Larchwood Care Homes (South) Limited

Hillcrest

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 10 and 11 July 2017. Hillcrest is a residential care home that provides accommodation, care and support for up to 52 older people some of whom may be living with dementia. It does not provide nursing care. At the time of our inspection 42 people were living in the home.

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 2008 and associated Regulations about how the service is run.

People living in the service told us that they did not always feel the care provided took account of their individual needs and preferences. Some improvements were needed to ensure activities met people's individual needs and interests. Further work was also required to improve signage in the home to help orientate people living with dementia to their environment and to support them to meet their needs independently. There was limited opportunity for people to discuss their care plans including how they wanted their support to be delivered and any concerns they might have.

Care records did not always contain sufficient detail regarding people's personal histories and preferences; they were not always updated sufficiently when people's needs changed. Systems in place did not always sufficiently monitor records in the service and we have made a recommendation that the provider reviews how this is managed.

Complaints were responded to thoroughly although it was not clear that everyone living in the service felt comfortable raising concerns.

People were safe living in the home. Risks to people including those from the premises were responded to and managed. Staff demonstrated an awareness of adult safeguarding and knew how to identify possible concerns. The service reported safeguarding concerns appropriately and when required.

There was mixed feedback regarding staffing levels as some people felt staff were not always visible in communal areas of the home. However, we found staffing levels were sufficient to meet people's needs and keep them safe.

Medicines were managed and stored safely, although we found some improvements were required regarding the recording of medicine administration in the service. Regular audits were completed on medicines to check and ensure they were managed safely.

Staff received appropriate support and training to effectively undertake their roles. The registered manager had oversight of staff training and a training plan was in place to ensure staff received updated training

when required.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. The registered manager understood their responsibilities under the Act and the service was working in accordance with this legislation.

People received appropriate support to eat and nutritional risks to people were managed. People had a choice of what they wanted to eat and told us they enjoyed the meals provided.

Staff worked closely and proactively with health care services to ensure changes in people's health care needs were responded to and people were supported to access a range of health care services.

People were supported by staff who cared for them and treated them respectfully. Staff supported and encouraged people to be as independent as possible.

People, relatives, and staff spoke positively about the service and the registered manager. Staff found the management team approachable and supportive, with clear direction being provided regarding their roles and responsibilities. Although some people and relatives felt communication in the home could be improved.
There were systems in place to manage and monitor the quality of the service being provided. Where issues had been identified the management team took prompt and thorough action to address these in order to make the improvements required.

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.

Staff were able to identify adult safeguarding concerns. Concerns were reported appropriately.

Risks to people including from the premises were identified and responded to.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff were supported to provide effective care through support and training.

The registered manager understood their responsibilities under the MCA and the service was working in accordance with the Act.

People were supported with their health care needs including where they were at risk nutritionally.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who treated them with respect and dignity.

Staff supported people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual needs and preferences were not always met including in relation to activities and signage around the home.

People did not always have opportunities to participate in their

care planning and discuss any concerns they might have.

Is the service well-led?

Good

The service was well led.

People, relatives, and staff spoke positively about the service and the registered manager.

There were systems in place to manage and monitor the quality of the service provided.

Hillcrest

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 July 2017 and was unannounced. The inspection was carried out by two inspectors and one 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.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We reviewed this information together with that requested from the local authority safeguarding and quality assurance teams. The provider completed a Provider Information Return (PIR) which we reviewed. 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 six people living in the home and three relatives. We also spoke with the registered manager, deputy manager, two senior staff members, four care assistants, a domestic staff member, the activities coordinator, chef, kitchen assistant and two visiting health professionals. Not everyone living at Hillcrest was able to speak with us and tell us about their experiences of living in the service in detail. We observed how care and support was provided to people in the home.

We looked at five people's care records, medication records, four staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents, maintenance records, and records from staff meetings.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "Safe? Very much so. It's the staff who give me confidence that everything is, and will be all right. They support me, nothing is too much trouble. They provide the security we need." Another person said, "I am safe and secure here because I am confident in the staff. I can connect with them." Relatives also confirmed they felt people were cared for safely. One relative told us, "I have no anxieties. It's a total relief [name] is here. I have confidence in the staff and they answer bells when rung."

