B & M Investments Limited

Hillview Care Home

Inspection report

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Ratings

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

Overall summary

Hillview Care Home is a residential home for older people that accommodates and provides care for up to 34 people. At the time of our inspection 33 people were living at the service.

The inspection took place on 07 and 09 October 2015 and was unannounced. We last inspected the service on 12 July 2013 and found the service was meeting the required standards at that time.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Hillview and these were pending an outcome.

People told us they felt safe living at Hillview. Staff were aware of how to keep people safe and risks to people's safety and well-being were identified and managed. However not all care plans robustly informed staff of how to support people, particularly those with behaviours that may challenge. There were sufficient numbers of staff deployed to support people, and the home was calm and relaxed throughout our inspection. There were suitable arrangements for the safe storage, and administration of people's medicines, including controlled drugs. However, stocks for two people's medicines did not tally with the medicine record.

People were asked for their permission before staff assisted them with care or support, from staff who had the skills and knowledge skills necessary to provide people with safe and effective care. Staff received regular support from management which made them feel supported and valued. People received appropriate support and encouragement to eat and drink sufficient quantities. However, people's nutritional needs were not always assessed effectively. People had access to a range of healthcare professionals when they needed them. Feedback from visiting professionals was very positive about the care provided.

People's privacy and dignity was promoted. People felt they were treated with kindness and compassion by staff that listened to them. Staff spoken with knew people's individual needs and were able to describe to us how to provide care to people that matched their current needs. There were activities in place and visitors were encouraged to visit at any time of the day.

People's care records were not always regularly updated to provide a comprehensive account of a person's needs and care. However, all staff spoken with were aware of people's current care needs and how to support them. Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the services provided. People told us they felt confident to raise anything that concerned them with staff or management. The provider did not always have arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Stocks of two medicines we reviewed did not tally with the records. However people's medicines were administered and stored in a safe manner.

When reviewing accidents and incidents in the home, the manager had not considered trends or patterns that may be present.

Staff were aware of how to identify and report abuse.

The manager ensured there were sufficient numbers of staff deployed to support people's needs.

Requires improvement

Is the service effective?
The service was not always effective.

People were appropriately supported to eat and drink however their weights were not accurately maintained.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Requires improvement

Is the service caring?
The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes.

People's dignity and privacy was promoted.

Good

Is the service responsive?
The service was responsive.

People were supported to engage in a range of activities.

People were given the support they needed, when they needed it, and were involved in planning and reviewing this care.

People's concerns were taken seriously and they were encouraged to provide feedback to the management team.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The provider did not have sufficiently robust arrangements in place to monitor, identify and manage the quality of the service.

Audits had not identified that people's care records were not up to date, and actions from the manager's audits did not clearly address any areas of concern.

People had confidence in staff and the management team.

Hillview 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 was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 07 and 09 October 2015 and was unannounced. The inspection team was formed of one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with seven people who used the service, three members of staff, the registered and deputy manager and a member of the provider's senior management team. We also spoke with a visiting health professional and three relatives to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services. We also 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 care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and various management records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at Hillview Care Home. One person told us it had been their decision to live at the service and that they felt more secure since living there. A second person told us, "I've been very lucky living here."

Staff were able to describe to us what constituted abuse and what signs they looked for when supporting people. A range of safeguarding awareness posters was displayed around the home informing people and visitors of what constituted abuse and how to report concerns. One staff member told us, "We are encouraged to be vigilant and report anything, no matter how small to the manager." We asked staff about reporting procedures, who all told us they would complete the relevant paperwork, and also inform the management.

Staff spoke with were able to confidently explain their whistleblowing procedures. They told us they would report concerns about staff practice to either the manager or their head office. In addition they were aware they could also raise concerns confidentially with either the Local Authority or the Care Quality Commission, This demonstrated to us that staff knew how to identify aspects of abuse, and were aware of how to report concerns outside of the organisation.

We looked at how incidents and accidents were managed in the home. One staff member told us that the managers actively encouraged them to report any incidents or accidents. From records we looked at we saw incidents had been logged and recorded, although frequently lacked detail and did not document the outcome of any subsequent investigation into the cause. Analysis of incidents, including bruising were completed at the end of each month. This reviewed the number of individual separate falls, incidents or accidents for the month but the manager had not then further considered any emerging patterns or themes. This would assist them in exploring why a pattern may be present, for example, an increase in falls due to low staffing numbers. We spoke with the manager and a senior member of the provider's management team who told us that the monitoring and reviewing of incidents was an area they were currently developing within the home.

