfare of people who used the service. On 1 October we found the service was compliant with care and welfare for people but was still not compliant with medicines and records. We issued two warning notices on 11 November 2014 telling the provider they had not met the relevant regulations and gave them a date of 31 December 2014 for when they must achieve compliance.

People, who used the service, and family members, were complimentary about the standard of care at Hillview.

People told us they felt safe at the service. We saw that staff were recruited safely and were given appropriate training before they commenced employment. There were sufficient staff on duty to meet the needs of the people. The care staff team were very supportive of each other, however the nursing team said they often "felt pressured". We discussed this with the provider who showed us the support that had been provided both in terms of training and support from within the organisation.

We found that whilst improvements had been made in the management of medicines since our last visit, there were still some improvements which needed to be made with regard to the record keeping for medicines.

There was a programme of staff supervision in place that the new interim manager had established since joining the service at the end of 2014. Staff told us they had received training in mandatory subjects such as moving and handling and health and safety. Records of staff training were a little haphazard from 2014 although the new interim manager had a clear picture of people's training needs and training was planned imminently for 2015.

There was a robust people management plan in place in terms of the service addressing performance issues with staff. The interim manager told us there was a zero tolerance approach to poor care and a focus on clinical safety within the service.

We saw people's care plans had been well assessed and staff told us they referred to care plans regularly. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service.

The service encouraged people to maintain their independence and the activities co-ordinators ran a full programme of events, which included accessing the community with people and helping people keep in touch with their families. On the day of our visit people were icing cakes with a number of visiting children and enjoying the cakes together afterwards.

The service undertook regular questionnaires not only with people who lived at the home and their family but also with visiting professionals. We also saw a regular programme of staff and resident meetings where issues where shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint. The interim manager had introduced immediate feedback forms following the service's recent difficulties so that any issue no matter how small was captured on the day and addressed. This showed the service listened to the views of people.

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe and to maintain as much independance as possible.

People told us that there was usually enough staff on duty to provide support and ensure that their needs were met. Staff told us that sickness had an impact and sometimes people all buzzed to be up at the same time which meant people may have to wait. The provider told us that sickness was being monitored and managed via a people plan and we saw the interim manager was having a number of interviews with staff over the forthcoming days regarding their sickness levels.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people, checking the register of approved professionals and seeking evidence of peoples right to work.

Summary of findings

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were positive about the quality of the food and we saw that recording of nutritional information for those people at risk had much improved since our last inspection.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However they needed further detail to ensure care and support was delivered in a way that they wanted it to be.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. The service had improved its auditing especially around care plans so issues were picked up and addressed. There still needed to be some improvement about the quality of auditing around medicines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were sufficient numbers of staff on duty to meet the needs of people using the service and the provider had an effective recruitment and selection procedures in place.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Medicines were not always managed safely for people because records had not been completed correctly. Whilst we saw overall improvements in the obtaining and administration of medicines, some improvements in the record keeping for medicines still needed to be made to ensure that people receive their medicines at the times they needed them and in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff told us they had received appropriate training and staff were now receiving regular supervisions and appraisals. Records need to be improved in this area to ensure training records were reflective of what had been delivered.

People were supported to have their nutritional needs met and mealtimes were well supported.

People had appropriate assessments of their mental capacity in place but the service needed to work on further development of best interests decisions and risk taking behaviour in care plans.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

Is the service responsive?

Good

The service was responsive.

Risk assessments were in place where required.

The service provided a choice of activities and people's choices were respected.

Summary of findings

There was a clear complaints procedure and people and relatives all stated the management team were approachable and listened to any concerns.

Is the service well-led?

Good

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources. Some improvement work was still needed over medicines audits but other areas such as care plans had much improved.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

The management team had a robust action plan in place to improve the quality of the service. Since our previous visit in October, the service has shared regular updates of their action plan with CQC and other partner agencies.

Hillview Nursing Home

Detailed findings

Background to this inspection

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

We last visited Hillview Nursing Home on 1 October 2014 to check that the service was compliant with requirements we made at a visit in June 2014 regarding medicines, records and the care and welfare of people who used the service. On 1 October we found the service was compliant with care and welfare for people but was still not compliant with medicines and records. We issued two warning notices on 11 November 2014 telling the provider they had not met the relevant regulations and gave them a date of 31 December 2014 for when they must achieve compliance.