The staff we spoke with understood how to recognise and identify harm to ensure that people were protected from the risk of abuse. Staff understood how to report concerns to the appropriate authorities. We saw there was also guidance for staff in their staff room on safeguarding, whistleblowing, and how to report concerns. The registered manager kept a log of safeguarding incidents in the service. We reviewed these and saw they were responded to and reported appropriately.

Risks to people were well managed. A health care professional told us, "They've improved so much, very proactive with everything we request." Staff were able to tell us about the individual risks to people and how they managed these. Risk assessments were in place which were specific to each person, these covered areas such as falls, nutrition, skin care, and specific pieces of equipment being used. We found for two out of the five people we looked at that not all risk assessments were regularly reviewed or updated when the level of risk changed. However, it was clear from speaking with staff, health professionals, and reviewing associated care records that staff responded to risks appropriately and took action to manage these. For example, we saw where people had been identified as losing weight staff had taken action to consult relevant health care professionals and modify their diet to help them put on weight. For another person's mental health we saw that this had deteriorated resulting in behaviour which may appear challenging to others. We saw staff had liaised appropriately with relevant mental health professionals to ensure this risk was managed as much as possible.

Details of incidents and accidents were recorded and reported to the registered manager. The registered manager kept these in a specific folder and analysed these each month in order to identify any patterns or trends. We discussed any identified patterns with the registered manager who showed a good understanding of the reasons behind any patterns and was able to tell us how these were being addressed.

Risks to people from the premises were managed. Fire and water safety risk assessments were in place and actions identified as part of these assessments were taking place. Regular up to date checks and servicing had been carried out on areas such as the home environment and equipment in the home. This helped to ensure that the home was a safe place for people to live and work in.

The registered manager used a staffing dependency tool to help them assess people's needs and how many staff were required in order to meet them. We received variable feedback regarding staffing levels. People we spoke with felt that they didn't often see staff present in the communal areas of the home. One person said, "I sit in the lounge much of the time and we don't see anyone." We saw there were periods of time in

one of the communal lounges where staff were not present with people, however we saw the people in the lounge were not significantly at risk during this time and were able to summon help when needed. On the day of our inspection we saw there were enough staff to meet people's needs. Staff were allocated to each four areas of the home, and we observed them moving about each floor, checking in on people, including those in the communal lounge and providing support where needed.

Three of the staff we spoke with told us that on occasion shifts could run short of staff. They all told us they didn't feel this impacted significantly on people living in the home. Staff told us they worked together to ensure shifts were covered. We reviewed the staff rosters for the previous three weeks and saw that staffing levels matched the staffing levels the registered manager told us were needed for the majority of shifts. We saw there were three shifts during this period that had one less staff member then required. The registered manager told us this had been due to staff absence at short notice; where possible they had added an additional staff member to a later shift in the afternoon to help pick up tasks. They told us they would also help out on the floor as well to ensure people living in the home were not impacted. A member of staff we spoke with confirmed this.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, which helped ensure that the risk of employing unsuitable staff members was minimised.

People received their medicines as required; however we found some issues relating to the recording of people's medicines. Whilst the medicine administration records for people's oral medicines were completed accurately we found staff were not consistently recording the administration of topical medicines which meant we could not be certain people were receiving these as prescribed. The registered manager told us they had identified this was a problem previously and had tried a variety of different methods to help staff to record this consistently. Following our discussion they decided to implement a different system and on the second day of our inspection showed us individual topical medicines charts which they had put in place. We found the stock counts and records for two people's medicines did not match. The registered manager investigated this immediately and took robust actions in response to this; they were able to confirm with both people that they had received their medicines as prescribed and that there was an error in the recording of the information relating to both people's medicines.

Medicines were stored safely. Staff recorded when medicines for external use were opened and when they should no longer be used. This ensured staff were using medicines that were safe to use. We saw there were regular medicine audits in place to ensure they were being managed safely.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet people's needs. One person said, "I have absolute confidence in the way they support me. They know me and what I need." Another person told us, "The staff know my needs - they support me well in every way." A health care professional told us staff had the knowledge and skills required in order to support people with complex needs who might otherwise have needed to move to a different care setting.

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. One staff member told us there was, "Always help when needed." Staff we spoke with confirmed they received regular supervisions and appropriate training. They also told us that the management team carried out competency checks to ensure they were working correctly. One staff member said, "I've had quite a few people watch me while I'm working." Staff told us the training provided was useful and gave them the knowledge required. Training consisted of a mix of classroom and online learning. A member of staff told us the provider's trainer was easily accessible and could be approached with any questions they had outside of training sessions.

