Mariposa Care Limited

Hillcrest 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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 August 2017 and was unannounced. This meant that the provider and staff did not know that we would be visiting. We carried out two further announced visits on 9 and 24 August 2017 to complete the inspection.

We last carried out an inspection in July 2016, where we found two breaches of the regulations. These related to meeting nutritional and hydration needs and premises and equipment. We rated the service as requires improvement in three key questions; is the service Safe? Effective? and Well led? The service had an overall rating of requires improvement.

Following our inspection, the provider sent us an action plan which stated what actions they were going to take to meet the regulations.

At this inspection, we found that the provider had taken action to improve the safety of the premises. However, we found continuing shortfalls with meeting nutritional and hydration needs and identified a breach in good governance.

Hillcrest Care Home provides care and accommodation for up to 52 people, some of whom are living with dementia. The home was divided into two floors. People with a dementia related condition lived in 'Tree Tops' which was located on the ground floor. People with nursing and general care needs lived on the first floor. There were 43 people living at the home at the time of the inspection.

Since 2013, there had been three managers. Two of whom had been registered with CQC. The present manager was in the process of becoming registered with CQC. 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 and associated Regulations about how the service is run.

The registered provider had changed their trading name from Dolphin Property Company Limited to Mariposa Care Limited in February 2017. This was not a change of registered provider.

Checks and tests had been undertaken to ensure that the premises were safe. The home was clean and staff had access to personal protective clothing such as gloves and aprons.

There were safeguarding policies and procedures in place. The local authority safeguarding team informed us there were no organisational safeguarding concerns regarding the service. We found shortfalls with the management of medicines on the nursing floor.

We received mixed feedback from people and relatives about whether there were sufficient staff on duty. Most staff told us there were insufficient staff deployed on the nursing floor. Staff from this floor explained

that sometimes the two different floors did not always work together as a team. Some were reluctant to help on another floor during busier times. We have made a recommendation that the provider reviews its staffing system to ensure staff are deployed flexibly across the home to meet people's needs.

We checked how people's nutritional needs were met. We found that people's meals did not always correspond with guidelines issued by the speech and language therapist.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found that staff were acting in people's best interests; however, records did not always evidence how the Mental Capacity Act 2005 was followed.

There was a supervision and appraisal system in place. Some staff told us that supervision meetings had not been carried out as regularly as planned. Staff had completed training in safe working practices. One staff member who had recently commenced employment at the home had not undertaken training in certain clinical skills.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity.

Arrangements for social activities met people's individual needs. There was a complaints procedure in place.

We identified shortfalls in the maintenance of records relating to people and the management of the service. The provider's own governance system had highlighted omissions relating to record keeping.

Since 2013, we found the provider was breaching one or more regulations at five of our seven inspections. In July 2016, we rated the service as requires improvement. At this inspection, we found that improvements had not been fully implemented .This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to meeting nutritional and hydration needs and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found shortfalls with the management of medicines on the nursing floor.

Some people, relatives and staff told us there were insufficient staff deployed on the nursing floor.

Action had been taken to ensure the premises were safe.

Safe recruitment procedures were followed.

Is the service effective?

Requires Improvement

The service was not always effective.

People's meals did not always correspond with guidelines issued by the speech and language therapist.

Staff were acting in people's best interests; however, records did not always evidence how the Mental Capacity Act 2005 was followed.

Some staff told us that supervision meetings had not been carried out as regularly as planned. Staff had access to training in safe working practices. The manager was sourcing training in certain clinical skills.

People had access to a range of healthcare services.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

We identified shortfalls in the maintenance of records relating to people's care.

Arrangements for social activities met people's individual needs.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a manager in post. She was in the process of registering with CQC to become a registered manager.

We identified shortfalls in the maintenance of records relating to people and the management of the service. The provider's own governance system had highlighted omissions relating to record keeping.

Since 2013, we found the provider was breaching one or more regulations at five of our seven inspections. This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

Hillcrest 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 checked 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.

The comprehensive inspection took place on 8 August 2017 and was unannounced. We carried out a further two announced visits on 9 and 24 August 2017 to complete the inspection. The inspection was carried out by an inspector, a specialist advisor in nutrition 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.