This inspection took place on 16 February 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection team consisted of one adult social care inspector, one CQC Pharmacist inspector, a special professional advisor who was a registered nurse 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 for older people.

Before we visited the home we checked the information we held about this location and the service provider, for example, our inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners from both health and social care and safeguarding staff. Safeguarding staff reported positively that the service was engaging with them on a weekly basis and improvements to records and care plans was ongoing.

The provider was not asked to complete a provider information return (PIR). 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.

During our inspection we spoke with 12 people who used the service and eight family members. We also spoke with the interim manager, regional manager, four care workers, two senior care workers and three nurses.

We looked at the personal care or treatment records of six people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff. We observed care and support in communal areas and spoke with people in private. We viewed people's bedrooms where we were invited to. We also looked at records that related to how the service was managed.

Requires Improvement

Is the service safe?

Our findings

People we spoke with at Hillview told us they felt safe or very safe at the home. Comments included; "I feel safe here the staff are great I am very well cared for." Another person said; "I have to be lifted in the hoist and I feel safe." Another person said; "The staff are great I want for nothing no one has ever raised their voice at me sometimes they could do with more staff on duty as I would like to have time to talk to them." One person raised some concerns about their care and relationships with some staff which we discussed with the interim manager. This issue had already been referred to safeguarding by the home so they could seek to continue to support the person with support from other services.

Relatives we spoke with told us; "I would live here myself. My mams looked after, she has been in here for three years now and I have never heard her spoken to with any thing but respect," and "We have never even noticed a scratch on mum's body that we not been told about."

Care staff on the first floor were observed to be moving and handling people in a safe way on the day of inspection. They were effectively using hoists in a safe way, and told us they had received training. Staff were also observed moving people in the dining room. This was undertaken appropriately. Staff interacted appropriately with people whilst these procedures were undertaken.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. A DBS record checks if people have been convicted of an offence or barred from working with vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Checks were also made against the professional register to ensure nurses were qualified and registered to practice. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Some staff (care and nursing) felt the environment was 'pressured' as a result of the last inspection visit and the requirements for improvement with an increase in paperwork and audits. Issues in relation to staff leaving, suspensions and potential disciplinary action were openly discussed, and although not appearing to directly impact on care was felt to be unsettling for some staff. Despite the issues outlined above, staff observed and took appropriate time in their direct care duties, people were not observed to be rushed by staff. Staff interactions were noted to be friendly and appropriate by all including the handyman and housekeeping staff.

We observed a number of staff on duty calmly going about their duties and having time to stop and speak with people as they were passing by. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, "We manage but sometimes everyone decides to be up at once." One care staff told us; "Some people have let us down with sickness." We discussed this with he interim manager who told us they were now managing sickness and absence robustly via a people plan and in the forthcoming days several people were due to be interviewed regarding their sickness levels. The staff rota showed that on the day of our visit there were three nurses, one senior carer, and seven care staff. The interim manager discussed that they had appointed a clinical lead to the service to take the lead role in providing nursing leadership and this person would commence shortly. One person told us; "I really like living here I have all I need and I am very safe. When I ring my buzzer the staff always come as soon as they can." Two people did raise some concerns over staffing levels. One said; "I sometimes think that there should be another carer on each shift because the girls don't have time to stop and chat and some days I don't want to get up when they ask but if I don't it means that it puts every thing behind for them and they are rushing around even more. I don't mind really."

We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. On the day of the inspection, the lift was out of order (it had been out of order 48 hours whilst waiting for a part to be delivered). This created problems in moving people downstairs. There was a stair lift but some people said they felt unsafe being moved on this. It was noted that the bottom of the stairs and adjacent to the fire exit on the ground floor was being used as a 'temporary store' for a

Is the service safe?

range of cleaning equipment, damaged furniture and other various articles. This potentially posed a serious risk in terms of emergency evacuation. This was highlighted to the interim manager on the day who indicated it would be dealt with immediately.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

Portable Appliance Testing (PAT), gas servicing and lift and equipment servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

Risk assessments were in place where required. For example, for people who required bed rails or for people who had moving and handling needs.

