

# Hilltop Manor Residential Care Home Limited

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## Inspection report

15 Finkle Hill  
Sherburn-in-Elmet  
Leeds  
West Yorkshire  
LS25 6EB

Tel: 01977683898

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 January 2016 and was unannounced. The last inspection took place on 8 May 2014, and the service was meeting all of the regulations we assessed.

Hilltop Manor is a family run home in the village of Sherburn in Elmet. The service provides residential care and can accommodate up to 35 people. The service supports older people some of whom are living with dementia.

On the day of our inspection 29 people were living at the service.

The service had a registered manager. 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.

Staff were supported to attend regular training and told us they were well supported by the management team. However, supervision records we reviewed were not up to date. We have made a recommendation about this.

Some of the communal areas within the service were in need of redecoration and parts of the environment were not dementia friendly, for example they had patterned carpets and the handrails were the same colour as the wall. This meant people living with dementia were not consistently supported to be as independent as possible. We have made a recommendation about this.

People told us they felt safe. The service had sufficient staff to meet people's needs and had effective systems which meant people could be assured staff were safely recruited.

Medicines were managed safely, staff had been trained to administer medicines and had an up to date policy which provided them with good practice guidance. The deputy manager took responsibility for medicines and we saw they completed monthly audits. This meant if any errors did occur they could be resolved in a timely manner.

People were protected from avoidable harm. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were detailed risk assessments and risk management plans in place which provided staff with clear guidance about how to reduce people's distress and maintain their safety.

The registered manager and their staff team understood and worked within the principles of the Mental Capacity Act. Staff routinely sought consent and supported people to make their own choices.

People told us the food was good and we saw people had access to a choice of nutritious home cooked meals along with regular drinks and snacks throughout the day. The lunchtime experience was enjoyable for people.

The service worked with health and social care professionals to ensure people received the right support at the right time. People were supported to access routine health care such as the dentist, optician and community nursing team.

People received care which reflected their needs and was based on their individual preferences. People told us care staff ensured their dignity and privacy was met. Care plans contained information which provided staff with a sense of what was important to the person, they were reviewed and updated on a regular basis.

People knew how to make complaints although the service had not received any since our last inspection. People and their families provided positive feedback about the service.

The registered manager was known to people and their relatives, people told us they were confident the registered manager would resolve any issues they had. The registered manager understood their role and responsibilities and had a good measure of the strengths of the service and areas for further development.

Staff morale was good and all of the staff we spoke with told us how much they enjoyed working at 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.

People received their medicines safely. Risk assessments and risk management plans meant people were supported to stay safe. Staff understood how to safeguard people from harm.

The service had sufficient staff to meet people's needs. Staff had been safely recruited.

The service was clean and staff had access to equipment to reduce the spread of infection.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff told us they felt well supported however, supervision records and staff appraisals were not up to date.

Some areas within the environment needed redecoration and were not dementia friendly.

The service followed the principles of the Mental Capacity Act (2005).

People were supported to have a nutritious diet. The service sought support from health care professionals as required.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well. They provided support which was kind and patient and respected people's choices.

Staff consistently respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and they reflected the care we saw delivered. They were up to date and reflected changes in people's needs.

A range of activities were available to people and they were supported to maintain important relationships. People's religious needs were met.

There was an up to date complaints policy which was accessible to people. The service had not received any recent complaints.

### **Is the service well-led?**

The service was well-led.

The registered manager understood their responsibilities and staff were clear about their roles. Staff morale was good.

The views of people who used the service were sought and considered.

People told us the registered manager was visible within the service. All of the people we spoke with, their relatives and staff told us the management team were approachable and accommodating.

**Good** ●

# Hilltop Manor Care Home Limited

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 13 January 2016 and was unannounced.

The inspection team was made up of one inspector, an expert by experience and a specialist professional advisor. The expert by experience had personal experience of caring for someone who used this type of service. The specialist advisor was a nurse with experience in mental health and dementia care.

Before the inspection we reviewed all of the information we held about the service. We contacted the local authority commissioning team and they provided positive feedback about the service.

We also contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided. They did not provide any feedback regarding the service. We reviewed all of the notifications we had received about the service since our last inspection.

During the inspection we spoke with 10 people who used the service and four visiting relatives. We reviewed four care plans and associated records. We interviewed the registered manager (who is also the owner/provider), deputy manager, training co-ordinator and five members of care staff and the chef.