People, relatives and staff gave mixed views about the availability of staff on duty. One person told us, "No not at all, they are short mostly." However a second person told us, "Absolutely, when I ask for help they are there very quickly, I have no complaints." One person's relative told us, "There always seems to be enough people around." We observed throughout our inspection that the home was calm, staff were unhurried and when people requested support they were quickly responded to. People told us that staff responded quickly when they used their call bell to request assistance. The manager regularly used a dependency assessment tool to review the needs of people and told us that recently they felt they were unable to support people sufficiently with the number of staff they had. They told us that they had recently placed a voluntary suspension on new admissions until they had recruited further staff. This was demonstrated by the home having only 25 people living there at the time of our inspection. Where it was accepted that at times prior to our inspection there had been a lack of staff available, the manager had taken proactive steps to ensure staffing levels were reviewed and actions taken where necessary.

Safe and effective recruitment practices were followed which ensured that staff did not start work until satisfactory employment checks had been completed. Staff we spoke with confirmed that they had to wait until the manager had received a copy of their criminal record check and employment references before they were able to start work at the home. This ensured that staff members employed to support people were fit to do so.

The management team operated an on call system for staff to receive immediate managerial support out of hours in the event of an emergency. Staff told us that the manager was available to them if they needed support and would attend the service in the event of an emergency. One staff member told us, "[Manager] will come in anytime of the day or night if something is not right, they treat these people like their family." People had individualised emergency evacuation plans which were clearly identified in the care records. Staff were able to describe procedures to be followed in the event of an emergency, for example if there was a fire.

There were not always suitable arrangements for the safe storage, management and disposal of people's medicines. Regular stock checks of the medicines were completed by the senior care staff; however we found that the physical stocks of two medicines of the eight that we reviewed did not tally with what was recorded in people's records. Both

Requires improvement

Is the service safe?

stocks were short which meant that people may have been administered medicines that had not been recorded in the person's MAR. This left people at risk of possible overdose as staff may be unaware a person had received a medicine and inadvertently offer a further one.

The temperature of both the medicines room and fridges was monitored which ensured that people's medicines were stored within safe temperature limits. Each person had a completed medicine administration record (MAR) which recorded the medicines that people were prescribed and when to administer. There were no gaps or omissions in the MAR. Where people were prescribed 'as required' medicines such as pain relief, staff recorded clearly the time, number of tablets and reason for giving the medicine. People were regularly seen by the GP and care records demonstrated that their medicines were routinely reviewed and amended where required.

Requires improvement

Is the service effective?

Our findings

People told us they thought the staff were well trained and supported to care for them. One person told us, "[Staff member] is my favourite as they are so gentle and caring, but all of them are so well trained to help us." One person's relative told us, "I think they're [staff] really capable."

Staff told us that they received effective training which ensured they were able to provide the appropriate support and care to people. We spoke with both long standing and newly recruited staff. Some staff told us how they had been supported by the manager to move from either a domestic or activity role to provide care. This demonstrated that staff were supported to access additional training that enabled them to develop within their role.

Newly recruited staff members completed an induction programme and shadowed an experienced staff member until they had been assessed as competent to work unsupervised. Staff told us they felt supported by the management team and received regular supervision from their line manager. Staff said they felt able to discuss their role and any difficulties with their line manager or colleagues which they said helped them to feel supported and able to develop their skills and competencies. One staff member told us, "The manager is very supportive, our supervisions are sit down ones where we can discuss my performance, any observations of my work, reflect on practise and people and look for solutions." A second staff member told us, "Yes we have supervisions, but I know if I have any problems or worries I don't need to wait for it and can go and sit with [Manager] and they will help me." This demonstrated to us that people were looked after by staff that had the knowledge and skills necessary to provide safe, effective care and support.

Staff gained people's consent prior to assisting them with tasks such as eating, personal care or continence needs. Staff explained to people what they needed to do, and waited for the person to respond. If the person was unsure then staff explained once again and waited for the person to agree.