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy, which included contact details of the local safeguarding authority along with other agencies such as the police and CQC. We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police, and saw that CQC had been notified of all the incidents. All staff we spoke with were clear on what constituted abuse and what they would do if they saw or heard anything. One staff told us; "I'd report it straight away to whoever was in charge." Another staff member told us; "I'd report it, its about the protection of residents and their rights and making sure we respect them," and another said; "People are vulnerable so you expect people to respect that." This meant that people were not placed at risk by staff members who didn't understand how to keep people safe.

Nurses and a senior care staff spoken to indicated that there had been an increase in training and awareness in relation to reporting accidents and incidents, and they felt that staff were more likely to report issues and complete records in relation to incidents.

We saw that where safeguarding issues had been reported and investigated that the service had used any learning from them to improve the quality of the service. Recently there had been a medication issue and the service suspended the person from administering medicines until they had been trained and re-assessed as competent.

At this visit we asked if medicines were handled safely. We looked at the medicine administration records for 21 people.

Whilst we saw improvements since our last visit, there were still some with the records for medicines which meant that we could not be sure that people received their medicines at the times they needed them and in a safe way.

We saw a nurse giving people their medicines. They followed safe practices and treated people respectfully. We were told that one person looked after some of their medication themselves. A risk assessment was now completed so that the provider could ensure that the individual knew when and how to take this medication and could take it safely.

At our last inspection we found there were delays in obtaining some medicines, so people had been unable to take these medicines as prescribed. New prescriptions for people's medicines were ordered and received on a regular monthly basis. Staff told us of improvements made to the ordering process for repeat medicines. This meant prescriptions were supplied and medicines were received at the correct time.

Records relating to medication were not completed correctly, placing people at risk of medication errors. There were some gaps on people's medicine records where the records had not been signed to show that the medicine had been taken as prescribed. If the dose had been omitted staff had not recorded the reason for this.

We saw for some medicines that no record had been made of medication carried forward from the previous month or received mid-cycle on the MAR. This is necessary so accurate records of medication are available and staff

Is the service safe?

could monitor when further medication would need to be ordered. Incomplete record keeping means we were not able to confirm that these medicines were being used as prescribed.

When we checked a sample of medicines alongside the records we found that more of the medicine remained than the administration records indicated so we could not be sure if people were having them administered correctly.

Several people were prescribed creams and ointments. Many of these were applied by care staff when people first got up or went to bed. Since our last inspection staff had introduced a system to record when they had applied creams and ointments. This included a body map which described to staff where these preparations should be applied. We saw examples of these records. This helped to ensure that people's prescribed creams and ointments were used appropriately. Staff told us they were still working on improving these records and ensuring they were always completed.

Some people had been prescribed medicines to be given 'when required'. Although there were arrangements for recording this information at our last visit we found this was not kept up to date and information was missing for some medicines. We found at this visit, this information was in place. This included information about when the medicine might be needed and whether the person was able to request the medicine themselves. This helped to ensure that people would receive these medicines in a safe and consistent way.

Medicines were kept securely in locked cupboards. Records were kept of room temperature and fridge temperature to ensure they were safely kept. We saw that eye drops for one person, with a short shelf life once opened, was still in use after the date recommended by the manufacturer. This meant that staff could not be sure this medicine was safe to administer.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

Management and staff carried out regular checks of medicines records to make sure they were completed properly including a daily system of medicine checks. These checks should help identify any issues quickly in order to learn and prevent the errors happening again. The provider may find it useful to note that these checks did not include looking at the medicines supplied to make sure they had been given as recorded and in some cases the action taken had not been documented where issues had been identified.

The interim manager had a system for reviewing any accident or incident that occurred on a daily basis as well as reporting these on a monthly basis to their regional manager.

We spoke with a domestic member of staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment (PPE) to reduce any risks from contamination. They then went on to explain the procedure they followed if there was any outbreak of infectious disease at the service and we found their explanation of the procedure would reduce further risk of infection.. Another care staff member told us; “We make sure we wear PPE and know about proper handwashing.” Nurses and care staff were observed to wash their hands before and after aspects of personal care.

Requires Improvement

Is the service effective?

Our findings

People who lived at Hillview told us they received effective care and support from staff. People told us; "The staff know what they are doing I am confident in their ability to look after me well," and "The staff all know me well they don't seem to mind where they work in the home, it is always a nice atmosphere."

