

Hilgay Ltd

Hilgay Care Home

Inspection report

Hilgay
Keymer Road
Burgess Hill
West Sussex
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Date of inspection visit:
29 September 2021

Date of publication:
24 November 2021

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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

About the service

Hilgay Care Home is a residential care home providing accommodation and personal care in one adapted building for up to 35 older people living with frailty, dementia and other health related conditions. At the time of the inspection there were 17 people living at the home.

People's experience of using this service and what we found

People told us they were happy with the service they were receiving and described staff as being kind and caring. One person commented, "I am very happy here, the staff are all pleasant and easy to get on with."

Improvements found at the last inspection had been sustained and people were receiving safe and effective care.

Risks to people were assessed and managed. There were clear care plans in place to guide staff in how to provide care safely. People were receiving their medicines safely and records were accurate. There were effective systems to monitor incidents and accidents and to make improvements when things went wrong. Staffing levels were safe and recent recruitment had been successful.

Staff had received the training and support they needed to care for people's needs. Staff were proactive in ensuring people could access the health care services they needed. People were being supported to have enough to eat and drink and spoke highly of the food available. One person told us, "There is always a good choice, lots of options to choose from."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had developed positive relationships with people. One person told us, "They (staff) are all lovely." Another described two staff members as, "The dream team." Staff were respectful of people and their wishes. People were supported to be as independent as possible and were supported to express their views. Care plans reflected people's voice and supported staff to understand their needs and preferences.

Care was delivered in a personalised way that was responsive to people's needs and wishes. People described being offered choices and feeling in control of their care. People were involved in developments at the home, one person described working with staff to create an activity room where people could go to follow their interests.

People said they felt comfortable to raise any concerns and were confident complaints would be listened to and addressed by the registered manager. People and staff expressed confidence in the leadership and skills of the registered manager. Effective systems were embedded within practice to monitor the quality of

the service and to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. The last rating for this service was requires improvement (published 13 October 2020)

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hilgay Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector completed this inspection.

Service and service type

Hilgay is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff, the registered manager and the provider. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and information about recruitment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last focused inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risks of abuse and avoidable harm.
- People told us they felt safe at the home. One person said, "I have always felt safe here." Another person told us, "The staff are very good, they make me feel safe."
- Staff understood their responsibilities for reporting concerns. There were effective systems in place to ensure that safeguarding incidents were reported appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and managed effectively.
- Risk assessments were completed consistently and were regularly reviewed and updated. Care plans were based on risk assessments to ensure staff had clear guidance in how to support people safely.
- People told us they were involved in the risk assessment process and were able to take positive risks. For example, one person told us how they liked to go out in the garden and explained, "I like to go out on my own and not have to wait for staff. They did a risk assessment so I can do this if I want to."
- Staff understood the need for reporting changes in people's needs. One staff member told us, "(Registered manager) usually completes the risk assessments. We tell them if we notice any changes and then the risk assessment is updated."
- Systems for monitoring incidents and accidents ensured that lessons were learned when things went wrong. Staff understood the importance of recording and reporting incidents.
- The registered manager had reviewed incidents to identify learning and to make improvements. For example, a person had a fall from their bed. The registered manager discussed options with them, and they agreed to try a crash mat beside the bed to reduce risks of injury.

Using medicines safely

- People were receiving their medicines safely. Only staff who were trained and assessed as competent, were able to administer medicines to people.
- People told us they received their prescribed medicines when they needed them. One person said, "I get up early and they give me my tablets at 6am, but they say it's no trouble."
- Staff demonstrated a good understanding of people's medicines and were aware of their individual needs and preferences. A person needed their medicine at specific times and staff understood the need for this and to have the appropriate time between doses. They told us, "I set an alarm to remind myself when the next dose is due. "
- Systems for managing medicines were safe and records were consistently completed.
- We observed staff administering medicines in the way people preferred. For example, one person

preferred tablets to be separate with a drink, another person liked the staff member to put them into their mouth.

