

Four Seasons (DFK) Limited

Hilltop Manor Care Home

Inspection report

High Lane
Chell
Stoke On Trent
Staffordshire
ST6 6JN

Tel: 01782828480
Website: www.fshc.co.uk

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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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18 May 2017 and was unannounced. At our last inspection on 10 February 2015 the service was good overall.

Hill Top Manor Care Home provides accommodation for up to 80 people who require nursing or personal care.

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.

We found some improvements were required to ensure people's medicines were managed safely. Although risk assessments had been completed, staff did not always follow the guidance in place. We saw some people were not supported to move in a safe manner. The arrangements to support people who needed help with decision making were not consistent. Some people were being deprived of their liberty to keep them safe however the necessary permissions were not in place.

There were a sufficient number of suitably recruited staff to meet people's needs in a timely manner. Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of nutritious food and plentiful drinks. Staff supported people to retain their independence and when support was required it was provided in a kind and reassuring manner.

People enjoyed the company of staff who respected their privacy and promoted their dignity. People were able to maintain their important relationships, as relatives and friends could visit at any time.

People received the care they preferred because staff asked them and their relatives about their likes and dislikes. Care was reviewed regularly to ensure it was still relevant for people. People enjoyed a varied programme of entertainment and support with activities to prevent them from becoming socially isolated. People told us they were happy with their care and would speak with the registered manager or staff if they wanted to discuss a concern or complaint.

People, their relatives and staff were given opportunities to discuss the care and offer their opinions which were listened to and acted upon. People and staff felt well supported by the registered manager and the deputy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's risks had been assessed however staff did not always follow the guidance recorded. The management and administration of people's medicines required improvement. Staff understood how to protect people from abuse and the action they should take if they had concerns. There were a sufficient number of suitably recruited staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's ability to make decisions was not always assessed and some people were being deprived of their liberty before legal authorisations were sought. People received a varied diet with choices which met their needs. People's health and wellbeing was supported by other healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring.

People received kind, considerate and polite support from staff who knew them well. People's dignity was protected and their privacy and independence was promoted. Relatives were welcomed by staff.

Good ●

Is the service responsive?

The service was responsive.

Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. Staff provided a variety of activities for people to take part in and respected their right to choose what they preferred to do. People knew how to raise concerns and were confident that they would be listened to.

Good ●

Is the service well-led?

The service was not always well led.

The provider had an audit system in place but this had not identified where some improvements were required. People, visitors and staff were provided with opportunities to offer their opinion on the home and their opinions were listened to.

Requires Improvement 

Hilltop Manor Care 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.

This inspection took place on 18 May 2017 and was unannounced. The inspection was undertaken by three inspectors.

The provider completed 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. We reviewed this information when we planned the inspection. We also reviewed statutory notifications the provider is required to send us about important events which affect the care of people or management arrangements.

We spoke with eight people who used the service, four relatives, seven members of the care staff, two visiting healthcare professionals, the registered manager and deputy manager. We did this to gain people's views about the care, staff knowledge of people and to check that standards of care were being met.

Some people were unable to tell us about their experience of care so we observed how the staff interacted with them. We looked at seven people's care plans to see if their records were accurate and up to date and three staff files to check that suitable recruitment processes were completed.

Is the service safe?

Our findings

Some people had risks associated with their health and support. Risk assessments had been completed to ensure people were supported safely. However we saw when people were moved this was not always completed according to the information in their care plans. We noted that for people who required moving by a hoist staff sometimes used a different sized sling from the one the person had been assessed for. The use of the incorrect sized sling could make the manoeuvre uncomfortable or unsafe for the person. We also saw that people were not provided with individual slings. This could expose people to the risk of cross infection. We also saw that some relatives were supporting people to eat in their rooms at mealtimes. However staff had not assessed the safety of this or ensured relatives understood the actions they should take if they experienced problems. We discussed our concerns with the provider and since our inspection we have been advised that individual slings had been ordered for each person who required them. We have also been told that risk assessments related to eating will be shared with relatives.

