

Stour Sudbury Limited

Hillside Care Home

Inspection report

20 Kings Hill
Great Cornard
Sudbury
Suffolk
CO10 0EH

Tel: 01787372737

Website: www.caringhomes.org

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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

Hillside Care Home provides accommodation and personal care for up to 44 older people. There were 37 people living in the home on the day of our inspection. This inspection took place on 1 and 2 February 2018 and was unannounced. Hillside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post at the time of our inspection. 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.

During the last comprehensive inspection at Hillside Care Home during February 2017 we had serious concerns about the lack of adequate numbers of staff on duty and the safe management of medicines. We issued the provider with a warning notice to the provider and registered manager who was in post at that time to inform them that the service was required to become compliant with Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 27 May 2017.

We received an action plan following which we carried out a focussed inspection on 17 July 2017 to assess compliance. At this inspection we found that improvements had been met with regards to how the service effectively calculated the numbers of staff required to ensure that people's needs were met safely. We also found improvements had been made in the systems in place to ensure that people were provided with their medicines safely. At the inspection on 17 July 2017 we changed the rating for the key question of safe to 'Good'. In line with our methodology the overall rating remained 'Requires Improvement'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillside Care Home on our website at www.cqc.org.uk

During this inspection in February 2018 we found improvements were needed with regard to the provision of meaningful activities for people to take part in. Care plans were not all up to date; the information within them was not always current.

Staff had an understanding of abuse and safeguarding procedures. They were aware of how to report abuse as well as an awareness of how to report safeguarding concerns outside of the service. Risks were mostly managed well, risk assessments were in place and reviewed. The storage of mobility equipment meant that fire extinguishers were not easily visible. Action was taken to address this during our inspection.

Effective recruitment processes were followed and there were enough staff to meet people's needs. People received their medicines safely and as prescribed. Medicines were administered by staff who were trained to do so.

People's ability to make decisions was considered in line with the requirements of the Mental Capacity Act 2005. 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. Staff interacted with people in a professional manner and their consent was sought before any care was carried out.

Staff knew the needs and preferences of the people they cared for and people were given reassurance and encouragement when they needed it. People's rights to privacy, dignity and independence were taken into account by staff in the way they cared for them.

Improvements were needed to the environment on the first floor however this had already been identified and redecoration works were underway.

The registered manager encouraged an open, inclusive culture within the home. Relatives were free to visit their family members and were warmly welcomed. Relatives said they felt comfortable raising any issues or concerns directly with the registered manager. There were arrangements in place to deal with people's complaints and issues appropriately if they were raised. The provider had systems in place to monitor the quality of the service. These included audits of key aspects of the service.

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 recruited safely and there were sufficient well-trained staff to meet the needs of people who used the service.

Staff were aware of safeguarding procedures and were able to describe what to do if they felt people were unsafe.

A safe system of medicine management was in place.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and received the training they needed.

If people became unwell staff sought medical advice promptly to promote their health.

People received sufficient food and drink to meet their needs.

The principles of the Mental Capacity Act 2005 were followed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

People's rights to independence, privacy and dignity were valued and respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care records were not always up to date or robustly reviewed.

People did not always have the opportunity to participate in activities that met their choices and preferences.

The provider had a complaints procedure and people and their relatives felt able to complain if they needed to.

Is the service well-led?

The service was well-led.

The registered manager demonstrated good leadership.

There were clear working arrangements in place with other professionals to meet people's needs.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

Good ●

Hillside 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 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 1 and 2 February 2018 and was unannounced. The inspection team consisted of two inspectors on the first day and an inspector and an expert by experience on the second day. 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 the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including four staff recruitment files, training records, meeting minutes, medicines records and quality assurance records. We spoke with nine people who live at the home, eight members of care staff, the chef, the deputy manager and the registered manager as well as one of the regional managers and the operations director of the provider company. We also spoke with relatives of seven people currently living in the home and three relatives of a person who had very recently passed away. We spoke with five healthcare professionals as part of this inspection.

Is the service safe?

