

Barchester Healthcare Homes Limited

Hilton Park - Oaklands

Inspection report

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Ratings

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

Summary of findings

Overall summary

Hilton Park - Oaklands provides nursing and personal care for up to 54 people, some of whom are living with dementia. There are three units called Maple, Elm and Willow. Maple and Elm provide nursing care for people living with dementia. Willow provides nursing care for adults living with a range of conditions. All bedrooms have en-suite bathrooms and there are external and internal communal areas for people and their visitors to use.

At the last inspection, on 3 December 2014, the service was rated good. At this inspection we found the service remained good.

This unannounced inspection took place on 5 June 2017. There were 52 people living at the service at that time.

People were cared for by staff who provided care and treatment that ensured people's safety and welfare and took into account each person's individual preferences. People were supported to manage their medicines safely. People were cared for by staff who had been recruited and employed only after appropriate checks had been completed.

Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a balanced diet and received suitable food and fluid. People were supported to access healthcare when they required it.

People received care and support from staff who were thoughtful and caring. Staff treated people with respect and dignity. Staff knew the people they supported well, and understood, and met, their individual preferences and care needs. People were involved in planning their care. Care plans provided staff with sufficient guidance to provide consistent care to each person.

People were encouraged to develop individual interests and hobbies. Staff supported people to maintain existing, relationships that were important to them.

The provider continued to have a robust complaints procedure in place. The service was well managed. There were effective systems in place to monitor the quality of the service people received. Staff looked for ways to improve their knowledge and the service offered to people.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service was good. There were opportunities for people to develop hobbies and interests and to spend their time meaningfully. People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person. There was a system in place to receive and manage people's compliments, suggestions and complaints.	Good ●
Is the service well-led? The service remains good.	Good ●

Hilton Park - Oaklands

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 5 June 2017 and was unannounced. Two inspectors and an expert by experience carried out this inspection visit. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, 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 also contacted stakeholders, such as Healthwatch, commissioners and healthcare professionals for their views of the service.

During our inspection we spoke with eight people living at Hilton Park - Oaklands and ten visitors, who were relatives or friends of people living at the service, and a visiting healthcare professional. We also spoke with staff who worked at the service. These included four nurses, including the clinical lead and a unit manager, a team leader, two care assistants, three activities co-ordinators, and one housekeeping staff member. In addition, we spoke with the registered manager, who had recently been appointed to a regional role, the newly appointed manager, and the registered manager of another of the provider's services which is on the same site, and who provides cover when the manager is absent. Throughout the inspection we observed how the staff interacted with people who lived in the service. We checked five people's care records and records relating to how the service is run and monitored, such as audits, training and health and safety records.

Is the service safe?

Our findings

The service remained good at safeguarding people from harm and there were systems in place to protect people from abuse or harm, and these contributed to people's safety. People told us that they felt safe and a relative told us, "I can leave knowing [my family member] is looked after." Staff knew how to protect people from harm, they had received training and they understood what to look for. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Our records showed that they continued to report these issues to us.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff about how staff should approach each person if they were upset or distressed, and the actions they should take if this occurred. We saw staff put this guidance into practice, by approaching a person slowly and speaking calmly with them. This reduced situations where people's distress increased. Staff managed behaviour that challenged or upset others well.

Staff understood how to minimise risks and continued to support people to be as safe as possible. Staff had carried out risk assessments to help reduce the risk of harm occurring to people. These included, for example, risks associated with people's mobility, when eating and with anxiety. Staff members showed that they followed the guidance and took appropriate actions to minimise risks. We found that staff had arranged or completed fire safety checks and other equipment maintenance and servicing.

Only staff suitable to work with people were employed. Staff told us, and records showed, that the required checks were carried out before they started working with people. One staff member told us they "had to wait for checks to come back before I even started the training here."

There continued to be sufficient staff available to safely meet people's needs. People told us that there were enough staff to safely meet their needs. One person told us, "If I buzz [staff] come straight away, [they] ask me what I need and if it's not urgent they will ask me to wait a few minutes sometimes." Another person said, "There is always someone around to help if I need it." Visitors also told us there were enough staff. Although one visitor told us that staff were, "Very busy" and that there "were not enough of them." However, they also said, "In the last couple of weeks there was an extra person during meal times [working in one area of the home]. That's made a vast improvement." Senior staff told us they continued to use a recognised tool to assess people's needs and determine the number of staff required in each area of the service. Staff confirmed that there were sufficient staff to safely meet people's needs and that staffing levels varied depending on people's needs.

Systems were in place that ensured that people received their medicines in line with the prescriber's instructions and that medicines were stored safely. This included the completion of records. Checks of medicines and the associated records were made to help identify and resolve any discrepancies. We observed that people received their medicines at the appropriate times. This showed us that people were

supported to safely receive their prescribed medicines.