The management of people's medicines was not always safe. At lunchtime staff did not dispense medicines directly from the medicine trolley. We saw that the medicine for three different people were placed in a tray and taken to them at the same time. This is not considered to be best practice as it could lead to confusion and people receiving the wrong medicines. There were some gaps in the recording of people's medicines. Staff had not indicated on the back of the medication administration record (MAR) the reason why the person had not been given or taken their prescribed medicine when an omission was indicated. We were unable to check if the stock levels of medicines were correct as staff had not recorded the number in stock for each person or where there was an option to give one or two tablets how many they had given the person. Some people were receiving their medicines on an 'as and when required' basis. There was no guidance in place for staff to ensure they knew when the medicine should be given, the maximum dose the person could receive or the maximum timescale people could receive the medicine before their doctor was consulted.

There were sufficient staff to care for people. Both people and relatives we spoke with told us there were enough staff available to them. One person said, "I have a buzzer to use if I need someone and they always come to check on me". A relative told us, "I turn up at different times in the day and there are never any issues with staffing". Another relative said, "I come every day. There are definitely enough staff". We saw when people requested personal care or support staff responded promptly to their needs. Staff told us there were processes in place which they had to complete before they were able to start working in the home. One member of staff explained, "At my interview I was given care scenarios to answer. I had to give references and wait for my police check to come back". We looked at four recruitment records which confirmed that checks, including people's right to work and valid nurse registration were all completed before staff were able to work with people.

Staff we spoke with knew their responsibilities if they witnessed accidents, incidents or any concerns they had about people's safety. One person told us, "The staff know what they're doing and I trust them". We saw staff had received training in recognising abuse and safeguarding vulnerable adults. One member of staff told us, "Looking after people is our main aim. I would report anything that worried me". We looked at the

information the provider had discussed with the local safeguarding authority which demonstrated their knowledge and awareness of their responsibilities.

Equipment was maintained and serviced regularly to ensure it was safe for people to use. There were arrangements in place to protect people's safety if an emergency, such as a fire, occurred. Each person had a personal emergency evacuation procedure in place. The assessment reflected the support they would need to enable them to leave the building safely. This demonstrated that the provider had considered and had plans in place to support people if they needed to vacate the home quickly.

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. There was inconsistency in the way people's capacity to make decisions was assessed. For example we read conflicting information about people's support needs and their ability to make their own decisions in their care plans. When staff made decisions on people's behalf, for example the use of rails on their bed, they had not demonstrated the decision making process was in the person's best interest. The confusion over people's capacity also led to concerns that people were being deprived of their liberty unlawfully. 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). The provider told us that there was an application process and an action plan in place but it was incomplete. We received confirmation following our inspection that all of the referrals had been made as required.

People told us they enjoyed their meals and were provided with choices that met their needs. One person said, "The food is good and the porridge is outstanding". We heard another person remarking on their meal when it was presented to them by saying, "Oh that looks nice doesn't it".

We saw that staff provided people with adapted plates and cutlery to support them to eat independently. When assistance was required by staff, this was provided in a calm and patient manner to ensure the person was able to enjoy a pleasurable mealtime experience. Some people had specialist feeding systems in place. We saw that staff recognised the risks associated with this level of support and provided care in the correct way.

Staff received training to gain the skills and knowledge they required to care for people effectively. One person told us, "The staff are committed and trained". A relative agreed and said, "The staff are very good and know what they're doing". Staff told us that they received a mix of online and practical training. One member of staff said, "The training here is good. I've recently been to another home for a session on safeguarding which was interesting". Staff were being supported to complete the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. New staff were given time to learn about people and the systems in the home before working independently. One member of staff said, "I spent time shadowing and was observed providing care and treatment".

People received additional support whenever further advice was required for them to maintain their health. One person told us, "I've lived here for three years. I'm fitter now than when I came in". We spoke with two visiting healthcare professionals during our inspection. One told us, "I have no concerns about the care provided here". Another agreed and said, "The staff are of good quality. I trust them and if they say it's urgent I know it is".

Is the service caring?

Our findings

We saw that staff were kind and caring towards people. Everyone we spoke with told us they were happy with the care they received. One person said, "The staff are really good". A relative told us, "They are fantastic, nothing is too much trouble. The staff go above and beyond". We found the atmosphere at the home was relaxed and people looked comfortable together and around the staff that provided support to them. One person said, "The staff are good to you and we can have a laugh". Another person told us, "I am very happy here and have made new friends". We observed interactions between staff and people and saw they were polite and respectful. We heard one member of staff speak with a person and said, "You're a special lady", before sitting with them and chatting to their family. A relative told us, "It's like home from home here. The staff are fabulous".

