

# Extel Limited Hillside

## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection site visit took place on 30 January 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.

Hillside accommodates a maximum of 20 older people in one adapted building. There were 15 people living at Hillside at the time of our inspection. Care and support is provided to people with dementia, learning disabilities and personal care needs. Bedrooms, bathrooms and toilets are situated over two floors. People have use of communal areas including a lounge, dining room and garden areas.

At the last inspection, in October 2015 the service was rated Good.

At this inspection we found the service remained Good.

People were supported to stay as safe as possible by staff who understood what actions to take to reduce risks to their well-being. This included risks to people's physical health and mental well-being. People, their relatives and staff were confident if they had any concerns for people's safety the registered manager would react to support them. There was enough staff employed to meet people's care needs.

People were supported by staff that had been trained to administer their medicines safely. Staff knew how to use safe infection control practices to help people avoid infections. Checks on the environment were undertaken and systems for identifying if there was any learning after safety incidents were in place

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

People and where appropriate relatives had been consulted regarding people's care and support needs. Staff had received training so they had the skills to be able to deliver individuals care requirements.

People were supported to choose what they wanted to eat and to obtain care from other health and social care professionals, so they would maintain their physical and mental wellbeing.

People had formed caring relationships with the staff that supported them. Staff recognised the importance of helping people maintain their independence, privacy and dignity.

People's care had been planned by taking their individual wishes, histories and needs into account. People's care plans incorporated advice provided by other health and social care professionals to help people stay as independent as possible.

People told us they liked living at the home and found the home was well managed. The registered manager listened to the views of people, their relatives and staff when developing people's care and the home further. The registered manager and provider conducted regular quality audits to identify any shortfalls and rectify them promptly.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Hillside

## 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 30 January 2018 and was unannounced. The inspection team consisted of one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We sought information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with four people who lived at the home and one relative. We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of service provided.

We spoke with the registered manager, the deputy manager, the activities' coordinator and four members of staff. We looked at the records relating to two people who lived at the home. We also looked at people's medicine records. We spent time with a staff member during their medicine round and looked at how medicines were administered, stored and disposed of. We also looked at staff training records, incidents and

accident records, complaints and compliments records and quality audits completed by staff.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe living at Hillside. One person described why they felt safe, "Because of the staff they help me." A relative told us, "We feel confident [person's name] is safe living here."

All the staff we spoke with knew how to keep people safe. They were aware of what actions they should take if they thought anyone was at risk of harm or abuse. One staff member told us, "If I thought someone was at risk of abuse I'd report it immediately to the senior or manager." Staff told us they had received training on keeping people safe from abuse and knew how to raise concerns both within the organisation and with external agencies. Staff told us they were confident the registered manager would be supportive and take action if they raised concerns. We saw people and their relatives had been provided with contact information on how to raise or report any concerns.

Staff were aware of the risks associated with people's needs. There were individual risk assessments in place to ensure people were safe. These included the risk of falls, choking, malnutrition and dehydration, skin care, and safe moving and handling. These provided measures for staff to take to minimise the risk of harm to people and keep them safe. A staff member told us, "The care plans and risk assessments are very detailed and easy to follow. They help you understand what support is required for the person." For example we saw equipment such as a door alarm were used to alert staff when a person left their bedroom, in order to help them stay safe.

Accident and incidents were recorded on incident forms for the registered manager to refer to. We saw that accidents and incidents had been reviewed by the registered manager and the provider. Where action was taken this was recorded. Patterns and trends information was then shared with staff about if or how the person's care needed to be amended. For example where we saw one person had had an increasing number of incidents, staff were encouraged to help monitor the person's behaviour and medical advice had been sought. This helped staff understand and identify any potential triggers that caused the changes in their behaviour and what action should be taken to reduce further occurrences.

Staff had a good knowledge of infection control and used protective clothing such as gloves and aprons where this was appropriate. The registered manager also explained they had a system in place for making regular checks in the home environment, so that the spread of infection was kept to a minimum.

The registered manager had procedures in place to assure themselves that only staff suitable to provide care and support to people were selected and recruited. Staff told us they had completed all the required recruitment checks and were interviewed before they commenced their employment. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine trolley. We saw written guidance was in place if a person needed medicines 'when required.' ([PRN]). We saw the staff

member offer people their PRN medicine such as painkillers, as stated in the guidance. These medicines were recorded when staff had administered them and the reason why, so they could be monitored to ensure they were not over used. We saw daily medicine counts took place to identify any errors or gaps. This was to reduce the risk to people of not receiving their medicines so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures by senior members of staff.



## Is the service effective?

### Our findings

People we spoke with told us they liked the staff that cared for them. People and relatives we spoke with told us staff discussed the types of support and assistance they wanted before they moved into the home. A relative described how they had been consulted with their family member how they preferred their care to be delivered. The relative said, "If they [staff] need to they call us about [person's name] care, they [staff] are very helpful."

Staff told us they had regular access to training, so they would be able to develop and refresh their skills. One staff member explained the training they had done helped them to reassure people, if they were becoming anxious. Staff were confident additional training would be arranged if people's needs changed. We saw the training staff had done matched the needs of the people they cared for. This included training so staff would be able to communicate with people in people's preferred ways, and how to promote people's safety.

New staff were offered the opportunity to spend time shadowing more experienced members of staff when they first came into post. One staff member told us they had shadowed a member of staff for a three week period when they started and only when they felt confident did they start to deliver care and support for people. The registered manager told us staff training was based on the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (Dols). We saw staff had received training so they would know how to promote people's rights and had followed the processes necessary when depriving people of their liberty. The registered manager had arrangements in place to make sure all DoL assessments had been followed up with the local authority. Staff continued to show they had a good understanding of the need to consider people's ability to give consent. We saw and people told us staff always asked for their consent before performing any care and support tasks.