We saw that nursing staff had received training in accountability, falls prevention, nutrition, skin intergrity, dementia and the Mental Capacity and Deprivation of Liberty safeguards. Staff we spoke with all stated they had received training in areas such as health and safety, moving and handling, dementia care and safeguarding. One of the senior carer's told us they had undertaken in the last 12 months training in the following; Fire safety, manual handling, topical creams application, medication administration, basic food hygiene, first aid and dementia care.

We saw that a training plan was in place for 2015 and courses scheduled over the next few months included leadership training, moving and handling, dementia, safeguarding, tissue viability and food hygiene amongst others.

Supervisions and appraisals had been inconsistent over the last year but the new interim manager was implementing a new plan and we saw that staff were scheduled to receive regular supervision. Two care staff stated they hadn't had a supervision "for a while." One newly qualified nurse raised some issues about their supervision. We looked at records of meetings the interim manager had already completed and they showed a clear discussion of role and responsibility and actions and support where needed. We saw that a recent group supervision session had discussed the outcome of a recent safeguarding situations and the learning from this was shared with the group.

We also saw records of other regular staff meetings such as one for senior carers and nursing staff which had taken place the previous week.

People were very positive about the food at Hillview. One person said; "If I don't want to go and have my meal in the dining room it is ok for me to have it in my room," and "The food is very good we are given plenty of choice if I don't like what is on the menu I am offered an alternative. The kitchen staff try very hard to offer something I enjoy."

One relative told us; "My mum has gained weight since she was admitted here. The staff feed her when we are not here so we know she is getting plenty to eat." Another relative said; "My mum loves boiled onions and cheese and it is never a problem to do this for her."

Menus showed meals were on a four weekly cycle, and observation of the menu in the dining room indicated a reasonable variety of food options. The interim manager also stated that people could have supplements or variations on the menu depending on individual needs.

There was documented evidence in care records (both nursing and residential) that the home was supported by NHS Dieticians and that a number of peoples were prescribed a range of dietary and nutritional supplements.

Fluid intake charts were located in the bedrooms of those people who required support and monitoring with fluids, the samples we reviewed were accurate. Food and fluid recording charts had much improved since our last inspection visit in October 2014. If people were at identified risk then they were weighed weekly and dietician advice was sought as well as informing the kitchen of any dietary requirements. One care staff told us; "I started as an apprentice here but I am now permanent staff. I was supported at the start and shown how to feed people and now I feel confident to do this on my own. The resident's type of diet is in their care plans so if I am not sure of anything I read these."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The staff spoken to on the day had all received training in aspects of the MCA and DoLS. Although there was some initial uncertainty as to the number of residents subject to DoLS.This was eventually confirmed as three. We were told by a nurse that the interim manager was reviewing more people in relation to further DoLS applications, and that further training for newly appointed staff was also planned. We found that people we spoke

Requires Improvement

Is the service effective?

with were able to discuss a range of decisions they made. Some people required support to understand complex information and think through consequences of their actions. Other people had difficulty making decisions; were under constant supervision; and prevented from going anywhere on their own. We saw that for one person their care plan assessment stated they had variable capacity and undiagnosed dementia, and in their mental capacity section of their care plan it stated the person "had capacity in all areas." We also saw that for one person there was a best interest's decision recorded about them removing a medical device. We saw another care plan where the mental capacity assessment was not completed to state whether the person had capacity or not so some records relating to capacity still needed work.

The care records we looked at included 'do not attempt cardiopulmonary resuscitation' (DNACPR) forms. All of these were up to date and showed who had been involved in the decision making process, for example, the person who used the service, family members, GP and staff.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including dieticians and consultant specialists. One relative told us; "When mum is ever poorly I always get a phone call to tell me, especially if she needs the doctor." A discussion with one of the nurses indicated that additional input and advice from external health professionals such as the Respiratory Nurse Advisor, Palliative Care Team, Dietetics, Speech and LanguageTherapists were readily accessible to the home, with individual care records indicating that advice and or treatment had been given.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw that bathroom and toilet doors were appropriately signed, and walls were decorated to provide people with visual stimulation. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Good

Is the service caring?

Our findings

People who used the service and family members, were complimentary about the standard of care at Hillview. Comments from people included; "I am treated with respect by all the staff at all times," and "My visitors can come any time and I think they are made welcome."

