

Qualia Care Limited

Hillside Care Home

Inspection report

Hillside Avenue
Liverpool
Merseyside
L36 8DU

Tel: 01514430271

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Hillside Care Home accommodates up to 119 people who require personal and nursing care. At the time of the inspection there were 66 people using the service. The service provides accommodation in four separate units over two floors. At the time of the inspection three units were in use, the fourth unit was closed to admissions when the registered provider took over the service and they made the decision not to re-open it. One unit is for people with nursing needs, the second unit is for people living with dementia who also have nursing needs and the third unit is for young adults with a physical disability.

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

Parts of the environment and equipment used by people was not regularly monitored to ensure they were safe and clean. Boxes were left on corridors and in a bathroom increasing the risk of trips, slips and falls and sofas and falls mats used by people were unclean. Risk assessments for aspects of some people's care had not been completed when required. Air flow mattresses were not checked to make sure they were set correctly for people who were at risk of developing pressure wounds. Whilst we did not evidence any impact on people, this placed them at risk of receiving unsafe care.

People were not always safeguarded from the risk of abuse. The registered manager was made aware of three incidents of a safeguarding nature but failed to recognise them as such. This resulted in the incidents not being referred to the relevant agency. The registered manager was reluctant to follow guidance from the local authority safeguarding team to keep people safe from further risk of abuse.

Safe recruitment processes were not always followed. Checks on some applicant's suitability and fitness had not been carried out before they started work at the service. There were gaps in applicant's employment history, and some background information and references had not been followed up and verified.

The providers systems and processes for assessing, monitoring and improving the quality and safety of the service had not been used effectively. Some audits and checks were not carried out as required and others failed to identify concerns and bring about areas for improvement. Required records were not always accurate and kept up-to-date.

Care plans for some people were not always reviewed and updated when their needs changed and some people's needs were not monitored as required. Staff knew people's preferences and offered them choices to meet their needs.

People and family members commented that the staff were kind and caring in their approach and we observed examples of this. Staff knew people well and showed them compassion. However, people's dignity was not always fully respected. People's personal belongings were not always treated with respect and some items of equipment in use was unclean. There were limited opportunities for people to express their views and be involved in decisions about their care.

Staff received the training and support they needed for their role. People were supported to maintain a balanced diet and they enjoyed a variety of food and drink. People received the support they needed to access healthcare professionals and services. 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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published June 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding people from the risk of abuse. A decision was made for us to inspect and examine those risks. We found evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We have identified breaches in relation to keeping people safe and the leadership and oversight of the service at this inspection.

Prompt action was taken by the registered provider during and after the inspection to safeguard people and mitigate risks to them in response to the concerns we found during our inspection.

Please see the action we have told the provider to take so far at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or varying the conditions of their registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Hillside 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.

Inspection team

The inspection was carried out by one inspector, an inspection manager, a dementia care specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Hillside 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

The inspection was unannounced.

What we did before the inspection

We reviewed the 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 this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and seven family members about their experiences of the

care provided. We also spoke with the registered manager, area manager and eleven members of staff including nurses, care workers and ancillary staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six 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 and audits were reviewed.

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- The systems in place to safeguard people from the risk of abuse were not always followed.
- The registered manager had not reported allegations of abuse to the relevant agency. Records showed three incidents of potential abuse which were not referred to the local safeguarding team for their investigation.
- Records relating to incidents of a safeguarding nature were missing or incomplete. It was not possible to see if the correct action had been taken to keep people safe from potential harm or abuse.
- The registered manager was reluctant to follow guidance provided by the local authority safeguarding team for keeping people safe from the risk of abuse.