People we spoke with felt respected by the staff. We observed people's rights to privacy and dignity were recognised and promoted by staff. People told us staff always knocked on their bedroom doors and waited for a response before entering. A relative said that staff always maintained their relations appearance for them and ensured they were well presented. A member of staff told us what dignity meant to them and said, "We make sure the curtains and doors are closed before starting to provide care and if we have to leave a person, for instance in an emergency, we always make sure they're covered before we go". We saw that people were encouraged to maintain their independence. One person said, "I rely on the staff to help me. They encourage me and sometimes say, 'you're doing that on your own', that makes me feel better".

Staff were attentive to people's needs. After lunch when people settled in their armchairs staff drew the curtains to enable people to take a nap if they wanted to. We saw one person struggling to hear what was being said to them and staff noticed they had not got their hearing aid. A member of staff rectified this immediately and then assisted the person to insert it and made sure they could hear clearly.

People were supported to maintain their important relationships with family and friends. Visitors were welcomed by staff and could visit whenever they chose. We saw that staff were friendly and sociable with visitors. One visitor told us, "The staff are really nice and very helpful to us and our relation".

Is the service responsive?

Our findings

People were provided with personalised care which reflected their preferences. One person told us, "The staff know us well. I've always liked to get up early and they know that". When people moved into the home either they or their relatives provided information that was important to them including their earlier life, family relationships, what they liked to do and foods they enjoyed. We saw there were regular reviews of people's care needs to ensure their support remained suitable for them. Staff we spoke with were knowledgeable about people and could tell us about their care and understood what was important to them. For example staff told us that one person was proud of their nails and liked to keep them long, which we had noted.

There were staff employed to provide activities and entertainment for people to protect them from boredom and social isolation. One person said, "The girls are good at entertaining everyone. We had a film show about Staffordshire the other day. It was interesting and I really enjoyed it". Another person agreed and said, "We do crafts and I've made a lot of things, I never thought I would be able to do". We saw people taking part in a chair exercise session and laughing together as they moved to the music. People told us they were not pressurised to take part in activities if they didn't choose to. One person said, "I choose to stay in my room. The staff do ask me if I want to join in but I say thanks but no thanks". This demonstrated that staff respected people's choices about how they spent their time.

People and relatives we spoke with said they would tell the staff if they were unhappy or had any concerns. One relative said, "If you need to tell them about anything, it's sorted out straight away". Information about making a complaint or a suggestion was displayed prominently in the home so that people could make any comments or complaints about the service. There was a complaints process in place and we saw that when concerns had been raised there had been an investigation and timely response sent.

Is the service well-led?

Our findings

There was an audit programme in place to monitor the quality of care and drive improvements. However, some of the shortfalls we had identified regarding medicines had not been recognised during audit. The provider had an action plan in place as they had already noted some improvements were required for the areas we reported on in the 'safe and effective' sections of the report. Following our inspection we received written confirmation from the provider that action had been taken to complete the improvements. We will monitor the implementation and maintenance of the changes at our next inspection.

When we arrived for our inspection the rating poster and report from the last inspection was not on display as required. We spoke with the registered manager and the deputy regarding this and were advised the poster had been taken down during the refurbishment and not been replaced. Action was taken on this immediately and the poster and report were replaced during our inspection. The registered manager was fulfilling the other requirements of their role by informing us of important changes and events which affected people in the home.

People and their relatives were given opportunities to share their views of the service. One person told us, "The manager comes round to see us and make sure we're alright". In addition to satisfaction surveys there was an electronic system in the reception area which could be used to leave feedback. The registered manager said the implementation of the electronic system was working well and they had seen a reduction in complaints as they could respond immediately to put things right. There were regular meetings provided for people and we saw the minutes were displayed around the home for them to read. The registered manager provided updates to people about topics which had been discussed through a 'you said, we did' display and we saw that a request for more bingo sessions was being implemented following comments that people had made.

Staff were informed about changes which affected them. We read in the minutes of the last meeting that staff were updated about the refurbishment programme which was on-going. There were other meetings which covered specific areas of the home management for example, the control of infection and the catering arrangements. One member of staff told us, "We have a monthly meeting for all the staff, there's an agenda but we can say what we want". Staff told us they had regular opportunities to discuss their development and performance. A member of staff said, "We can do a self-appraisal; we have 1:1 meetings and group sessions. I feel very much supported. I'm happy to go to the manager and I feel appreciated".