Staffing and recruitment

- There were enough staff to provide care safely.
- People told us that staff responded quickly if they needed support. One person said, "If I ring the bell they come quickly, they are very good like that, you can rely on that."
- Records confirmed that staffing levels were maintained. We observed that staff were very busy throughout the inspection and responded quickly to people's needs.
- The registered manager told us they had an active recruitment plan and were in the process of introducing new staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last focussed inspection on 17 September 2020 this key question was not inspected. At the previous inspection on 21 January 2020 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Improvements in systems for assessing people's needs, found at the inspection on 21 January 2020, had been sustained and were embedded within practice. This meant that assessments of people's needs and choices were consistently comprehensive and supported effective care.
- Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process.
- Evidence based tools were used to ensure people received care and support appropriate to their needs. For example, a Waterlow tool was used to assess the risk of the development of pressure sores and the Malnutrition Universal Screen tool (MUST) was used to identify people who were at risk of malnutrition. People's oral health care needs were assessed and reflected within their support plan.
- Assessments had been regularly reviewed and changes in people's needs and the level of risk were clearly identified. Support plans had been amended to ensure people received the care and support they needed.
- People had access to technology and specialist adaptive equipment that met their assessed needs and supported their independence. Call bells and sensor mats were used to alert staff of people's movements and equipment such as hoists were used.
- The registered manager described plans to improve the environment through redecoration and we were shown a bedroom that had been recently decorated to a high standard.

Staff support: induction, training, skills and experience

- Systems and processes for supporting and training staff were fully embedded and sustained in practice. This meant staff had received the training and support they needed to be effective in their roles.
- People told us they had confidence in the skills of the staff. One person said, "All the staff here are very good." Another person told us, "They are good, for example they use the hoist very well."
- Staff told us they were able to access training and support when they needed to. One staff member said, "Mostly the training is on-line and we can all access it." Staff described the registered manager as being knowledgeable and said they would ask if they had any questions relating to people's needs. One staff member said, "If (registered manager) doesn't know the answer they will track someone down until they find out, they are great like that."
- New staff received induction training when they started working at the home and spent time with more experienced staff until they felt confident to undertake care tasks.

Supporting people to eat and drink enough to maintain a balanced diet;

- People were being supported to have enough to eat and drink.
- People said they were happy with the food and drink available. One person told us, "It's almost like home cooking." We observed a staff member offering people options for their meals. People told us they could also ask for other options if they wanted something different. One person said, "I'm not keen on big meals, they bring me snacks when I ask and give me a smaller portions, that suits me fine."
- Some people were assessed as being at risk of malnutrition. Records showed one person's weight was monitored regularly and where an unplanned weight loss was identified staff had sought advice from the GP. Another person was identified as being at risk of dehydration. Records showed staff had encouraged them to have regular drinks throughout the day and this was monitored to ensure they were achieving the recommended amount of daily fluids. This showed that people's nutritional and hydration needs were being monitored and managed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their fitness and to access the health care services they needed.
- One person described how staff supported them to remain fit and active. They told us, "I like to get up and go out and about as much as possible, they (staff) encourage me to keep active." Another person said, "The staff support me with walking as much as I can. They know I need to build my strength up."
- People were confident staff would recognise if they were unwell and knew what to do. One person said, "They would call the doctor if they were at all worried and they would let my family know."
- Records showed staff made appropriate referrals to health care professionals when people's needs changed. For example, when a person had more than one fall, the registered manager had made a referral to the falls prevention team to ensure they were taking all possible measures to reduce risks of further falls.
- Guidance from health and social care professionals was included within people's care plans to ensure staff had the most relevant information to support their needs. For example, one person had swallowing difficulties and recommendations from a Speech and Language Therapist (SaLT) were included within their care plan. We observed that staff were aware of the recommendations and the person was receiving their fluids safely.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the 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 had the appropriate legal authority and were being met.