Staff told us they had received training about the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoL's) and that they understood what it meant. Staff were able to describe how they supported people to make their own decisions as much as possible such as with their personal care and daily choices. One staff member told us, "Everybody has the ability to make their own decision; it's just sometimes they don't understand the impact of that decision. That's when we need to think about how we can still support them and make sure they get things exactly how they would like them to be." We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Hillview and were awaiting an outcome.

People told us they enjoyed the food provided at Hillview. One person said, "They're not too bad…It's all cooked fresh." The tables were laid attractively to encourage people to eat and a range of fresh fruit and snacks were available. People who required soft or pureed foods were provided with this, and staff were aware of people's individual needs. We observed the lunchtime meal and saw that staff were very attentive and responsive to people's needs. Those who required support with their meal were quickly assisted and staff did so in a calm and unhurried manner. The kitchen staff were kept informed of people's dietary needs such as diabetes or any allergies and provided meals that accommodated this. All people's meals were routinely fortified to ensure they were provided with a calorific diet that promoted weight gain.

People were constantly encouraged to eat by staff and we heard continuously comments such as, "Do you want to have another try yourself?" and, "Can I get you something else if you don't want that dinner." Once people were settled, staff then sat with them in the dining area and ate the same meal. This created a sociable and convivial atmosphere, and people who required support from staff were seen to be more accepting of this. As staff sat and ate their meal they ensured that when people finished their meal they were offered further helpings, and positively encouraged people to do so. One staff member was heard to say to one person, "There is more chicken in the kitchen, let's get some and have it together seeing as you polished that lot off."

Where people lost weight or were at risk of losing weight we saw that dieticians and speech and language therapists

Requires improvement

Is the service effective?

(SALT) had been consulted. However people had not been weighed regularly as assessed and required. We found examples where the person's (body mass index) BMI had been estimated without measuring the person's height. The manager told us they had estimated the person's height, which then produced a misleading overall score for the persons BMI. This meant that when calculated a person may be attributed the wrong category of risk because correct figures were not used leading to the wrong care plan being implemented. In some circumstances people's weights were misleading and inaccurately recorded. For example a person weighed in August had exactly the same weight as in September. When discussed with the manager they agreed that with the persons health needs it was highly unlikely that the weight would be identical and they would review.

People said they could always see a doctor, chiropodists, district nursing teams, opticians and were regularly supported to attend hospital appointments. One visiting health professional told us they carried out a twice weekly clinic to review people's needs and change dressings. They told us, "I really like coming here, people are sent to us promptly, everything that needs to be done for people is done, and I know the views of the Doctors at the surgery is very positive. Any concerns, falls or injuries are referred immediately to the GP, or in an emergency to the hospital. The sign of a good home is one that doesn't get pressure sores and they don't have any here."

Good

Is the service caring?

Our findings

People felt they were treated with kindness and compassion by staff that listened to them. One person said they felt they were important and that they mattered to staff. They told us, "They're alright. They do little things for you which you can't do." A second person told us, "The carers spend time getting to know us and our little ways which means they help us as we want to be helped."

Care was centred on people's needs and, where appropriate, people's families had been involved in informing staff of the person's life history, interests and preferences. Staff were committed to ensuring people received care that was personalised and tailored to their individual's needs. For example, one person was observed to be in pain at lunchtime, however as they had recently had their tablet they were unable to have any more. The staff became aware of the person's discomfort and collected cushions and a heat pad to ease their pain.

Staff were knowledgeable about people's individual needs and preferences in relation to their care and we found that people were also involved in discussions about their care. Relatives told us that staff kept them well informed about the person's care, and felt that staff gave people a wide range of choice about how they received their care. People told us they felt involved in reviewing their care. They told us they were able to freely comment and contribute to the review and development of the care plan. One person told us, "Well we don't sit down with that folder, if that's what you mean but we do talk about how things are for me, and if there is anything that I need. They listen to what I want and then arrange things for me."

Staff were knowledgeable about how to care for people. For example, one person who at times displayed behaviour that challenged others was supported positively by staff. They were able to describe what may upset or agitate the person, and how they used distraction techniques to de-escalate the situation. This information was not available to staff in detail in the care plan, however we saw that staff clearly knew and understood how to respond to people's individual needs.

We observed throughout our inspection that staff gave people as much time as they needed to consider their options, and patiently explained these choices to them. These ranged from simple decisions such as whether someone wanted breakfast in bed, or what time they wanted to get up to how they wished to spend their day, and with whom.