We completed a tour of the building and we looked at three staff files; which contained employment and training records. We looked at documents and records that related to people's care and support, and the management of the home, such as training records, audits, policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe and well looked after. One person said, "When I first came here, the first night, I felt unsafe. Staff said to me, 'Well [name] each person has a lock on their bedroom door and we've also got a lock outside the home too.' That put my mind at rest." Another person said, "No one has ever hurt or upset me here." A relative said, "I feel [name] is very safe here."

We saw some people, who were able to walk around the service independently, wearing pendant alarms. This was safer than relying on call bells in people's bedrooms or in communal areas. One person said, "I've got one of these [pendant alarm]. The first time I used it they [staff] were here within half a minute." This demonstrated the service took people's individual needs into account and ensured they were provided with systems they needed to remain safe, whilst supporting people to be as independent as they could be.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to protect people who used the service from abuse. They were aware of the types of abuse and how to report concerns. Since the last inspection the registered manager has reported three safeguarding incidents to the Care Quality Commission (CQC). We spoke with the registered manager about these incidents and they were able to provide us with a detailed account of the situation, action they had taken to manage the risk and the outcome of the safeguarding investigation. Two of the incidents had been closed by the local authority and they had recorded that the service had taken the appropriate action to manage the situation. Another investigation was ongoing, however this did not relate to care the person had received at the service.

Risk assessments and risk management plans were developed based on individual's needs. They contained guidance for staff about how to support the person to remain safe and to reduce any distress they may be experiencing. We saw appropriate health care professionals had been involved in the development and review of these plans. This meant the service recognised when people required more specialist input to keep them safe and to support staff with complex situations.

People were provided with equipment to support them to stay safe. Several people had sensor mats which alerted staff should the person be out of bed. These were used for people who were at risk of falling and it meant staff could check the person was okay. Accidents and incidents were reviewed by the registered manager and we could see records of any action which had taken place as a result of an accident.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed 24 hour care.

The service had sufficient staff to meet people's needs. During the day time there was one senior member of care staff, four members of care staff and an apprentice member of care staff on duty. The registered manager and deputy manager worked full time. The service employed an administrator, training co-

ordinator and other ancillary staff. Overnight there were two members of care staff on duty, however the registered manager told us this was under review. We reviewed the rota for the last four weeks and this reflected the levels the registered manager had told us were needed to provide people with safe care.

The registered manager did not use a formal tool to establish how many staff were needed to meet people's needs. However, they told us about other strategies they used which included, talking to staff, spending time observing care shifts and talking to people and their relatives. People we spoke with told us there were enough staff. Throughout the inspection we heard call bells were responded to by staff in a timely manner. One relative said, "I know that ideally everyone would want to see more staff but generally I think there are enough staff here. [Name] always gets her tablets on time."

We checked six people's medicines and found they were safely managed. Medicines were administered from a managed dosette system (MDS) which were prefilled at the local pharmacy and delivered every four weeks. The pharmacy also supplied medication administration charts (MARs). The deputy manager completed a monthly audit of medicines. This meant any errors were detected and could be resolved in a timely manner.

The service had an up to date policy which provided guidance for staff on the safe management of medicines. When medicines arrived at the service the deputy manager checked these against the current MAR charts. This meant the service was cross checking medicines and demonstrated they recognised the importance of robust systems to ensure people received their medicines safely.

The deputy manager explained if someone refused their medicines staff would return later to encourage the person. However, if they still refused this was recorded on the MAR chart. Any ongoing incidents of refusal would be referred to the person's doctor for a review. Some people were unable to swallow tablets and liquid medicines were in place. This showed the service responded to people's changing needs and consulted with their doctor appropriately.

Some people took medicines 'as required' and we reviewed these for two people. There was a clear protocol in place for staff to follow, this meant staff were provided with guidance which enabled them to identify when the medicine was needed. This was important because some people were living with dementia and would be unable to tell staff when they needed the medicine.

Controlled drugs, are drugs which are liable to misuse, we found they were safely managed. Two members of staff signed the record when administered. These were audited on a regular basis by the deputy manager.

The environment was clean and a relative said, "One of the best things about this home is its cleanliness." Staff had access to personal protective equipment such as plastic gloves and aprons and we saw these were used. This meant people were protected from the spread of infection.

We saw there were systems in place to ensure the laundry service was well managed. There were colour coded laundry bins and separate storage areas for clean and dirty laundry. This prevented the spread of infection. Each person had an individual basket in the laundry area to prevent people's belongings getting mixed up.