- People were being supported in the least restrictive way possible and in their best interests.
- Staff demonstrated their understanding of their responsibilities with regard to MCA and DoLS. They described the importance of gaining consent from people and knew when it was appropriate to make decisions in people's best interests. One staff member said, "If someone lacks capacity to make a particular decision, we would need to involve their family, social services and the doctor to make a decision."
- The registered manager had made appropriate applications to the local authority where they suspected

DoLS could apply. They were aware of the status of DoLS applications and at the time of the inspection there were no authorisations with conditions attached.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last focussed inspection on 17 September 2020 this key question was not inspected. At the previous inspection on 21 January 2020 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly and their diverse needs were consistently respected.
- People told us the staff were kind and caring. One person said, "They are all really pleasant, nice people." Another person said, "They are very kind and I feel they do care about us."
- Staff had developed positive relationships with people. Some people were staying at the home for respite care, that is, on a short- term basis. One person told us that the staff were "so nice" they wished they could stay longer. Another person said, "I have only been here a month, but I feel that they have got to know me, and I like them all. "
- Staff spoke positively about the people they were supporting and knew their individual needs. One staff member said, "We have to get to know people quickly. They are usually very pleased to be here after being in hospital, so we try and make them as comfortable as possible."
- We observed that people had developed positive relationships with the staff. One person was enjoying a laugh and joke with a staff member, they said, "We get on well and I like having a laugh with them."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in decision making and to express their views.
- One person told us how they were moving soon to be nearer their family. They said, "I was fully involved all the way along, it has been my decision to make, they have been very supportive to me here and I have had all the help I needed."
- The registered manager explained how they spent time with people to discuss their care needs and complete regular reviews of their care plans and risk assessments. Records showed that people's views were reflected in their care plans. For example, one person needed some additional support in the morning and their care plan described their view on their mobility issues, using the person's own words to describe how they felt. This meant that care plans included people's voice and were personalised according to their views and preferences.

Respecting and promoting people's privacy, dignity and independence

- There had been sustained improvement in systems and processes for supporting people's privacy. This meant people's dignity and privacy were respected, and they were supported to be as independent as possible.
- People described how staff supported them with their independence. One person said, "I need help but they let me do what I can for myself, so I don't feel totally reliant on them." Another person told us, "They

always "support with" rather than "doing for." I like to do as much as I can for as long as I can."

- Staff described how they protected people's privacy and dignity. One staff member said, "We are careful about what we say, people don't want everyone to know their business." Records were kept securely and staff were observed to speak with people discreetly for example, when offering support with personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last focussed inspection on 17 September 2020 this key question was not inspected. At the previous inspection on 21 January 2020 this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Improvements in systems for planning personalised care had been sustained. This meant people were receiving a personalised service, their choices and preferences were considered. People described feeling in control of their care.
- One person told us, "I like it here, very much, I can choose how I spend my time." Another person said, "I am always treated with respect, for example I prefer to stay up here in my room, the staff encourage me to come downstairs, but I am happier here. I have my meals here to and they respect that."
- Staff were knowledgeable about people's needs and their preferences. Some people were receiving respite care which meant they were expected to be at the service for a short time. Staff described how they got to know people when they came for respite care. One staff member told us, "The manager does the assessments and care plans and passes the information on to us. I usually have a cup of tea and a chat with people as well."
- Care plans were clear and well personalised to provide staff with the information they needed. We noted that people's preferences were included, such as the time people wanted to get up or go to bed. How people preferred to be supported, for example with their personal care needs, routines and tasks that they wanted to manage themselves. Details that were important to people were included, for example one plan included details of the type of toothbrush the person needed and preferred.
- People had been involved in developing their care plans and their voice was evident. For example, the words used by one person to describe symptoms of their illness were included within their care plan. This helped staff to understand what the person meant when they spoke about their symptoms and how they wanted to be supported.
- We observed staff supporting people in a personalised way and it was clear that people felt comfortable with the staff. One person described two staff members as "the dream team," and told us how they involved them with tasks, saying "I'm part of the dream team."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were being supported in line with AIS.
- Some people had communication needs and this was identified in their care records. Care plans included

details about how to support people's communication needs. For example, one care plan included details about a person's mental health and how this affected their ability to communicate. We observed staff were following the person's care plan during the inspection.