Records showed staff received a range of training which included topics such as moving and handling, nutrition, health and safety, adult safeguarding and dementia awareness. We saw the registered manager had identified where staff required their training to be refreshed and provided us with a training plan which showed training sessions to address this had been arranged.

There was an induction process in place which consisted of training and shadowing staff to help ensure new staff had the information and skills needed. We saw there was an induction checklist in place to ensure new staff had been given the information they needed. A member of staff told us, "I got shown everything properly."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw where there were doubts regarding people's ability to make decisions about aspects of their care mental capacity assessments were recorded. The decision made in the person's best interests, if they were unable to make the decision themselves, was also documented. We saw relevant people were involved and

consulted in this process. It was clear from speaking to the registered manager they understood their responsibilities under the MCA. The registered manager also understood the importance of consent and showed us paperwork which demonstrated they were in the process of reviewing, seeking, and updating people's consent to issues such as sharing information and to their care plans.

Applications for DoLS authorisations had been submitted appropriately although there was a lack of formal documentation regarding whether people had capacity regarding this and how the decisions taken had been made in the person's best interests. The registered manager told us they were in the process of reviewing how these had been made and the associated documentation. We reviewed the most recent application and saw a mental capacity assessment and best interests' decision, with the involvement of relevant parties, had been made and documented appropriately.

Staff we spoke with had a good understanding of the MCA and of needing to involve and seek people's consent regarding their care. One staff member told us, "Even if you think it's the wrong decision you have to respect that." Whilst a second staff member told us, "Never assume a person hasn't got capacity [to make decisions]."

People we spoke with told us they enjoyed the food provided and it met their needs. One person said, "I like the food, it is very tasty - just right for me." A second person told us, "The food is very nice and I look forward to lovely meals." People told us if they didn't like the options available they could request alternatives which were provided. Two people raised some issues with the timing of their breakfast meals. One of them said, "I call it a three way breakfast because it is all so long winded and starts with cereal, then a gap before a cup of tea, then a gap before we get toast. I wonder if it's because the night staff sign off and it gets left until the day staff take over." We discussed this with the registered manager who told us they would discuss and review this with people in the home to ensure this was addressed.

We saw there were menus in place with pictures of each meal option which we saw staff using effectively to help people make choices regarding what they wanted to eat. Staff told us that if people struggled to use these pictures they would plate up each meal option and show people them in order to help them ascertain which meal they might prefer. We observed the support provided over lunch time and saw this was provided in a timely manner and people were provided with the support they needed.

Staff kept a food and fluid diary for people who were considered at risk of dehydration or malnutrition. We reviewed these records for two people and saw they were completed accurately and with sufficient detail to allow the risk to be monitored. Records showed that staff identified people who were at risk of malnutrition, monitored this, and responded appropriately including contacting relevant health care professionals when needed.

We spoke with the chef and kitchen assistant who had a good understanding of each person's dietary needs and how to meet these. The chef told us, "I go around and talk to the residents every day and check they've had enough, if they want anything they only have to ask and we'll do it." We saw there was a system in place in the kitchen to identify people at risk, their preferences, and ensure they received the correct diet.

People received support to ensure they could access health care services, such as opticians, district nursing, and chiropodists and that these needs were met. Staff had a good working relationship with their allocated nurse practitioner and we saw they consulted them appropriately. A health care professional told us, "I feel they [staff] are very proactive rather than reactive."

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person told us, "Everyone is kind to me. They treat me very nicely." A second person said, "When you ask them to do something, they always say, 'We don't mind you asking, that's what we are here for.' You know that is so comforting to hear them say things like that. I sometimes feel a burden, but that kind of response makes me feel happy." A relative told us, "They talk to residents in a kindly, respectful and decent manner. They do it for the residents, not the money."

During our visit we observed staff interacting with people in a kind and respectful manner, whilst using humour appropriately. On one occasion we observed a person saying to a staff member, "I am sorry to be a pest," with the staff member responding with, "That's the last thing you are, I'm here for you." On another occasion we observed in one of the lounges a staff member joking and dancing with a person to music.