One person told us; "I sometimes think the staff avoid me as they don't always answer my buzzer I often have to ring the office if I need anything. I think some of them are scared of me. I never read my care plan any more as it is never looked at by staff it's a waste of time me having one I put a line through any thing that is untrue." We discussed these concerns with the interim manager which they stated they were aware of and they were working with the person and the safeguarding team to address the person's concerns.

Family members and visitors told us; "We visit each day at different times mum is always well looked after. The staff check her often and they change her all the time when she needs it. The staff are wonderful my mum gets expert care and attention by everyone. The home is very clean and never smells funny."

There was positive interaction between staff and people living at Hillview and staff clearly knew people well. Interactions between nursing, care and domestic staff were discreetly observed during the day in various locations, and were felt to be both friendly and professional in approach. In the majority of cases we observed staff and people were on first name terms, this also included interactions with the ancillary staff including the handyman. One relative stated to us; "My mam wants for nothing in here the staff look after her as though she was related to them even the youngsters really know what they are doing. There are two girls that are brilliant when mam was in hospital last time when she came back her face lit up when she saw them and I couid tell by their reaction they were really pleased to see her."

All staff told us they gave people as much choice as they could around their daily life from when they got up, to meals, activities, having their hair done and bedtimes. One staff member told us; "I ask what people like to wear or if they would like their nails done."

Staff told us they encouraged people to be as independent as possible . Wesaw that people were supported to be as independent as much as possible including self-medicating and carrying out tasks such as dressing and washing with staff support if needed.

Staff were observed to respect privacy by knocking and calling out people's names before entering rooms. Bedroom and bathroom doors were closed when staff were undertaking aspects of personal care.

People told us their relatives and friends were encouraged to visit them within the home at any time of day or night. One person told us; "I have a visit regularly from the Vicar I can always tell when he has been he leaves the church magazine if I am asleep."

At the time of inspection no-one was receiving formal 'end of life care' although we were informed that one person was very ill and had indicated to staff that they were considering having more pain relief. The person's daughter told us they had been involved in discussions with nursing staff about potential future management of their relatives condition and pain management. One staff member told us about providing end of life care; "It's difficult but you learn to deal with it. You make sure that that person has everything that they need."

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated. People's care and support needs had been assessed before they moved into the service. Each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were able to do for themselves and what staff would need to support them with.

We looked at the care records of six people who used the service. We saw that care plans were in place and included pre and post admission assessments, a daily living assessment with likes and dislikes, a range of health risk assessments for nutrition and hydration, moving and handling, falls, skin care and people's dependency needs. Care records contain a photograph of the person for identification purposes, and there was evidence of involving the person in consenting to releasing information to relatives, as well as professionals involved in ongoing care.

Care plans reviewed were generally of good quality with evidence of specific requirements. Care plans reviewed were noted to be up to date and there was evidence of evaluation. There was clear evidence from the records observed that there was close involvement with health professionals with records of contact and any ongoing actions required. This included GP, speech and language therapists, dieticians and community psychiatric nursing team. There was evidence of management audits of the care plans with clear outcomes required when any issues had been identified. We saw that in one care plan that some further work was required to ensure risk taking behaviour around alcohol intake was appropriatley recorded to ensure staff and the person were protected as much as possible. The interim manager told us they would address this straight away.

We asked staff about how they responded if someone's needs change. Staff told us about a process that enabled care staff to raise concerns about a change in anyone's health or well-being with nursing staff that ensured a nurse responded to the alert within a working shift. The actions the nurse took were recorded on the form raised by the carer which enabled further healthcare support to be gained if possible. Nursing staff also told us about short term care plans that they put in place for example if someone was suffering from an infection. Staff did indicate that some people had multiple medical conditions, and that generating a care plan for each medical problem was potentially time consuming and generated an increasing amount of paperwork for potentially little benefit to the person. This was an issue that the organisation may wish to consider, and it may be that a summary of medical conditions could be developed and reviewed, with specific care plans for the specific conditions that impact on direct care needs, rather than generalised care plans for each condition.

People told us they felt they would be assisted if they required any healthcare support. One relative said; "When Mum is ever poorly I always get a phone call to tell me especially if she needs the doctor."

There were two activity staff members who worked across the full week at the service. We asked people if there was much to do at the home and people said the activities had improved over the last few months. One person told us, "I am treated like a queen by staff all the time I enjoy the activities here the staff tell me each day what is on and if I want to go I am taken to the dining room to do them. Today we are icing cakes we have a bit of fun and then we eat them." We observed the activity later it was half term holiday from school and a number of children were visiting the service and children and people did this together and it was enjoyed by all.