Is the service effective?

Our findings

Staff continued to be sufficiently skilled, experienced and supported to enable them to meet people's needs effectively. One person told us, "The staff are trained really well here, they know how to do things so that they are easier for me and don't hurt me." A relative said, "I like the way [staff] are trained. They all know what they are doing and, for example, in some of the training the staff are hoisted so that they know what it feels like for someone else – that's good isn't it?"

Staff praised the training provided. One staff member said, "I started the training, then shadowing [a more experienced staff member], I was offered a month shadowing but I just needed two weeks. It was enough to get to know people." Staff told us they received training before they were allowed to provide care and regularly thereafter to keep their knowledge current. Another staff member told us, "[Managers are] very, very strict on training. I think the training is exceptionally good... We know our job but the training is beneficial. Every time you go [to training] there's something new [to learn]."

Staff members confirmed that they received regular supervision and annual appraisal. Staff members said they could also discuss issues with the management team at other times and this gave them with the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate, staff had made applications to authorise DoLS and were waiting for decisions to be made.

Staff continued to respect people's rights to make decisions about their care and support. Throughout our inspection we saw staff consulting people about their care. For example, we heard staff ask, "Shall I put this [tabard] on before we start [lunch]?" Where people were assessed not to have the mental capacity to make a specific decision, they had been supported in the decision making process. All staff, including ancillary staff, said they had received training in MCA and DoLS and understood the implications for the people they supported. They spoke knowledgeably about supporting people to make informed decisions and the use of best interest decisions where people were not able to make the decision themselves.

The service remained good at providing people with enough to eat and drink. People told us that food was satisfactory and they were given a choice of what to eat and drink. We observed that refreshments were offered throughout the day. We saw that people were sensitively supported with eating and drinking. Where people's meals had gone cold because they had been interrupted, staff provided another fresh, hot meal. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians.

People were supported to monitor their health and access healthcare. One person told us, "The GP visits every week and you can ask to see him." Another person said, "When I go to the dentist [staff] drop me off

and then they come and pick me up." A third person told us that a physiotherapist visited and left them exercises to do which staff were, "really good" at helping with. A healthcare professional told us staff referred people to them promptly and followed their guidance.

Is the service caring?

Our findings

The service remained good at caring for people. People and their relatives continued to praise staff. One person said, "A nicer group of [staff] you could not meet." A relative told us, "There are some amazing staff and carers. They're thoughtful and so caring."

The healthcare professional and all the staff we spoke with told us they would be happy with a member of their family being cared for by the service. One staff member told us this was because, "I know how well we are looking after [people]. I trust my colleagues." Another said, "I know they'd receive good care and would be looked after right."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This put people at ease and helped to calm anxiety and reduce their distress. When addressing people, staff faced and spoke directly with them. When people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention positively.

Staff knew people well and varied their approach depending on the person. One person said, "The carers always have a laugh or a bit of banter." A relative told us, "Some staff go into [my family member's] room and sing. It's the nicest thing. [The staff] have got heart. That's the key." They went on to tell us how their family member responded positively to staff singing and that their family member "is really happy" with the service they received.

A relative told us they felt the low staff turnover contributed to the positive relationships that existed between staff and the people living at the service. They said, "There are a lot of positive personal exchanges and banter between staff and [the person I visit], so personal relationships within the home for [the person I visit] are good."

People and their relatives continued to be involved in planning their care. One person told us, "I'm involved in discussing my care plan, I can say what I want. I want a shower every morning and so that's in the plan and that's what I get." A relative told us, "[Staff] review [my family member's care] at a meeting every six months and I am involved. I read [the care plan] through but I haven't needed to add anything or change anything because they are so good." People felt in control of their care. One person said, "I don't like male carers so if one comes in I will just say I'd like a female and that's fine. He goes away and sorts it out." Another person said, "I can do what I want. I can go to the village if I want to or I can go out with family. It's up to me, I decide."

Staff remained mindful of respecting people's privacy and dignity. One person told us, "[Staff] are always very careful when I am having any personal care. If I am getting up and someone knocks on the door the carer will ask them to wait and then go to them."

Is the service responsive?

Our findings

At our last inspection we found there was a lack of organised hobbies and interests for people to be involved in. Since then additional staff had been appointed to focus on activities and engagement. This resulted in more individualised activities being offered throughout the week, including at weekends. People's response to the provider's survey reflected this. 59% of people agreed 'strongly' that they could take part in hobbies or activities if they wanted to. 36% responded 'tending to agree', and 5% of people neither agreed nor disagreed.