Our findings

At our last comprehensive inspection in February 2017 we had serious concerns about the lack of adequate numbers of staff on duty and the safe management of medicines and as a result rated this key question 'Requires Improvement'. We issued the provider and registered manager, who was in post at that time, a warning notice. We followed this up at a focussed inspection in July 2017 where we found that improvements had been made to both the staffing levels and medicines management. At this inspection we found improvements had been further sustained and as result have rated this key question of Safe, Good.

People we spoke with felt the home offered a safe environment and had no concerns about their wellbeing. One person told us, "Yes [I feel safe]. I've never felt unsafe." People's relatives also commented that their family member was safe living at the home. One relative said, "Yes, I do feel [person] is safe. It's got better. It went through a bit of a phase when [person] came here, not now. On the whole they've been brilliant." Another relative told us, "They're lovely to [person]. I come at all different times of the day, so staff can't predict."

Staff had the knowledge to identify potential safeguarding concerns and had attended training in safeguarding vulnerable people. Staff we spoke with were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff explained what they would do if they had concerns, "I would report any concerns straight to the [registered] manager. If needed I could always go to the police or the [local authority] safeguarding team or CQC."

Staff were familiar with risks associated with people's care. Risk assessments were in place to enable people's support to be provided in a way that helped them to live their lives safely. We saw that risks were assessed when people started to use the service and reviewed to ensure they remained up to date.

We observed that there were risks posed by the routine storage of wheelchairs and other mobility equipment in front of fire extinguishers. We were concerned that in the event of a fire, equipment would not have been easily accessible. This hadn't been picked up by the registered manager or staff, however once we told them plans were made to reorganise the storage of the equipment. During our visit we saw the registered manager and regional manager ensured mobility equipment was moved away from fire safety equipment and plans were drawn up for a permanent solution.

We asked people if there were enough staff on duty to help and assist them in a timely manner. On the whole, people were positive that there were sufficient staff. One person said, "They do come quickly, except when it's mealtime or bedtime. In the night they come quickly." Another person said, "There seem to be plenty [of staff] running about. If I fall and can't get up they bring the hoist. I wait about five minutes. The buzzer works nicely. If it's not urgent they will say to wait and they come back." One person's relative told us, "I feel really happy that [person] is here [Hillside] and that they would contact me if there were any concerns. They've always got time." We did speak to two people who felt the staffing levels needed improving. They told us, "I think they could do with more [staff]. At night, if I press the buzzer, they take two or three minutes to come. Many say 'Is it urgent?' If I say yes, they do something. If I say no, they come back when they've

finished [what they were doing]." Another person said, "I'm afraid not. I wait up to ten minutes [for someone to come]."

The registered manager informed us that they used a dependency tool to determine how many staff would be required on each unit; each individual person was assessed for staffing dependency and staff rotas were based on people's individual needs. We saw that staff were available in the communal areas and responded to requests and call bells that people used when they needed staff assistance. We observed staff assisted people without rushing and consistently checked to make sure nothing further was needed. Communication between people and staff was relaxed. A visiting healthcare professional told us, "I am always able to find staff when I get here which is excellent. I used to have a job to find someone [staff] to help but not anymore."

Safe staff recruitment and selection systems were in place and were followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

People's medicines were managed safely and they received them as prescribed or when they individually required them. People we spoke with confirmed this and told us they received their medicines appropriately. One person told us they received their pain relief on time and regularly when they needed it. They said, "I have lots [of tablets]. They do their job [administering medicines] and off they go." People had their medicines administered by staff who had been appropriately trained. We saw the management of medicines was undertaken safely and the storage of medicines was secure and appropriate. Staff were mindful of locking the medicines room whilst they administered medicines to individuals.

The home downstairs was clean and odour free. All staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Nursing and care staff we saw used protective equipment, such as gloves and aprons, however new supplies of these were often left lying around in communal areas. We spoke to the registered manager about this who agreed to have them stored appropriately and before we had left on our first day, suitable storage facilities had been ordered.

The registered manager had systems and processes in place to effectively manage any accidents and incidents that had occurred. Staff were aware of their responsibility to respond to any incident or accident and to report it. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again.

Is the service effective?