We saw a programme of events taking place at Hillview in February 2015. For example in February there were visits by an entertainer and a coffee morning, This was in addition to other smaller activities such as knitting, arts and crafts and bingo as well as people having one to one time with activity staff.

We discussed the handling of complaints with the interim manager. They told us there had been 12 complaints since the last inspection in October 2014. Many of these were in relation to people who had received a service at Hillview before October 2014 and there had been a lot of publicity regarding the home and concerns in the local media which may have generated more people coming forward with concerns. We saw that complaints were being handled in an appropriate way by the provider in line with their

Good

Is the service responsive?

complaints policy on timescales and outcomes for people. There was clear information on how to make a complaint displayed in clear language around the service and information in people's own rooms.

People, and their family members, we spoke with were aware of the complaints policy. We were told by most people with whom we spoke that if they had a reason to complain then they would speak to the interim manager or their family member. Without exception everyone told us they felt able to make a complaint if one was necessary. Comments from people included; "I find all the staff approachable and I feel confident to talk to the manager about anything."

One relative told us; "I have needed to make a complaint once it was dealt with very quickly and I was told of the outcome and I was happy with this. I am happy to approach the manager if I need anything."

Following recent media publicity regarding the last inspection and concerns raised by family members, the service had sought to write to people and their families to make them aware of what the provider was doing to address the concerns raised about the service.

There were regular meetings with people who lived at the service and their families and we saw that topics such as a service update, keyworkers, care plans, meals and the property were discussed at a recent meeting the week prior to the inspection. One person told us; "My daughter and I filled in survey about what we thought of Hillview not so long ago." This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

People who used the service and visitors that we spoke with during the inspection spoke highly of the new interim manager. Care staff we spoke with raised the following comments; “Yes, she seems lovely,” and “I feel able to talk to the manager.”

It was clear that as a result of previous concerns raised by the last inspection and media coverage in relation to Hillview that several staff had left the service. One nurse commented that this was a positive move, and that some previous staff were ‘running the home to suit themselves’. It was felt that the new group of staff was positive, although it was (naturally) taking them some time to settle in and learn. The overall impression of the service was that it was undergoing a period of organisational change, and that some staff were experiencing difficulties with change.

Despite this, the observed care was felt to be of good standard, and there was observed examples of friendly and considerate staff of all grades.

The home had a clear management structure in place led by an experienced regional manager, who was supporting the service whilst the current registered manager was away from the service. Nursing staff, some of whom were subject to disciplinary processes said they felt “under pressure”. We raised this with the interim manager and regional manager who both stated they were not prepared to accept anything less than the highest clinical standards and had adopted a zero tolerance approach to poor practice.

The interim manager showed and told us about their values which were clearly communicated to staff and focussed on high quality clinical care being delivered. We asked staff about the atmosphere at the service. They told us; “It’s been upsetting, you know bad care doesn’t happen here and all the stuff that’s been in the papers isn’t fair.” Another person said; “People get on well here, it’s not bitchy and the residents are lovely, everyone mucks in.”

We asked staff about what they would like to see improved at the service and people told us; “More carers,” and “The same staff team every day.” We discussed recruitment with the interim manager and saw a people plan that included ongoing recruitment of nurses and carers as well as the addition of a clinical lead to the service.

Any accidents and incidents were monitored by the interim manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The interim manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, staffing, feedback from people and observations of care practices. We saw that care plan audits were now being carried out using a clear traffic light system. This enabled the service to clearly see where any actions were needed. We saw that as well as monthly checks being carried out by the interim manager where clear actions were recorded, the regional manager from the provider also carried out regular visits which included observations of staff practice and talking to people and visitors.

We saw that regular meetings took place for relatives and people who used the service. One had recently taken place the week before the inspection and people had discussed recent media coverage regarding the service, training, care plans and people’s feedback. The interim manager had also implemented an immediate feedback system where anyone could leave a comment that would be addressed straight away, details of which were displayed around the service and information placed in the main reception area. There was also a programme of staff meetings, the most recent of which was held in January with records stating the issues discussed.

This meant that the provider gathered information about the quality of their service from a variety of sources.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.