

Charing Hill Limited

# Hillbeck Residential Care Home

## Inspection report

Roundwell  
Bearsted  
Maidstone  
Kent  
ME14 4HN

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Tel: 01622737847

Website: [www.charinghealthcare.com](http://www.charinghealthcare.com)

## 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 was carried out on 15 August 2017, and was an unannounced inspection.

Hillbeck Residential Care Home provides care and support for up to 60 older people some of who may be living with dementia. The property has two floors, with a lift. There is 53 single room and three double rooms. Most bedrooms have en suite facilities and bathrooms with assisted baths are available. A garden is available for people who use the service. The provider organisation is a company that has other services across the South and East of England. At the time of our inspection, 47 people were living or staying at the service.

At the last Care Quality Commission (CQC) inspection on 29 September 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained Good.

The service had a registered manager in place who had worked at the service for six months prior to our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with the staff that supported them. The safety of people using the service continued to be taken seriously by the management team and staff who understood their responsibility to protect people's health and well-being. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse.

Risks to people's safety had been assessed and measures put into place to manage any hazards identified. Staff followed appropriate guidance to minimise identified risks to people's health, safety and welfare. The premises were maintained and checked to help ensure people's safety. Medicines were managed safely and people received them as prescribed.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs including their specialist needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their relatives and regularly reviewed to ensure people continued to have the support they needed. People were treated with dignity and respect by staff who also maintained people's privacy. People participated in a wide range of activities of their choice within the service and the local community. People were actively encouraged to maintain and increase their independence.

People and their relative's spoke highly of the staff and management team. Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same members of staff who knew them well. People were supported to be fully involved in the care and support they received and, decisions relating to their lives.

People spoke positively about the food they received. People had access to the food that they enjoyed and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

The management team were committed to providing a high quality service to people and its continuous development. People and/or their relatives were involved in the running of the service and were continually asked for their views, ideas and suggestions. Processes were in place to monitor the quality of the service being provided to people.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The management team and staff understood their responsibilities under the Mental Capacity Act 2005.

The provider ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Systems were in place to monitor the quality of the service being provided to people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Hillbeck Residential 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 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 15 August 2017 and was unannounced. The inspection team consisted of two inspectors 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, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with 21 people living in the service and eight relatives about their experience of the service. We received written feedback via email from five relatives. We spoke with five staff including, the registered manager, deputy manager, two senior care staff and the activity coordinator. We asked four health care professionals for their feedback of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, medicine administration records and administration, internal audits and the quality assurance system. We looked at five people's care files, four staff files, the staff training programme and induction programme.

## Is the service safe?

### Our findings

People told us they felt safe with the staff supporting them. Comments included, "I am safe here, and I don't have any worries. I don't have money worries and I don't have health worries as we are all looked after very well." "The staff are lovely they really are, they all make sure we are safe." "Lots of staff nearby to help and that makes us feel safe, we can ask for help at any time of day or night." "There is not a single person who wouldn't help, they all help to make every single one of us happy and safe here." And "I thoroughly enjoy my life here and feel as safe and as looked after as houses."

Relatives told us they felt their loved ones were safe. Comments included, "I can relax when I leave knowing that [loved one] is completely safe and very well cared for in every way." "My [loved one] is always content and well cared for and we can be happy and worry free knowing that she is safe and being looked after by people who really care." Another relative wrote, 'I can honestly say when I leave to go home, I go with the feeling that whatever happens, they will be safe and looked after.'

People continued to be protected from harm or abuse. Since our last inspection all staff had received refresher training in safeguarding adults, which was yearly. Staff knew the possible signs of abuse and what action to take if they suspected abuse. Such as, reporting any concerns to their registered manager, head office or the local authority safeguarding team. Staff had access to and followed a safeguarding policy and procedure, which gave information and guidance on the action that should be taken. Staff were aware of whistleblowing and told us they felt confident in raising any concerns they had and felt that these would be taken seriously by the management team.

People continued to be protected from any potential risks and avoidable harm. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, mobility, nutritional needs and medical needs. Each risk had been assessed to identify any potential hazards which were then followed by guidelines to inform staff how to reduce the risk. Risks relating to the environment were assessed and recorded with a copy kept within the service. For example risks relating to, slips, trips and falls, and the use of equipment. Systems were in place to ensure these were reviewed on a regular basis. People and staff were kept safe by detailed individual risk assessments for staff to follow.