## Is the service effective?

### Our findings

Staff were subject to a three month probationary period before they were offered permanent employment. This allowed the registered manager to assess people's capabilities and ability to interact with people who used the service.

The registered manager explained they had worked with a local college to offer an apprentice programme. At the time of our inspection the service employed two apprentices, they spent one day a week with the training co-ordinator working through workbooks and DVD's to help them complete the Care Certificate. This is a national set of standards that social care workers should adhere to in their working lives and supports care staff to understand and develop fundamental standards in care. Each apprentice had a mentor who was an experienced member of the staff team and provided support and guidance on a day to day basis.

The training coordinator explained the induction process to us. They said all new staff spent four days shadowing more experienced members of the team and getting to know people and the service. They told us no staff member was able to administer medicines until they had completed training, they were then observed by a senior member of staff to check their competency. This showed the service recognised the importance of ensuring people received their medicines from staff who were competent.

All of the staff we spoke with told us they had access to training as and when required. One member of staff explained they had completed their NVQ in health and social care level two and were now working towards level three. This is a qualification which is provided by a college and there is an independent assessor whose job it is to decide whether the individual has met the required level of competence.

Staff told us they felt well supported. They said the registered and deputy manager were both approachable and they could seek advice when needed. The registered manager told us they recognised and valued the importance of providing staff with support and said, "Care staff are our business, if they are happy they provide better care."

Despite this we did not see records of up to date staff supervision. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice. We looked at three staff files and only saw one person had a record of supervision in the summer of 2015. The registered manager told us they would look onto this as a priority. The administrator provided us with a supervision matrix which showed staff had sessions booked in for the year ahead.

We recommend the provider review the systems which are in place to support staff, this includes the recording and monitoring of staff supervision.

Some communal areas within the service looked 'tired' and in need of redecoration. This was most noticeable on some doors where paintwork was damaged due to the use of medicines trolleys, wheelchairs

and other equipment. Some areas within the service were not dementia friendly for example the service had patterned carpets in some areas and did not use different colours for handrails, door frames or coloured toilet seats within bathrooms. This meant people living with dementia were not supported to be as independent as they could be. The registered manager explained there was a plan to redecorate the service and this was being done in stages. We saw some of the communal lounges had recently been decorated and had new furniture. However, the registered manager did not have an action plan to manage the redecoration of the service.

We recommend the provider considers good practice guidance in relation to dementia friendly service design and decoration.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA. Throughout the inspection we saw evidence of staff supporting people to make decisions and seeking consent. Where appropriate care plans contained mental capacity assessments in relation to decisions about people's ability to consent to care. Where it was deemed the person lacked the ability to consent to their care we saw records of best interest decisions. It was evident the person and their representatives had been involved in the decision making process.

There were 19 people living at the service who had an authorised DoLS in place, a further six applications had been made to the local authority for consideration. The registered manager demonstrated a good awareness of the legislation and was working within the principles of the Act.

Drinks and snacks were provided in the morning and afternoon. People told us the food was good. Comments included, "It's lovely" and "the lunch is brilliant." We observed lunch and saw people had a positive dining experience. There were two main choices of meals and these were displayed on a white board, however staff told us if people didn't like either choice the chef would make them something else. People were asked to make a choice rather than be shown the options, this may have made it more difficult for someone living with dementia to choose.

Tables were nicely laid and there was a relaxed atmosphere. People chatted with each other and staff who ate their meal with people, staff used the opportunity to talk to people about their day and the plans for the afternoon. Some people required support to eat and staff provided this in a safe and dignified manner. The provider's relative joined people for lunch, he clearly knew people well and they enjoyed friendly banter with him.

People were weighed on a regular basis, and if there was a record of weight loss we could see this had been followed up with advice sought from the person's doctor. There was no evidence of significant weight loss across the service. Advice from the speech and language therapist was recorded in people's care plans where relevant.

People were referred to health care professionals as required. We saw detailed records following visits by doctors and the community nursing team. One person said, "The doctor and physiotherapist comes and the nurses [care staff] do it all for me." Another person told us, "The carers took me to the hospital. I had these cataracts and the hospital lasered them. Look I can read now without glasses. It's fantastic."