Safeguarding processes were not followed placing people at risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people's health, safety and welfare were not always identified and mitigated.
- Obstructions within the service put people's safety at risk in the event of a fire and increased the risk of slips trips and falls. Boxes of supplies had been left in piles in corridors near to people's bedrooms and in a bathroom.
- Risk assessments relating to people's health and safety were not always completed when required. This included a moving and handling risk assessment for one person and a risk assessment for two people at risk of developing pressure wounds.
- Aspects of people's care was not adequately monitored. Air flow mattress settings were not always checked to ensure they were set at the correct level to minimise the risk of people developing pressure wounds. Mattress settings for two people were incorrectly set.
- Accidents and incidents which occurred at the service were not always acted upon to minimise the risk of further occurrences. We saw examples where people had multiple falls before any action was taken to minimise risks to them.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all actions were

completed and suitable checks of the environment and equipment were in place.

Staffing and recruitment

- Robust recruitment processes were not always followed.
- Required recruitment checks on staff were not always carried out. Some applicant's employment histories were incomplete and unexplained, and their references were not always checked.
- Risk assessments were not carried out when they were required relating to applicant's suitability to work at the service.

Safe recruitment processes were not followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection;

- The control and prevention of infection was generally well managed.
- The environment was kept clean and hygienic, however some furnishing and equipment on one unit including sofas in the lounge and falls mats next to people's beds were unclean. The unit manager assured us they would address this.
- Staff used personal protective equipment (PPE) to minimise the spread of infection and correctly disposed of clinical waste.

Using medicines safely

- Medicines were safely managed by appropriately trained and competent staff.
- Medication administration records (MARs) were kept up to date with information about peoples.
- People told us they got their medicines at the right time and in a way, they preferred.

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 inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant people's outcomes were not always consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's needs were assessed and planned for when they first moved into the service. However, staff did not always have information about people's changing needs.
- Care records did not always provide staff with the guidance they needed to ensure people received effective care and support to meet their needs.
- Reviews of people care needs had not always taken place as required and some people's care plans were not updated following a change in their needs.

A lack of robust record keeping placed people at risk of receiving ineffective care and support to meet their needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed action had been taken to update care records.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed for their role.
- New staff completed induction training and all staff continued to complete training in areas that the provider considered mandatory with regular updates in all topics taking place.
- People and family members told us they felt staff did a good job. Their comments included; "They're [staff] brilliant" and "They are great all of them."

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- People at risk of weight loss and choking had their food and fluids modified and textured in line with guidance from dieticians and the speech and language therapist (SALT).
- Nutrition and dietary supplements prescribed to people were given at the right times and people were encouraged to take them.

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

- People received support to access the healthcare services they needed.
- Staff made referrals to external services where this was needed for people, and they followed their advice and guidance.

- People and family members were happy with the healthcare support provided. Their comments included; "They [staff] get the doctor out right away if they think there are any issues" and "I get to see my doctor when I need to, they [staff] are very good at making sure of that."

Adapting service, design, decoration to meet people's needs

- The environment was equipped with aids and adaptations to assist people with their personal care and mobility.
- Parts of the service were adapted to meet the needs of people living with dementia.

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. The service was operating within the principles of the MCA.

- An assessment had been completed for people to understand their capacity to consent to care and treatment.
- People were consulted with and supported to make as many decisions as possible for themselves. If people were not able to make a decision; a decision was made in the person's best interest following the appropriate process.

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 inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity;

- Staff respected and promoted people's privacy, dignity and independence and treated people well.
- People's dignity was not always fully respected. Some people's personal belongings including glasses and items of clothing were left in sideboards in communal areas and staff did not know who they belonged to. Some seating in a communal lounge and falls mats placed at bedsides which were used by people were unclean.
- Personal records were kept secure and staff were discreet when holding conversations of a personal nature with and about people.
- People received care and support mostly from a consistent group of staff who knew them well. Staff had built trusting relationships with people and their family members. People told us; "You can't go wrong with them, most of the same staff are here every day" and "I get on very well with all of them [staff]."
- Staff spoke with and about people in a respectful way and they were respectful of people's privacy and dignity when providing care and support.
- Staff noticed when people were in discomfort or distress and quickly responded by offering appropriate care and support and people responded positively to this.
- We received positive feedback from people and family member about how well they were treated by staff. Their comments included; "I can't fault them, they're absolutely wonderful," "They're great, all of them" and "They're very kind."