- Staff were aware of people's communication needs. For example, we observed staff were using pictures to support a person to choose their lunch option.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with people who were important to them.
- One person described how staff had supported them to maintain contact with their family and that they were planning a move to be nearer to them.
- The registered manager told us how they had supported people to maintain contact with their family and friends during the COVID 19 pandemic. They had received a number of compliments from family members about the care and support people had received during the COVID19 pandemic. One relative had commented on how staff had sent photographs so they could see their loved one. Other people had used technology to have virtual meetings with their family.
- People told us they were able to follow their interests. An activities co-ordinator described the activities timetable which included individual time with people who did not enjoy group activities.
- The registered manager described how people had been involved in reviewing activities and their ideas were included in a development plan. This included people's individual interests such as flower arranging, photography and other art and craft activities that people enjoyed and that were relevant for them.
- One person told us they were involved in developing an activities room at the home. They said, "I like to stay busy and we are clearing out the room, it will be nice to have a place we can all use if we feel creative."

Improving care quality in response to complaints or concerns

- People's complaints and concerns had been addressed.
- There was an effective system for recording and monitoring complaints. The registered manager recorded how complaints had been resolved and the actions taken to improve care following the complaint.
- People said they knew how to raise and concerns and felt comfortable to do so.

End of life care and support

- People were supported to plan for end of life care.
- People's wishes were recorded, including where they wanted to spend their final days and any religious or cultural needs that they had.
- The registered manager described having support from the GP and community matron when supporting a person with end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last focused inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to achieve good outcomes. There was clear leadership that promoted person centred care.
- Some staff described the difficulties that they had experienced through the COVID-19 pandemic and the staffing issues that sometimes affected their ability to provide person centred care. We spoke with the registered manager about the deployment of staff. They were aware of these concerns and explained how staff had been covering some additional duties. They were actively recruiting new staff and said this had begun to make a difference. Following the inspection, the registered manager confirmed the appointment of new staff to reduce the pressure on the staff team.
- People and staff told us they had confidence in the management of the home and the service was well led. One person said, "There is very good management." Another person said, "I have no complaints at all, the manager is good, the place is run pretty well." A staff member told us, "The manager is good, very supportive, they work with us when needed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff demonstrated a clear understanding of their roles and responsibilities. One member of staff described their induction to their role. They told us, "I have been well supported, and I think the standard of care here is very good. All the staff know what they are doing."
- There were clear systems in place for monitoring the quality of care. Staff understood their responsibilities for reporting incidents and for maintaining accurate records.
- Quality monitoring systems supported continuous learning and improvements in care.
- The registered manager undertook regular audits to ensure risks to people were identified and managed. Where shortfalls were identified, actions had been taken to make improvements. For example, an audit of the administration of medicines identified a protocol, to provide guidance for staff, had not been put in place when a person's medicine had changed. This oversight was immediately rectified to ensure that staff had the information they needed to administer medicines safely.
- The registered manager demonstrated they had clear oversight of the service. They used quality monitoring systems effectively to drive improvements and support continuous learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and staff were involved in developing the service.
- People had been engaged with planned improvements and decoration of the home. A survey had identified areas of the home people felt needed improvement. Their views were included in the provider's development plan and the registered manager explained that people would be involved in choosing colours and art work for those areas.
- Staff described positive relationships with health and care professionals. One staff member told us, "We work well with the nurses, they come in to give insulin injections." Another staff member said, "There is good communication now between us and the GP surgery."