We saw there was an advertised weekly events and activities programme. One relative told us "[Staff] email [the programme] to me and I try to visit when there is nothing on that [my family] would want to go to." The activities co-ordinator told us the programme was put together taking into consideration feedback from people and their relatives. The programme was varied and included regular events such as afternoon tea when visitors were also invited, entertainers and religious worship. Other 'one off' events were organised such as summer barbecues, fundraising events and events associated with seasonal and religious festivals, such as a St Patrick's Day quiz night.

During our inspection we saw a range of group and individual activities taking place on Maple and Elm units. These included painting and baking. In addition, staff spent short periods of time with people throughout the day engaging them in conversation and activity. We saw staff encouraged people's hobbies and interests. For example, one person's family member was getting married and staff were supporting them to create a wedding scrapbook. Several people were interested in various sports, and again, these interests were encouraged. People had access to outside space. One person told us how much they enjoyed the garden and another, enjoyed sitting in the sunshine. One enclosed garden had two rabbits that some people took delight in. We saw that each person was offered individual time with a staff member each week. Some people chose to use this time with other people to take part in small group activities such as baking, visiting a local community group or shopping. Other people declined to take part in any activity, and records showed they spent this time in conversation with a staff member.

People were encouraged to maintain and develop relationships. Visitors told us staff made them welcome. One person told us, "We were told, this is your home and if [your family] wants to bring the dog to visit then [they] can." Another person said the staff made a room available for them when family visited from abroad so they could have a party. A visitor said, "[Staff] are very supportive of visits out. [The person I visit] is always ready on time and if necessary food is arranged at a different time to suit the visit."

People's health and welfare continued to be met by staff who remained responsive to their needs. A healthcare professional told us that people were well cared for and that staff went "over and above" what they needed to do to care for people. A relative told us the care their family member received was "fantastic". They commented that they were impressed that staff had maintained their family member's skin integrity and reduced the number of infections the person experienced. They said, "The physical care is great."

Staff spoke knowledgably about people, their preferences and their care needs. This information corresponded with that in people's care plans which provided staff with sufficient guidance to provide consistent care to each person.

The provider continued to have a robust complaints procedure in place. People and their relatives remained confident that their concerns and complaints were listened to, and that staff took action taken to bring about improvement. One person said, "If I feel that something isn't right, I will go straight to the boss, the manager, and she will sort it out." A relative told us, "They do say if you're not happy come and tell us and I do. I have spoken to [the registered manager], she is receptive but the improvements are not always sustained. On the whole the staff are very good." Another relative told us their complaint had been resolved to their satisfaction. We saw the registered manager had thoroughly investigated and appropriately responded to complaints. Another person had written to the registered manager, 'Thank you for the changes you have made and are making. That has happened really quickly is great.'

Is the service well-led?

Our findings

The service continued to be well-led. The registered manager had been registered with the Commission since August 2016. She had recently been appointed to a regional role within the provider's organisation but still had oversight of the service. 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. A new manager took up post on 8 May 2017 and told us of their intention to register with the CQC. People and visitors were aware of this change and made positive comments about both the registered, and the new, managers. One relative told us, "I can speak to the [registered] manager whenever I want to... she's good and so is the new one." A relative said, "The [new] manager is very approachable. I spent 10 minutes with her today."

The registered manager and staff continued to have a good knowledge and understanding of the needs and preferences of the people supported by this service. A relative told us, "I know it doesn't matter if I visit, [my family member] gets the same excellent care. I've not been disappointed by any of the staff. From the top down, it's first class. It's so homely, so friendly."

The provider and registered manager had an effective quality assurance system to monitor and improve the service. Audits had been completed in areas including medicines and health and safety. The provider carried out a quality assurance survey in 2016. Responses were received from 22 people and 20 relatives. This contained positive feedback and the manager had put an action plan in place for those areas identified as needing improvement. For example, to reduce the amount of missing laundry across the service. Meetings provided people and their relatives an opportunity to share their views of the home. Minutes were produced for those people who chose not to attend. One relative told us, "They have meetings. I've never attended because I've never needed to. Everything I've ever had to say has been taken care of."

The service had increased its links with the local community. For example, school children visited the service and took part in a craft club with people and the development of 'paint pals' where school children and people exchanged their works of art and short letters. Various events had been arranged to involve the community, for example, a dog show and promotion of Dementia Awareness week with different events happening each day including a 24 hour bike marathon which raised over £1000 for charity.

The provider and registered manager continued to celebrate success and implemented an employee of the month scheme. In addition, people receiving the service and their relatives had nominated the staff team at Hilton Park – Oaklands for 'team of the year' for the care they provided. They achieved the provider's divisional award for this.

Staff looked for ways to improve their knowledge and the service offered to people. For example, the service regularly hosted a 'professional's breakfast' which they invited guest speakers and local professionals to attend. The registered manager told us they were in discussion with the CCG to explore whether a treatment, for which people would usually have to be admitted to hospital, could be managed by clinicians at the

service, thereby preventing people's admission to hospital.