People were supported by staff who treated them in a dignified manner with privacy when required. We observed numerous occasions where staff identified that people may need assistance, and approached them sensitively, asking if they required support, and then discretely took them to their room or other area. All the people we saw were clean, with their hair nicely groomed and clothing was clean and well maintained. One person's relative told us, "[Person] always looks neat, tidy and presentable. [Person's] hair is always done so they seem to look after them well." One person told us, "They get me to do as much as I can which is important to me as I have always looked after myself, but the bits they do for me, they do it just as I like it."

People were free to have their bedroom doors open or closed and when staff entered people's rooms, they knocked and waited for a response before proceeding into the bedroom. When staff walked in to the bedroom we heard them introduce themselves in a friendly manner, and then close the door to protect the person's dignity prior to assisting them.

People's relatives told us they felt welcome to visit anytime and were actively encouraged to be involved in the home. People were free to come and go as they pleased, however none of the people we spoke with said they wanted to go out during the day. People told us they were content with what went on in the home, and they would go out with family. One person's relative told us they were able to visit whenever they wanted to. They said, "I usually come up three times a week. You're allowed to come whenever you want." A second person's relative told us they frequently visited at night and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People told us that they felt staff were responsive to their needs. One person said, "The staff here know us all so well so it's like second nature to them and they know what we need." A visiting professional told us, "Whenever there is a change to people's health needs the staff immediately respond appropriately to ensure people receive attention when needed."

Where people were assessed as being at risk of developing a pressure sore, we saw staff had sought the appropriate pressure relieving devices and equipment, and referred them to the appropriate professional. Staff were seen to frequently discuss people's support needs both in handover and throughout the day, and responded swiftly to any issues.

Care was centred on people's needs, and where necessary people's families had been involved in developing people's care plans including a life history, interests and preferences. Staff were seen to be committed to ensuring people received care that was personalised and tailored to them.

People and their relatives told us that they felt involved in reviewing their care. One person's relative told us they felt able to contribute to the review of the care plan. For example, one person told us they had asked staff with their relative to ensure they were prompted and encouraged to get out of bed daily. They said, "They [staff] have to make sure that [relative] is up at a certain time." They further clarified this by telling us that that they had requested at a care plan review that staff supported them with getting out of bed at a certain time as they had suffered with mental health difficulties and would otherwise lay in bed all day. However, this was merely to prompt and encourage the person to get up, and staff respected the person's choice to remain in bed if they wished.

People were provided with a range of different social activities, although their views were mixed. One person told us, "Really, I have everything I need here. There are quizzes and singers and it is really a friendly and sociable home, why do I need to go anywhere?" A second person told us, "I can choose to join in with the games and things in the big lounge or I can sit quietly here." A weekly plan of activities based on people's interests was available that included planned group activities. We saw during the inspection that staff supported people with one to one hobbies such as knitting or reading, and also in the afternoon people were engaged as a group with an external entertainer. For one person English was not their first language, however staff asked the person to describe items in their own language so staff could use this and better communicate with them.

At the time of the inspection, the manager told us that they were actively recruiting a further activity staff member, however, the care staff were willing to step in and support people where needed.

The home had a number of lounges and quiet areas where people were able to spend time. We observed that the smaller lounge offered people an opportunity to talk and spend time either together with friends or with their families. One person told us, "I choose how and with who I wish to spend my day."

People we spoke with were aware of how to make a complaint, and a copy of the complaints procedure was made available to people and visitors to the home. One person told us, "I would go to [Manager] if I needed to make any sort of complaint, and I am happy that it would be dealt with properly. If not, I would get the owner down here." One person's relative told us they had recently raised a complaint and that it had been resolved. They said, "As far as I know, it [the issue] was dealt with fine." A second person had also raised a complaint regarding the laundry service. At the time of the inspection this matter was being reviewed and the person was expecting a response shortly afterwards.

Requires improvement

Is the service well-led?

Our findings

People who used the service, relatives and all staff members thought that the home was well-led. They told us that the home manager was approachable and very visible within the home. One person told us, "[Manager] is busy, but makes time to stop by and see how things are going and does their very best for us." One person's relative told us, "[Manager] is always around when we come, they are very hands on and open to suggestions. They have a late night session where we can just drop in for a chat that I plan on using."