Our findings

At our last comprehensive inspection in February 2017 we were concerned that not all staff had received an appropriate induction when they started working at the service and there was a lack of on-going staff training. We were also concerned that important information from visiting professionals was not conveyed and communicated effectively between staff. At this inspection we found the improvements had been made and as a result we have rated this key question 'Good'.

An induction process for new staff was in place to ensure they would have the skills to support people effectively. Staff who had commenced employment recently told us the induction met their needs and gave them a very good insight into the standards of care at the home. People received effective care because they were supported by an established and trained staff team. Staff undertook regular training updates according to the provider's schedule. Training covered areas such as moving and handling and medicines amongst many others. Staff told us they felt supported and had received supervisions (one to one meeting) with their line manager. One member of staff told us, "[Registered Manager] is very good. If you ask them they always have time for you to talk, it didn't used to be like that. Yes, I feel supported." Staff told us supervisions enabled them to discuss any training needs or concerns they had.

People and their relatives told us staff were competent and knowledgeable. One relative said, "Some staff do the job because they want to. There are staff elsewhere for whom it's just a job. You can tell the difference. I think [registered manager] knows how to tell [the difference] when they get new staff." Another relative said, "My [family member] has been difficult and the staff have been really brilliant. They worked through it and [person] is okay now." A third relative said, "They [staff] seem to know what they're doing."

People provided mixed feedback as to whether they enjoyed their meals or not. The majority of people told us they enjoyed the food and we received comments such as, "I love the food; fish and chips today," and, "The food is great here. I'm fussy but I could eat it." We did also, however, receive some comments that were not complimentary. One person who lived on the first floor commented that the food was not always hot by the time they received it. They told us, "[The food] is sometimes okay, sometimes very nice, but not that often. It's never hot, just warm, and practically cold by the time I get mine. When it's hot I like it. There is a choice every day." We spoke with the registered manager who told us they were looking to purchase a new heated trolley for meals to be delivered to the first floor in order that the heat retention was improved. We saw that people were offered a choice however the meal delivery was slow and people had a wait of up to half an hour for their food. .

When we looked at care records we saw these contained an eating and drinking care plan which made reference to any specific diet or need to prepare food in a specific way. We spoke with one of the assistant chefs who worked at the home. We found they were knowledgeable about people's nutritional support needs such as specialist diets or those people who needed a soft diet and where people were at risk of choking. We checked records of nutritional intake and saw that these were completed where appropriate for people.

People had good access to healthcare and staff monitored their physical and mental health needs working effectively with other professionals as needed. All of the healthcare professionals we spoke with told us they felt improvements had been made at the home and that the registered manager and staff were now working in partnership with them. One person who used the service told us, "I had a [health condition] staff all fussed round me. I had a night in hospital and then back here. Staff knew what to do." Another person's relative told us, "I feel really happy that [person] is here and that staff would contact me if there were any concerns. If staff call the doctor they let me know."

People that we spoke with were happy that staff understood their care needs and choices well and were able to provide the care they wanted and needed. The staff provided care in line with current guidance and took advice that had been given by community nursing team and GP's. We spoke with three community healthcare professionals who all attended the home, one told us, "It's very good, staff are knowledgeable. And implement what I ask and follow guidance given."

We looked at the design of the premises. The home was set over two floors, with the ground floor being in a much better state of repair and décor than the first floor. There was evidence of signage to support people in navigating around the home. However on the first floor walls and paintwork were not well maintained and evidence of previous repairs where wall coverings had not been suitably matched in terms of colour. In the lounge an area of staining was noted in one corner appearing that a leak had occurred from the area above the ceiling. The first floor was in the process of being redecorated and works were being undertaken during both days of our visits. One of the bathrooms on the first floor was out of use due to a broken specialist bath. The registered manager told us there were plans to equip this bathroom with a new bath and knock the wall through to the adjoining shower room to make a large 'wet room' that was accessible to people with a variety of needs. We saw there was no specific garden area; however there was a small, secure patio area which people could access. One person told us how they loved to go outside and look after the various plants growing in the tubs and plant pots.

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 so that they can 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). We checked whether the home was working in line with the MCA.

Throughout our inspection we observed staff sought consent from people by asking questions such as asking people what they wished to go and seeking their verbal consent before care tasks were carried out. Care plan records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. DoLS applications had been made appropriately to the local authority where people were being deprived of their liberty.