Incidents and accidents involving people continued to be monitored and audited on a monthly basis. Accidents and incidents were investigated by the management team and an action plan was then completed. The audits highlighted any patterns or trends that had developed, referrals were then made to the appropriate health care professional if required.

The premises and equipment continued to be maintained and checked to help ensure the safety of people, staff and visitors. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. A system was in place to monitor and record any maintenance issues that were found within the service. People had a personal emergency evacuation plan (PEEP) located in the fire file which was kept securely within the reception and a copy kept within their care plan. A PEEP sets out the

specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

The registered manager and deputy manager continued to ensure there were enough staff available to meet people's assessed needs. Records showed a consistent number of staff were on duty each day to meet people's needs. Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained. Each member of staff had a recruitment process checklist in place which enabled the registered manager, the deputy manager and the provider's HR department to track each member of staff and ensure the correct documentation was in place.

Medicines continued to be managed safely and people received their medicines as prescribed. Comments from people regarding their medicines included, "The medicine trolley comes round and they make sure we have all the right pills at the right time every day without fails." And "My medicine is all brought to me at the same time each day." Systems were in place for the ordering, obtaining, storing and returning of people's medicines. Staff received training in the safe administration of medicines and followed the provider's policy and procedure. People were encouraged to take ownership of their medicines if they wanted to, One person had made the decision to administer their own evening medicine. An assessment had been completed regarding the person's ability to take their medicines and whether they had capacity to make informed choices about medicines.

Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Information leaflets regarding people's medicines were kept within people's medicines files for staff's reference. These processes gave people assurance that their medicines would be administered safely.

## Is the service effective?

### Our findings

People told us they felt the staff were well trained and able to meet their needs. Comments included, "The staff are all excellent and know precisely what they are doing." And "The staff all know exactly what's what and we get exactly what we want and need."

Relatives commented, "We don't have any worries about the staff knowing exactly what they should be doing and being trained to do so." And "Mum couldn't be better cared for if I tried myself. The staff are so knowledgeable."

Since our last inspection, records showed and staff confirmed that they had undertaken the providers mandatory and refresher training in subjects relevant to their roles. A monthly audit of training was completed by the management team, if gaps were identified staff received a letter from the management team, with a deadline for the training to be completed. Additional training was provided to meet people's specialist needs such as dementia care and a distance learning course for supporting people at the end of their life. This helped staff keep their knowledge and skills up to date.

New staff completed the Care Certificate during their induction, this gave staff the knowledge they required to complete their role. New staff also worked alongside experienced members of staff being working as part of the care team. Once staff had completed their induction they were given the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification.

Staff told us they felt supported by the registered manager and deputy manager. Staff received regular supervision meetings in line with the provider's policy. These meetings provided opportunities for staff to discuss their performance, development and training needs. One member of staff said when talking about the registered manager, "[Name] has really good vision for the future." Staff received an annual appraisal with their line manager to discuss and provide feedback on their performance and set goals for the forthcoming year.

People spoke highly of the food they received and said they were regularly provided with snack and drinks in between meals. Comments included, "We never go hungry if we don't like something they're very good and will get us something else instead." "We don't all have to have the same meal, we can choose from the menu." "We have tea and biscuits so often that we could never go hungry." And "We never go hungry I can assure you of that." People who were at risk of malnutrition and dehydration had been assessed and clear guidance was in place to ensure people's needs were met. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. People's care plans contained information relating to any dietary requirements, food preferences and any specialist equipment that was required. For example, the use of plate guards or specialist cutlery to enable people to eat independently.

People had their weight checked regularly and staff monitored and recorded people's food and fluid intake. Staff knew the action they should take if they were concerned about a person's nutrition or hydration such



as, contacting the doctor or speech and language therapist. A relative told us their loved ones body weight had increased since moving into the service, which was a positive thing. The provider employed dining room assistants to support staff throughout meal times. We observed the lunch service in both dining rooms, this was relaxed and a joyful occasions with people chatting to one another. Staff were observed encouraging people to eat their meal and people who required support from staff were not rushed. One person commented after their meal that, "Lunch was very nice."

People continued to be supported to remain as healthy as possible. People told us they were able to see a doctor if they needed one. One person said, "We do not have to worry about seeing a doctor we just have to ask." The registered manager had developed links with their local doctor's surgery, which employed a paramedic practitioner to support care homes within their catchment area. The paramedic practitioner visited the service twice a week, prior to the visit the management team will send through any concerns they had about people. If it was required the paramedic practitioner following the visit would arrange for a doctor to visit the service. The paramedic practitioner told us they had worked closely with the staff team to develop care plans for people following an acute illness.

Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. All appointments with professionals such as doctors, district nurses, chiropodist and opticians had been recorded with any outcome. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

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 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 checked whether the service was working within the principles of the MCA, and whether any application or authorisations to deprive a person of their liberty had been made.

The registered manager, deputy manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff told us how they supported people to make choices about their lives, such as, what they wanted to eat or wear that day. People's consent and ability to make specific decisions had been assessed and recorded in their records. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

## Is the service caring?

### Our findings

People and their relatives spoke highly of the staff and management team. Comments included, "The staff are amazing, just like family." "I simply cannot fault them, every single one of them cares, and they really do. We are thoroughly spoilt at all times." "They deserve medals these girls, every single one of them." And "They are the kindest most caring people you can imagine."

Relatives commented, "They are all so cheery and welcoming every time I come to visit." "The staff are lovely they really genuinely care, they are all so pleased to see me every time I arrive and are bright and cheery." "They are angels, they care for my mum like she is their own, honestly." A relative wrote that their loved one 'Enjoys the experience of receiving constant very professional help, care and attention to suit their particular needs.' Another wrote, 'The staffs, both domestic and medical, are always very helpful, professional and caring.'

Staff were confident in describing how to maintain people's privacy, dignity and confidentiality. People told us staff protected their privacy and dignity. Comments included, "The staff always knock before entering and never enter until I have answered." And "I don't think we could ask for more with the staff here, they are respectful, caring, friendly and treat us with enormous dignity." A relative said, "The staff always respect my dad's privacy and dignity at all costs." People's consent was actively sought prior to any tasks being carried out. Staff were aware of how to gain someone's consent to care and treatment and we saw examples of this throughout our inspection.

People were involved in the planning and delivery of the service they received. One relative told us they had been fully involved in the development of their loved ones care plan and, they felt supported by the staff and management team. People's care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. Staff knew people well with many staff having worked at the service for a number of years.

People continued to be supported to remain as independent as they wanted to be. For example, we observed staff encouraging people to eat their food independently. People who wished to self-administer their own medicines were encouraged to do so with the help and support of the staff. People's care plans detailed what people were able to do for themselves, followed by any support they needed from staff. One person said, "I like to do things for myself and they [staff] allow me that privilege without question." A relative said, "Mum likes to be independent and they do encourage her to do things for herself if she can." Another said, "Mum likes to do her own washing and they even try to let her do that and encourage her, they are incredibly patient." People could be assured that they would be supported and encouraged by staff to maintain as much independence as possible.

People and their relatives were supported to take part in regular house meetings within their service. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the activities people wanted to participate in. People and their relatives were given copies of the minutes which

included agreed actions such as, the planting of new plants which were donated from a local garden centre and the use of aprons for mealtimes to reduce damage to clothing. A monthly newsletter was sent out to people and families, this included updates about the service and what had occurred the previous month.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. Throughout our inspection we saw many people with their visitors enjoying cups of tea and joining in with the activities that were going on. When people were at home they could choose whether they wanted to spend time in the communal areas, time in the privacy of their bedroom or out in the garden. We observed people choosing to spend time in their bedroom, in the lounge and enjoying the sun in the garden which was respected by staff.

## Is the service responsive?

### Our findings

People told us they enjoyed living at the service and had their needs met by staff who knew them well. Comments included, "It is a pleasure to live here after the worry and torment I was going through on my own, and this is my family now." "The staff are truly amazing, the patience of a saint, they have to have and they jolly well do." And "We are very well looked after here and know that no harm will come to us here as everyone around us really does care."

Relatives we contacted wrote, 'All staff from the top down seem to have the residents well-being at heart, and go out of their way to try and keep the interested in life.' And 'My [loved one] is safe, cherished and happy within a professional yet friendly environment.'

People continued to participate in a range of activities to meet their needs and interests. The service employed a group of activity coordinators to provide activities to people seven days a week. People and their relatives spoke highly of the activities which were on offer. Comments included, "The activities lady is so good and so friendly and encouraging no one gets left out if they are willing to take part." "I really enjoy doing the craft, now I do sometimes just sit and watch because my fingers don't always work but she [activity staff] makes me feel included anyway she is very good like that." And "I like to be kept busy and that's just what I am able to do here, there is usually something going on or someone to chat with." Relatives commented, "The activities are great when mum wants to get involved, look at them out there now having fun singing along in the sunshine, with the tambourines going." And "Each of the residents are noticed and completely catered towards their own individual need which is amazing."