Staff we spoke with talked about the people they supported fondly and in a respectful manner. They told us all the staff they worked with were caring and kind. One staff member said, "We're all good caring people." Another staff member told us, "I wouldn't hesitate to bring a family member to live here; I believe I work in a good home with good care." A third staff member said, "At the end of the day this is their home, we're honoured and privileged to work here supporting them, its what's best for them [not staff]." Whilst a fourth staff member told us how staff would visit the home on their days off to help support people on trips out of the home. A health professional told us, "I've never seen anyone [staff] discourteous or uncaring."

During our visit we observed staff seeking people's opinions and making sure people were comfortable. A health professional told us staff would arrange family meetings to help people and their families discuss their care and options available to them.

We observed that the majority of the time staff respected people's dignity, for example knocking on people's doors before entering. However, on one occasion we found one person had not been supported to clean and tidy themselves after being supported with their lunch time meal. This had resulted in the person being left in a situation which compromised their dignity for several hours. We brought this to the attention of the registered manager who said they would address this with staff.

People were supported with their independence. Staff told us this was important to them and were able to provide practical examples of things they did to encourage this. For example, one staff member told us, "If they say I can't do this, I'll say let's try." Another staff member told us how they had requested physiotherapy for one person to encourage them to improve their mobility. A health professional we spoke with told us they had seen how staff had supported several people to regain their former strength and ability after a period of time in hospital had impacted on their independence.

Requires Improvement

Is the service responsive?

Our findings

Whilst we came across some examples of positive responsive care, people provided us with examples which did not always meet their individual needs and preferences. People we spoke with told us they felt frustrated that it was not always easy to call for assistance when in the communal lounges. They said previously they had call bells within easy reach of them but these had been removed. One person said, "I sit in the lounge much of the time and we don't see anyone. If I need to go to the toilet I will shout to someone who is able bodied and they'll go over to the one buzzer in the room and press it." They went on to say, "The main problems with staffing are a Monday morning. I think they have a meeting and then things don't seem to go right. There are delays with help. It's the same at weekends. I've had to wait and wait for help to get to the toilet sometimes. Since I got upset about that they seem to be watching out for me." We saw this issue had been raised at the residents meeting in June 2017 but at the time of our inspection no action appeared to have been taken to address this. Another person told us, "One of my gripes is that I like to go to bed and get up at 7 but that doesn't seem to work for me."

People we spoke with also told us that activities in the home did not always meet their individual needs and interests. One person told us, "I sit here a lot with nothing to do. I get bored." Whilst another person said, "The activities are silly. They give you a book of patterns to colour in, or a picture of a pirate ship and you have to name the parts. My [grandchild] could do that." A third person told us, "There's not enough going on here: I am bored. Bingo is about all I try." People we spoke with told us that whilst staff were kind they tended to be very busy and task focused which meant people did not always receive the social stimulation and support they would like. One person said, "They are very kind but they are rushed off their feet and they don't seem to communicate with you, other than doing everything in a nice, supportive way." A relative told us, "They are all very caring. They are definitely short staffed. Last time we noticed how rushed they were with little time to speak to us or [Name]."

Staff we spoke with told us activities in the home had improved and the recently appointed activities co-ordinator was trying hard to implement an activities programme and engage people in events in the home. During our visit we saw the activities co-ordinator suggesting activities to people and trying to facilitate this, however we did not see many people engaging in any meaningful activity during our visit. We saw the home had recently started to explore and use community resources in order for people to access the local community and participate in events. For example, we saw regular trips to dementia friendly cinema screenings had been arranged. A member of staff told us that as the home did not provide any of its own transport to such outings people had to pay for their own taxis and tickets to such events. This meant we were concerned that these outings were not accessible to all people living in the home.

Whilst people told us they were aware of their care plans it was not always clear if people were involved in the writing and reviewing of their care plans and how often. People we spoke with didn't always feel they had this opportunity. One person told us, "No one ever asks me if I'm happy with my care and the support I get." Another person said, "When I first came here they asked loads of questions about me and I felt quite important. But it all seems long gone and there's no real interest in me and what I feel and want to do." A third person told us, "I have a care plan and they have talked to me about it but I don't have any input, it's

just there."

We looked at five people's care plans and we saw that whilst some people's personal preferences and life history were documented this was not consistent or completed in great detail. Providing this information to staff can help them understand the people they are caring for in greater depth and helps to ensure people have care provided in a way that takes into account their individual needs. We also found people's care plans were not always consistently reviewed and updated when required. Care plans provided guidance for staff, although we found in some areas they would benefit from being more detailed. For example, in relation to diabetes management.