We spoke with two visiting health care professionals who were both complimentary about the service, they told us care staff knew people well and sought advice from them appropriately. A visiting district nurse said, "People are provided with a good standard of care. Staff know people well and they follow the advice we provide." We asked them if they would be happy for their relative to be cared for at this service and they said they would.

## Is the service caring?

### Our findings

All of the feedback we received about the care provided by the service was positive. One person shared their experience of living at the service, "It's marvellous. The staff are first class. I had a choice of place to live, here or a home nearer to where I lived. I got a friend to visit both Hhomes with me and help me make my mind up...The staff listen and if they sometimes get something wrong they'll admit it and put it right....Living in a home is a partnership. Them and us. It requires loyalty on both parts. When they say something here they mean it. The longer I stay here the happier I become."

A relative said, "I've already recommended it to a few of my friends. My parents want to come here when the time comes. Honestly if it weren't for this home we would have lost [name] a while back. They're brilliant here. They treat everyone like family. They care. It's not a job. Everyone is precious to them not just [name]. They don't just look after people but give them a quality of life."

Throughout the inspection we observed staff treated people with compassion and kindness. During lunch we heard one person say to a member of staff, "You're my friend." They put their arms around the member of staff and the staff member responded appropriately to the person and smiled. It was a genuinely affectionate interaction and the member of staff responded to the individuals need for touch and reassurance.

We saw staff had time to listen to people and talk with them. All of the interaction we observed was unhurried and kind. People told us they were cared for by staff who respected their dignity and privacy. One person said, "When I first came here I was embarrassed about staff seeing me in the shower and told them. They said, 'Please don't be embarrassed [name], we don't want you to be embarrassed. It's our job.' And you know from then I haven't been embarrassed. It put my mind at rest. It's lifted me up living here."

All of the staff we spoke with told us they worked hard to make sure people had dignified care. They gave examples of making sure people's curtains were closed, knocking on bedroom doors before they entered and taking time to get to know people and their preferences.

One person told us care staff knew their relative well and provided care which reflected their preferences. They said, "[Name] loves music playing in the background in their room and when I come to visit the staff have always had music on for [name] to enjoy. Music gives [name] so much pleasure."

On the main corridor there was a noticeboard with a good sized photograph of each staff member, with their name and job role who were working that day. The registered manager said, "This helps some people living at the home identify which staff member they've had interacted with, seen or heard but whose name they may not be able to remember."

A visiting health care professional told us, "It's a very friendly place. There's laughter. You can tell the people who live here are happy. The staff, though busy are attentive." All of the staff we spoke with told us they would be happy for their relative to live at the service if they needed this kind of care and support.

## Is the service responsive?

### Our findings

People were assessed before they moved into the service which enabled the registered manager to make a decision about whether they could meet the person's needs. We looked at three people's pre admission assessments and they contained a detailed picture of people's need and the support they required.

Care plans were person centred, they contained information about people's preferences and dislikes, and provided care staff with detailed information about the support they needed and how this should be provided. They were organised, methodical and easy to follow.

We could see health professionals had been consulted appropriately and their guidance had been included within people's care plans. For example the service had consulted the community mental health team and pharmacist to change a person's medicines based on their changing needs.

The local authority told us they thought the service involved relevant professionals where appropriate.

One of the local GP practices had worked with the service and people to develop health care plans and we could see they had provided direction about supporting people to remain at the service and avoiding hospital admission. This showed the service worked with health professionals to plan for people's future needs and to ensure they had the necessary plans in place to try and support people to remain in their preferred place.

Care plans were reviewed on a regular basis and we saw the care which was delivered reflected what we read in people's care plans. Care staff were able to tell us about people's needs and described the support they needed to maintain their well-being.

We saw photographs of recent events which had taken place at the service. These were displayed in collages on the wall and included a trip to Bridlington in September 2015 and Christmas 2015 festivities. The local authority told us they considered the service provided plenty of activities and 'gatherings.'

On the morning of our inspection we did not see any structured activity take place. However, in the afternoon we saw a game of skittles being led by a member of care staff and some people were having manicures in the communal lounges and another person was being supported to look through an illustrated book. Some people chose to remain in their rooms and this was respected by staff.

The registered manager told us about the activities which took place these included, visiting a local driving range, a visit to the service from a petting zoo, participated in a local gala and organised a tea dance and invited people from the local community. The service had photographic records of all of the events which took place.