Is the service caring?

Our findings

At our last inspection in February 2017 we rated this key question good. At this inspection we found that the home had sustained this rating.

People were cared for by staff who were kind and caring. Every person we spoke with told us the staff were caring, kind and friendly. One person told us, "Staff are very friendly, kind and caring, not rushed." Another person said, "Staff are always kind and caring." A third person told us jokingly and with gentle banter, "Staff are lovely. I want to marry that one!"

We observed positive interactions between people and staff. We did see one occasion where a person was noted to have spilled food over their clothes during lunch time and two staff proceeded to walk past them without offering assistance. However this was an exception and our other observations were of staff who gave people the time they needed to communicate their needs and wishes and then acted on this. One person told staff they were feeling cold and requested a blanket. We saw staff patiently fetching blankets and arranging them for the person until they had obtained the right combination that the person wanted.

People's right to privacy and to be treated with dignity was respected. We saw people's personal space and rooms were respected. One person told us, "Yes, they always pull the curtains." Another person said, "They knock, open the door and ask if it's alright to come in." We saw that when staff were attending to people's personal needs they ensured that curtains and doors were shut to allow privacy. When people required assistance with personal care this was responded to by staff quickly and in a sensitive and discrete manner.

It was clear staff knew people well and knew how they liked to be helped and their preferences. One member of staff told us, "People go to bed when they want, although some have a preferred routine and we know what that is." Another member of staff said, "One person likes to use the toilet at exactly the same time every day. We keep saying to them they can call us anytime but this is their preference so we respect it."

Staff we talked with spoke affectionately about the people they supported. We saw some kind and considerate approaches to care and support. We observed staff working patiently and kindly with people. People were supported to maintain their independence. One staff member explained, "Staff all encourage people to remain as independent as possible for as long as possible, we just help where needed."

People's relatives told us that they were able to visit their family member at any time and they were always made to feel welcome. One relative who had recently had bereavement at the home told us they stayed at the home overnight with their family member and that staff were caring to them and would look after them as well. This approach was reiterated by people living at the home. One person told us, "My son visits. He brings his [family member] and they are made welcome."

Is the service responsive?

Our findings

At our last comprehensive inspection in February 2017 we found that improvements were needed to the provision of activities available to people. We also found that people's care plans were difficult to navigate and information was hard to find. At this inspection we found that whilst improvements had been made there was still further work to do in order to fully embed these areas. As a result we have rated this key question 'Requires Improvement' again.

Whilst everyone living at the home had a care plan in place, we found a number of people's care plans were not completed in full, information was missing and there was no evidence that the provider included people in planning their care. Staff told us they felt they knew people and their care needs and preferences however some records were completed intermittently for example one person had a number of recording charts in place as part of their plan of care. We found that these records were not consistently completed. Care plans were not always completed and updated when needed, which meant staff could not be assured they were delivering care in line with the person's assessed needs. The registered manager told us that the care plans were being revised and were still in the process of development.

There was a lack of any meaningful activity taking place in the home during the two days of our visits. There was an activity co-ordinator in post who worked Monday to Friday; a member of staff told us that that one person trying to support everyone at the home with activities was not enough. We observed that people living at the home lacked meaningful occupation, other than visits from friends and relatives. People's routines during our visits were dominated by meals and personal care and the remainder of the time people were in their bedrooms or communal areas, watching TV or sleeping. One person told us, "I haven't seen any activities. I'm in the lounge most days. I used to go out every day. I would like to go out more." Another person told us, "I usually stay in my room or in the lounge if there's a sing song worth coming out to see. Otherwise it's just the TV blaring out. I don't know of any other [activities]." A third person told us, "Nothing else. Time goes. We get up, have lunch, and sit."