We found the service had not always taken action to meet people's individual needs related to their disability so people could stay as independent as possible. This was because there was poor signage in the home to help orientate people living with dementia to their environment and to support them to meet their needs independently. For example, we observed some people did not have their names on their doors and the use of other aids to help orientate people to access their rooms independently had not been used.

We looked at how the service managed complaints. We saw where concerns had been raised these had been responded to robustly with clear recording on what actions had been taken in response. It was not always clear from speaking with people that they felt comfortable and able to raise concerns or issues. One person said, "I daren't complain- it's not a good thing to do in my opinion as it makes you unpopular." They went on to tell us they had previously raised an issue and this had not been responded to and resolved for them. Another person told us, "Never complain because I think that makes you unpopular." However, we saw there were monthly resident meetings where people were provided with the opportunity to raise any issues or concerns.

Good

Is the service well-led?

Our findings

People and relatives we spoke with talked positively about the support provided and the management in the home. One person said, "[Registered manager] creates a good atmosphere so everyone is so pleasant. It doesn't matter whether you are a cleaner or a nurse, I don't see any sense of snobbery. Everyone blends in." Another person told us, "As a care home it stands reasonably well." A relative said, "This is a family orientated home and everyone wants to create that homely atmosphere for the residents. It's comfortable, clean and well looked after. I have experience of other homes and this one is good." A second relative told us, "[Registered manager] does well. They are brilliant, motivated and sound. They are approachable, on the ball and organised." A health professional told us, "I think they do a fantastic job here."

The staff we spoke with also spoke positively about working in the service and with each other. One staff member said, "We all muck in." A second staff member told us, "Really enjoy working here, enjoy the residents, and the staff are a really good team, atmosphere is always very friendly." Whilst a third staff member said, "We're all very serious when it comes to the job role but at the same time we can have a laugh with each other." Staff told us they were clear about their roles and responsibilities. One staff member told us staff worked together delegating tasks on shift so they knew what they needed to do. There were regular handover meetings as well as a weekly Monday meeting for senior staff to discuss any issues over the past week and plan for the week ahead.

Staff, people, and relatives we spoke with told us the management team were approachable and supportive. One person told us, "Get on well with [registered manager]. They are nice and easy to talk to and acknowledge me by name. It's a nice feeling when you are recognised." Whilst a relative said, "I have no problems with [registered manager]. They are friendly and approachable." One staff member said, "[Registered manager] can see if you have a problem and will come and talk to you, they make sure we're happy." A second staff member told us, "I find you can talk to [management team] and come to them."

There were regular staff meetings and staff told us they felt included in the service. One staff member said, "[Registered manager] lets us know if anything is new or needs dealing with, kept informed one way or the other." Another staff member told us, "I think we all work as a team, there's nothing [registered manager] keeps from us, if we need to know something they'll tell us." We reviewed the minutes from staff meetings and saw the registered manager discussed issues identified and provided guidance and advice to address these.

Whilst there were regular resident's meetings to share information and discuss the service we found some people we spoke with felt communication could be improved and two people we spoke with were not aware that these meetings took place. One said, "There are no meetings for residents and relatives. We just find out what's happening through the notice board." Whilst a relative told us, "As I live some distance away, I don't always find out what is going on. Communication is poor. I'm not aware of residents' and relatives' meetings at all."

There were systems in place that monitored the quality and running of the service. These included audits on

people's nutritional management, infection control, meal times, medicines, and pressure care. We saw where issues had been identified there was an action plan in place to address these and monitor the outcome. During our inspection where we found minor issues the registered manager and deputy manager responded thoroughly and took immediate action to address these. It was clear from discussing the service with the management team that they had a clear oversight of the service and of the actions they were taking to make improvements.

We found not all records were up to date or accurate. Whilst the registered manager was carrying out care plan audits these were not done frequently enough to identify and monitor where care plans or other records were not up to date or complete.

We recommend that the service reviews how they monitor and improve records in the home.

The registered manager was aware they were legally obliged to notify the CQC of certain incidents that occurred in the service. Records we looked at showed that the registered manager understood what incidents to notify us of and these were submitted to the CQC appropriately.