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

- There was a lack of opportunities through care reviews, meetings and surveys for people and others to express their views and be involved in decisions about the care provided.
- People and family members did however feel confident about approaching managers and staff to express their views. Their comments included; "I can talk to them [staff], all of them" and "They always have the time to give me an update."
- People and family members were provided with information about other organisations who they could contact for independent support and advice.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not consistently met through good organisation and delivery.

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

- There was a lack of planning personalised care in response to some people's changing needs. We saw examples where care plans for three people had not been updated to reflect changes in their needs.
- Staff did not always carry out the required checks on pressure relieving equipment to make sure people received care and support which was responsive to their needs.
- People were not always involved in decisions about their care because reviews were not consistently completed.
- People told us staff knew their preferences and gave them everyday choices. Examples from people included where and how they spent their time, when they went to bed and got up and when they had a bath or shower.

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 received the support they needed to maintain relationships and meet their social and cultural needs.
- Staff organised events and celebrations for people and their family and friends and people told us they enjoyed these.
- People's family and friends were made to feel welcome when visiting and offered refreshments. People had a choice of where they spent their time with their visitors.

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.

- Managers and staff had a good understanding of the AIS and their responsibilities for ensuring information was made available to people in an accessible format which they could understand.
- People were provided with aids or adaptations they needed to enhance their communication.

Improving care quality in response to complaints or concerns

- People and family members were provided with information about how to complain and they were confident about complaining should they need to.
- A complaints log was maintained and included one entry since the last inspection. However the content

did not relate to any concerns about the quality of the service.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and family members were involved where this was appropriate.
- Staff had completed training in end of life care and understood the importance of ensuring people were supported to experience a comfortable, dignified and pain free death.

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 inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- Improvements made at the last inspection had not been sustained.
- Risks to people's health, safety and wellbeing was not always identified and mitigated effectively through on-going monitoring of the service.
- The system in place for checking on the quality and safety of the service was ineffective. It failed to identify the concerns highlighted on this inspection such as safeguarding management, staff recruitment, poor record keeping, and regulatory responsibility.
- There was a lack of scrutiny by the registered provider to ensure that their systems for assessing and monitoring the quality and safety of the service were implemented.
- The registered manager and provider did not take the appropriate action to minimise risks to people following accidents and safeguarding incidents which occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The service had a manager registered with the Care Quality Commission (CQC). However, during the inspection we were introduced to another manager who had recently been employed. Job roles were undefined and unclear. The staff were unclear of the management arrangements for the service.
- The registered manager was not always able to provide information we asked for due to their poor record keeping.
- The registered provider did not always submit notifications to CQC in a timely way. Several allegations of abuse had been raised with the Local Authority safeguarding team, however there was a delay in the service notifying CQC as required about these. Some incidences had not been recognised as potential abuse.
- Records were not always maintained and kept up to date. Care records were not always securely stored and there were many examples where assessment, care planning and monitoring records were incomplete, lacked information about people's needs and not signed and dated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider or manager did not plan, promote and ensure people received person centred and high-quality care. We received positive feedback about how staff delivered care and support, however outcomes for people were not clearly recorded.
- People, family members and staff were involved and engaged through informal discussions. However,

staff, resident and relatives' meetings were rarely held, and the views of people and others was not obtained using surveys.

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; Working in partnership with others

- The registered manager failed to recognise and report safeguarding incidents to the local authority safeguarding team in a timely way and learnt from incidents.
- The registered manager did not always share information about allegations of abuse with local safeguarding teams where this was required, and they were
- Staff worked well with health and social care professionals and followed their advice and guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to the health and safety of service users was not assessed and mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	Safeguarding systems were not effectively followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place for checking on the safety and quality of the service were not always effective. Records were not maintained, accurate and kept up to date.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Safe recruitment procedures were not followed.