Another person told us that there were activities that were arranged at specific times. We were told, "[Activities Co-ordinator] organises different things. A quiz, bingo, singers. We are taken out sometimes if able and weather permitting." They also added "A lady came in last week with a lovely barn owl. I stroked its feathers, so soft, lovely. Then a lady came with some dogs, so we had an animal day." Some relatives of a person who had very recently passed away told us how staff had ensured that their family member had got to see and meet the visiting owl whilst in bed and nearing the end of their life, something they told us their family member enjoyed. The registered manager showed us some activities scrapbooks where we saw some photographs of people with the visiting owl along with some other events which had taken place

We recommend that the provider and registered manager review the current provision with the aim of supporting and encouraging people to engage with a greater variety of meaningful activities.

The service had appropriate systems in place for the investigation of any complaints received. Information about the complaints policy was readily available to people and visitors. People and their relatives told us

that they felt confident to raise concerns if they needed to and could comfortably and confidently approach staff or the registered manager. One person told us, "I would feel confident to talk to [registered manager] if there were problems." Another person said, "I would talk to one of the carers, like the [specific carer] there. They would go a step higher and they would come and see if they could sort it for you." Records showed that where complaints had been received these had been fully investigated by the registered manager and that the service aimed to use any complaints received as opportunities for learning and to improve performance.

There were systems in place to enable information about people's preference in relation to end of life care to be recorded. We spoke with staff about how people were supported at the end of their life and some visiting relatives were keen to tell us of their experiences. One relative told us, "When [person] was at the end of their life staff were fabulous and very attentive to [person's] every need. Some staff went over and beyond, it was brilliant to watch and have the knowledge that the care was so good, they made [person] feel at home." Another relative said, "Staff come in on their days off when [people] are unwell; one came to sit with a family when their relative was dying."

Is the service well-led?

Our findings

At our last comprehensive inspection in February 2017 we found that the provider and registered manager who was employed at the time had failed to implement the action plan they had in place to make improvements. We also found failings in action taken to ensure necessary equipment needed to support people was available and in working condition. Quality assurance processes and systems were also in need of improvement. At this inspection we found the improvements had been made and as a result we have rated this key question 'Good'.

The registered manager had been in post for eight months at the time of our visits. We were told they provided the staff team with good leadership and support. The registered manager was 'hands on' and regularly completed care tasks and supported people with their care needs. This meant they had a good understanding of people's care and support needs and working practices within the home and knew them well. One person told us, "The [registered] manager was in here [lounge] earlier. I would feel confident to talk to her." Relatives were complimentary of the service and told us, "[Registered manager's] door is always open, unlike the previous manager, and she is often around the home and sits with people in the lounge." Staff were also praising of the registered manager's approach and management of the home. One member of staff said, "[Registered Manager] is the best manager we've had, approachable and supports us."

Health care professionals we spoke with were also positive about the impact the registered manager was having on the home. One professional told us, "[Registered Manager] has made huge changes. Staff are now engaged with training. [Registered Manager] gets a lot of support from her manager. I've seen lots of changes and how the home is developing." Another professional told us, "[Registered Manager] has been at the home, things are a lot better. The care generally is a lot better. [Registered Manager] is hands on which helps, she sees what goes on. If go and talk to her, she listens and I like that. There has been much improvement."

The registered manager had been in post a relatively short period of time and since commencing employment they told us they were attempting to improve a number of areas of the home. We saw that there was a programme of audits in place to monitor and improve the quality of the care provided. The provider's quality monitoring systems covered all aspects of the service including medication, infection control, care overnight and a 'home pride' audit which looked at the physical premises such as the addition of fresh flowers and the décor. We saw that the registered manager had implemented the redecoration works that were taking place on the first floor at the home. The registered manager had identified that further improvement was needed to enable them to pick up and address areas such as the improvements needed in care plan record keeping. We spoke to a social care professional from the local authority who had been working closely with the registered manager, supporting them in making the necessary changes. The social care professional told us, "I have worked with Hillside for quite a while now. Before [current registered manager] I was really concerned. Now its [current registered manager] she is a lot more on top of things, she's open and takes on board advice. The home feels calmer than it did before she started working there."

The staff team worked well as a team and were very supportive of each other so that people could rely upon

receiving consistent support. Staff also generally spoke highly of the registered manager. One member of staff said, "The culture here has improved, our manager is very good." Another member of staff told us, "I would recommend this home; the manager is approachable and always helpful. There are no major issues here."

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly and with adequate detail.