Daily records of care provided to people were descriptive and accurately described the care or support provided to people. For example they accurately recorded what had been eaten, or why the person had not eaten a particular meal. This meant that an accurate daily record of people's care had been maintained that helped staff review people's care on a daily basis.

However, people's care records had not always been reviewed monthly as required. The manager confirmed that care plans were due for review on a monthly basis however had not always been completed. We asked why this was, they told us that, "Where there is a blank in the care plan review, then there have been no changes." However for some people this was for a period of months, where their needs had changed. For example one person's care plan noted a person used a bottom set of dentures. However, these had recently been lost at hospital, and although staff had acted to remedy this, the care plan was not amended accordingly for the person's nutritional needs. This showed us that care plans had not been reviewed regularly considering changes to people's needs. The manager and deputy began reviewing these care plans during the inspection.

Where people's BMI was calculated, the manager had used an approximation of their height. This meant that the overall risk level may be incorrect due to the wrong calculations being used. The manager acknowledged these concerns and immediately began to review the records and update them to reflect people's current needs.

People's views and opinions were additionally sought through a formal survey that was given to people living at Hillview and their relatives to complete. The responses to this survey were collected and analysed and where improvements or suggestions were required to be made, the manager ensured these were implemented. One person's relative told us, "The manager asks about where they can make improvements and they listen to what is said. There has been redecorating going on recently and that was because people said it needed a bit of a lift." A second relative when asked if the home was well managed told us, "I do, because I do hear about other homes I would be appalled with." In addition to formally seeking the views of people and relatives, a survey had been recently given to staff for them to provide their own anonymised feedback. The results of these were still being collated at the time of the inspection.

Staff spoken with told us that they were able to attend regular staff meetings, and were encouraged to raise any concerns or issues in these. People who use the service and their relatives were also provided with a forum where they could discuss matters important to them. We looked at the minutes of a recent residents meeting, and saw that people reported they were generally happy with the home and care, there were no concerns in relation to activities, and suggestions were made for the menu. People told us that the manager was approachable and understanding, and, "Will actively do their best to get things done if they are brought to their attention."

The manager completed their own audits of areas such as cleanliness, food and nutrition, falls, and medicines. The pharmacy used by the home had completed a review of the medicines in the home, and the manager was awaiting the outcome of this. Where areas were identified for improvement, it was not always clear how these were met, or how they would be met as a detailed action plan was not in place to address these areas. We asked how they were monitored by the provider; however they told us that they had not had a monitoring visit since June 2015.

The provider had implemented a new system to assess the quality of the service provided in the home. They had developed an audit tool that asked the same five key questions that CQC ask during our inspection. This tool was designed to look at the same areas and topics as an inspection in an attempt to assist the managers to prepare and monitor their services for inspection. We looked at a copy of the recent monitoring visits and found that not only was the manager not confident or aware of how it was utilised, but it also had not been completed in line with the schedule of monthly visits. Audits had been completed

Requires improvement

Is the service well-led?

sporadically, for example care plans had been reviewed in May 2015 and medicines in March 2015. Any issues from these audits were noted in an action plan; however no further review was carried out to ensure the actions were effectively met. We discussed with the manager and regional manager how the system worked. They showed us a calendar which allocated an audit to a different member of the management team who had different skills. For example, one manager would observe care staff members practise as they were specialised in dementia care, where another would review medicines management. We saw a schedule that noted since January 2015, eight different managers were allocated a monthly review of Hillview. We found the home had been reviewed on four occasions. However, this was not a robust or comprehensive review, as each review had not audited the service as a whole, meaning some areas had not been reviewed at all. Furthermore the information in the audit tool was not always accurate. For example, in the care file audit of March 2015, the reviewer has noted that, "From perusal of the three care plans it is evident that staff at (Another of the providers home) know their residents very well." The assessment had been based upon another home operated by the provider, and not necessarily Hillview. This demonstrated that auditing at Hillview by the provider was not robust or comprehensively completed. They told us that the audit tool being used was new, and that they were constantly reviewing this. Through discussion with the provider subsequent to the inspection, they acknowledged the issues raised, and have altered the manner in which the reviews are conducted to ensure the auditing process is more robust.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Good governance** **Regulation 17 (1) (2) (a) (c)** The provider had not ensured that a system of quality monitoring was in place to effectively and routinely monitor the quality of service provided to people. An accurate and contemporaneous record was not maintained in respect of each person's care and treatment.