People were confident to ask for things they wanted to eat or drink. At lunchtime people were given a choice of meal and when one person asked for a second helping this was respected. A relative told us staff understood their family member's dietary needs and how these linked to their health and wellbeing. The registered manager told us how they had sought advice from a dietician regarding people's weight gain and the food on offer had been changed accordingly. People were now offered and encouraged to eat fresh fruit twice a day instead of puddings, so people were assisted to have a healthy balanced diet. People's comments about the quality of food served included "Very nice" another person said the food was "Very good".

People and their relatives told us staff supported their family members to see health professionals so they would remain as well as possible. Staff told us people had regular access to their GPs. People had health

action plans in place and we saw people had regular health screening. A health action plan is a record of any health intervention or appointments and their outcomes a person may have attended. People's records showed us health advice was sought promptly if staff had any concerns for people's well-being. This included from learning disability nurses, community psychiatric nurses, people's GPs, and mental health specialists, so plans would be agreed to meet people's needs.

We saw the provider had adapted the building in order to meet the needs of the people living at the home. A lift had been incorporated so people were able to access the first floor of the home, and dementia friendly signage was available to assist people find their way around the home.

## Is the service caring?

### Our findings

People told us they liked the staff that cared and supported them. One person told us, "The staff are very kind here." A relative told us "All the staff are very approachable." We saw people and staff had lots of laughter together and had formed warm, caring relationships with each other. When one person was seen to be upset a staff member sat down beside them and reassured them. When they found the reason the person was upset, they sought to remedy the situation immediately by arranging the outing they wanted to go on. This made the person smile and lightened their mood.

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff told us representatives from people's chosen religion visited the home to assist people to follow their individual faiths

People were supported to maintain relationships with family members as they wished and were welcomed by staff when they visited the home. A relative told us "I and other family members always feel welcomed into the home when we visit. There are no restrictions; we can call in when we want." The registered manager gave us examples of how they encouraged people to maintain their relationships by encouraging relatives to spend the day with their family members or join them in eating a meal together.

In the Provider Information Return [PIR] the registered manager had written, "We ensure people receive privacy in their visits by having private areas to visit if not their bedrooms, staff always knock doors before entering, doors and curtains are closed to ensure privacy, staff use good communication skills during all interactions with service users [people who lived in the home] to make them feel valued and maintain their dignity." We saw this happened as staff discreetly supported people to their rooms when they required assistance with their personal care during our inspection. One staff member told us "I always treat people the same as I would want my relatives to be treated."

People told us how they were encouraged to maintain their independence for example people were asked by staff how they wanted to spend their day. Some people chose to join in the planned activities, whilst other people chose to spend time in their rooms and this was respected.

We saw written records which contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

## Is the service responsive?

### Our findings

People told us they had been involved with the planning of their care so they would receive the assistance they needed, in the way they preferred. One person told us For example one person told us how staff had helped them go to bed and get up when they wanted. "It's my choice – I tell the staff when I want to do something and they help me."

The provider had a planned programme of activities for people to join in if they wished. On the day of the inspection a fitness and exercise class was on offer. We saw people joining in the exercises to music and interacting with the instructor. People and staff told us they all enjoyed the sessions.

We saw people's care plans and risk assessments provided the information staff needed to know, so staff would be able to meet people's care needs in the way they individually liked. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

We saw staff had signed records to confirm they had read and understood how to support a person's needs. Staff told us they attended a handover meeting shift change. This involved information such as concerns or appointments a person had attended. It also contained any actions that had been taken or were required. Staff told us and we saw this information was used to update care plans and risk assessments. For example, changes in people's healthcare needs, so these could be consistently responded to.

The provider assisted people to access information about their care and support by providing information in an "Easy read format" by using pictures to illustrate the written information provided.

All the people and relatives we spoke with knew how to make a complaint, but never felt the need to. We saw there had not been any complaints recorded in the last twelve months.

## Is the service well-led?

### Our findings

There was a registered manager who had been in post for many years. 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. We found the registered manager understood their responsibilities of their registration with us, which including completing statutory notifications promptly.

The registered manager used a variety of methods in which they sought people's views on the quality of the care people received. For example, regular reviews of people's care was undertaken, and asking people to complete satisfaction questionnaires. We looked at the feedback people had provided and this was positive. We found if people had raised any concerns about their care this was addressed with the person in a timely way. A relative said, "We can speak to the registered manager at any time. I have no complaints at all. My relative's needs are met."

All the staff we spoke with were aware of the provider's whistleblowing policy and procedures. One staff member told us " If I had any concerns I would report if straight away to the manager."

The registered manager had developed a strong caring culture for the people who lived at the home for staff to follow. Staff told us they felt supported by the registered manager to perform their roles. One staff member told us, "I love my job. We work in a very good home." Staff told us staff meetings occurred regularly and they were asked for their suggestions in how the home could be improved. One staff member told us how the suggestions of taking on more staff that could drive, meant people's access to outings had increased. In the PIR the registered manager stated, "All staff are aware of how they are expected to perform whilst working at Hillside, staff are happy and comfortable that any problems they may have will be dealt with sensitively by the management team."

The provider and registered manager had regularly checked to make sure people were reliably receiving all the care they needed. These checks included making sure care was consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. Regular checks were made of the home environment so any breakages or other damage could be identified and quickly repaired. In addition, fire safety equipment was checked to make sure it remained in good working order.