An activities co-ordinator worked in the service one day a week and they had helped people make Christmas cards for their relatives, baking and arranged trips out. The registered manager told us they did not have a set activity programme but staff organised informal activity on a daily basis. One person living at the service

said, "At Christmas we had music, singers and kids came and sang to us."

People were supported to meet their religious needs. One person said, "I can't get to church anymore but the vicar comes to visit me here." Relatives told us they were encouraged to visit whenever they liked and were always made to feel welcome. The registered manager said, "We use social media to communicate with relatives who live far away and can't visit. We get the agreement of people who live here first and if they agree we share photographs." Another person was supported by the service to Skype their family members. This showed the service recognised the need to support people to maintain relationships with people they cared about, and that they were creative in supporting people with this.

A relative told us, "I don't think they have meetings with relatives and I don't think I've had a questionnaire to fill in." They went on to say, "I've never heard any complaints about the staff. I've never had to say to them 'do so and so' because they've already done it. They're one step ahead of the game."

The service had not received any complaints since our last inspection. Information about how to make a complaint was available in a communal area of the service. The registered manager told us they had received a lot of complimentary feedback and cards, unfortunately the administrator had recently thrown some of these away. We suggested the service date and keep copies of these.

The registered manager explained they used to provide a 'newsletter' which had been stopped in favour of social media. However, they told us this had probably been a mistake and they were looking to reintroduce the newsletter to ensure people who did not have access to social media were kept up to date with information about the service. This demonstrated the registered manager was open to reconsidering decisions and was keen to engage with everyone who had an interest in the service.

One person whose relative had been cared for at the service contacted CQC and left the following feedback, "Hilltop manor provided my mum with the best possible care, excellent staff, excellent food and amusement. I was treated as a friend by all the staff. I visited my mum as much as I could, at any time, day or night, was alerted immediately if there was a problem. I was always greeted as a friend and got to know many of the other residents who also became close to me. When my mum was in hospital Hilltop Manor wanted her to return home (Hilltop Manor) for her end of life. They cared so much and loved my mum from the day she went there. I still keep in touch with staff who are wonderful. I think Hilltop Manor, the staff, everything about the way they cared for my mum was first class. Highly recommended."

## Is the service well-led?

### Our findings

The registered manager was also one of the owners and had been in post for over 20 years. It was a family run business and the registered manager was supported by a deputy manager, training coordinator, senior care staff and care staff. There was a team of ancillary staff which included a chef, cleaning staff and administrators.

People who lived at the service and relatives knew the registered manager well and told us they were approachable, they expressed a confidence in the management of the service. One person who used the service said, "The manager is very good. Very competent. She answers all my questions." A relative told us, "She's [registered manager] got a very good role definition with her staff. She is clearly in charge but her social interaction with staff is very good too."

The registered manager knew the service well and they were supported by a stable staff team. They were able to provide us with all of the information we needed to complete our inspection. They understood their responsibilities and were aware of the requirement to submit notifications to CQC.

We spoke with the registered manager about the strengths of the service and areas for improvement. They told us they tried to support people holistically and that for some people this meant their families needed a lot of support and reassurance from staff which they provided. The registered manager said they had a good working relationship with one of the local GP practices and they worked hard to prevent people going into hospital unnecessarily.

They were able to tell us about the systems they used to evaluate the service and they were clearly very 'hands on' which meant they had a good understanding of people, their staff team and the service as a whole. We saw mattress audits and medicines audits took place on a regular basis. The registered manager told us one area for further development was the recording of some of the other quality assurance they undertook. An example of this was to record care plan audits which we were told were undertaken regularly but not written down. Another example was in relation to redecoration. The registered manager was able to tell us their plans for the service but they did not have a recorded plan of action. They agreed a service development plan would be a good idea and told us they would develop this.

Staff morale was good. Although we did not see up to date records of supervision and appraisals all of the staff we spoke with told us they enjoyed working at the service. They said the management team were supportive and they would feel confident to raise any concerns with them if the needed to. The registered manager told us how much they valued the staff team and worked to support them, "Carers [care staff] are our business and we need to support them."

The service provided care within a homely environment in a semi-rural location. The registered manager told us they worked hard to maintain a strong reputation in the local community and held community events such as a coffee morning to raise money for Macmillan Cancer Care and a local school children had recently visited to sing Christmas carols.

We saw the service had completed surveys to gain views from people, relatives and visiting professionals. A 'service user and advocate' survey was sent out to people in May 2015, seven people had completed the survey. All of the respondents offered positive feedback about the service.