People were supported to develop a weekly planner of activities alongside the activities coordinators. The planner was developed into a pictorial board which was displayed throughout the service. Activities included arm chair exercises, arts and crafts; pamper sessions, reminiscing, local singers and a day which was called 'activities of resident's choice.' On the day of our inspection it was the activities of resident's choice; various activities were displayed on the tables for people to access and participate in. People were observed drawing, looking at books, completing crosswords, listening to music and some people watched a film. People were also offered the opportunity to have a one to one session completing an activity of their choice with a member of the activities team. During the afternoon people were observed accessing the garden where a beach theme, which included an ice cream hut had been created. The activities team met with the management team on a regular basis to discuss the plans that were in place and any resources they required.

Referrals were made directly by the local authority or people and/or their families were able to self-refer. People were able to live at the service permanently or were able to use the respite rooms available; this is when people stay for a shortened period of time such as a few weeks. A comprehensive pre-admission assessment was completed with people, their family and a member of the management team prior to people using the service. The assessment included information relating to the contact details of the person and the next of kin, specific support people required with their personal care needs, communication needs, medical support, social relationships, mental capacity and health, safety and risk support. If it was deemed

appropriate by the management team that the service could meet the person's needs, and the person was happy with the service an admission profile was then completed.

Systems were in place for people who were receiving short term respite care. The deputy manager told us and records confirmed a short term care plan would be created on the day of the persons admission by a member of the management team. The short term care plan covered the essential information staff needed to know regarding how to meet the person's needs. One person had started to use the service for respite the day prior to our inspection. Records showed a care plan, guidelines and risk assessments had been completed for this person, and staff were observed following the guidelines which were in place.

Information from the pre-admission assessment form was used to develop care plans and risk assessments with people and/or their relatives. People were involved in the development of their care plan by advising staff how and when they would like their care and support provided. People's care plans were person centred, they detailed what people could do for themselves and what support they required from the staff. People were able to maintain as much independence as they wanted to. People's care plans were reviewed with them or their family on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance.

The provider continued to have a complaints policy and procedure in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. A pictorial version of the procedure was displayed within the service to ensure it was accessible to everyone living there. People were actively encouraged to give their views and raise any concerns or complaints, via group and individual meetings. A relative said, "We are in constant contact with the manager and she always asks our views on things which is a good sign." A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. Records showed the process had been followed when complaints had been made; these had been fully investigated and responded to. Complaints were audited on a monthly basis by the management and senior management team, this checked that action had been taken and within the timescales.

## Is the service well-led?

### Our findings

People and their relatives told us that the registered manager and management team were visible, approachable and available when they were needed. People's comments included, "We all know the manager and she knows us." "She will always help if she can and she usually can [registered manager]." "The [registered] manager is very caring." And "Yes I know the manager she will always stop for a chat and giggle."

Relative when speaking about the registered manager commented, "She is genuinely interested and concerned about all the residents here." "The manager is very approachable and will always telephone me about [loved one] if there is the slightest change in them." "Charming lady the manager is she always has time for me when I can't get here and she will call me about my [loved one]." And "She is never too busy for a chat with us." A relative wrote 'The home has been transformed' for the better since the appointment of the registered manager.

The registered manager was new to the provider had worked at the service for six months. The registered manager was supported by a deputy manager and senior care staff who managed the care staff. The registered manager told us they felt supported by the provider and senior management team, and said, "[Name] is at the end of a phone if I need her and is supportive." Observations with people and staff showed that there was a positive and open culture between people, staff and the management team. Staff understood the management structure and who they were accountable to. Staff said they understood their role and responsibilities and said this was also outlined in their job description. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

The registered manager and deputy manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some feedback about how the service was running. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff told us they were asked for their suggestions about ways in which the service could be improved and said the registered manager listened and took on board their ideas.

Systems continued to be in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager and the deputy manager on a regular basis, including health and safety, medicines management, infection control, training matrix, staff files and a systems audit. The provider also commissioned an annual audit which was completed by an external company. These audits generated action plans which were monitored and completed by the management team and the provider's senior manager. Feedback from the audits were used to make changes and improve the service provided to people.

The registered manager and deputy manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information

to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents have been reported correctly.