Prior to our inspection, we checked all the information we had received about the service including notifications the provider had sent us. Statutory notifications are reports the provider must send us about deaths and other incidents that occur within the service, which when submitted enable us to monitor any issues or areas of concern.

We contacted the local authority's safeguarding and contracts and commissioning teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of the inspection.

The manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

During the inspection, we spoke with 10 people who lived at the home, five relatives and one visitor. We also consulted with a district nurse who was visiting the home at the time of our inspection. Following our inspection, we contacted a care manager from the local NHS Trust and an advanced practitioner from Northumberland County Behaviour Support Service to obtain their feedback.

We spoke with the regional manager, the manager, two nurses, two senior care workers, five care workers,

the activities coordinator, the maintenance man and the agency chef. Following the inspection, we spoke with two nurses and three care workers on night duty to find out how care was provided at night and at the weekend.

We examined nine people's care plans and associated care records. We also checked records relating to staff and the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to the premises and equipment. The front covers on some of the radiators were broken and hanging off which was a health and safety risk. At this inspection, we found that action had been taken and radiator covers were safe and intact.

Checks and tests had been carried out to ensure that the premises and equipment were safe. The home was clean and staff had access to personal protective equipment.

We checked medicines management. The home had recently changed from a monitored dosage system to administering medicines from their original packs. We found that medicines were managed safely in Tree Tops. There were some errors and inconsistencies on the nursing floor. One person's medicine did not tally with the amount recorded as administered and the number of tablets in stock. There were two different medicines in one person's boxed medicine and it was unclear what dosage of medicine one person was prescribed. One person who received their medicines via a syringe driver had received a reduced dose of their anti-sickness medicine because the correct dosage was not in stock. A syringe driver is small pump which releases a dose of medicine at a constant rate.

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

We did not identify any impact of these omissions and inconsistencies on people's health and wellbeing. The manager and regional manager took immediate action to check and address the issues raised.

We checked staffing levels at the service. We received mixed feedback from people and relatives about whether there were sufficient staff on duty. Comments included, "Very much so [enough staff], someone is around all the time if you need help, there's [always] help going to be there," and "Yes as far as I can tell I'm certainly not short of attention and that includes the night time cover." However, others commented, "No [not enough staff] only fifty percent give individual attention" and "No I think they could do with another one or two more."

Most staff told us there were insufficient staff deployed in the nursing unit. There was a nurse, senior care worker and three care workers on duty on this floor. Care workers told us that the nurse and senior care worker were often unable to assist them deliver personal care because they were busy administering medicines and completing paper work. Staff from the nursing floor explained that sometimes the two different units did not always work together as a team. Some were reluctant to help on another floor during busier times. A member of staff had recorded they had been unable to change one person's wound dressing because there had been insufficient staff on duty. Staff had also referenced a lack of staff in a hand over report. We spoke with the manager about this feedback. She told us that support was always available. She said she was not always aware when assistance was required because staff did not always inform her.

We recommend that the provider reviews its staffing system to ensure staff are deployed flexibly across the home to meet people's needs.

During our inspection, we saw that staff attended to people's needs in a timely manner.

People and relatives told us people were safe. Comments included, "They keep mam quite safe we are in regularly to see her. She'd had some falls and they do checks on her now," "There are plenty of security doors and antiseptic hand wash on the first floor" and "They're safe from the outside world, they're protected but they can go out for the day."

There were safeguarding policies and procedures in place. Staff told us they would report any concerns immediately. We identified one recent complaint which should have been raised as a safeguarding concern. The manager addressed this immediately and informed the person's care manager.

Safe recruitment procedures were followed to ensure that people were suitable to work with vulnerable people.

Relatives told us that risks were assessed. Comments included, "When she first came in she was prone to falls and they did a risk assessment" and "[I'm aware of] risk assessments. Now she's less mobile and requires two carers."

Risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers. There had been a near miss incident involving a person and a nurse call cord. A risk assessment had been put in place which documented the actions taken to reduce the risk of harm. We noted however, that one person's assessment stated that staff should assist them with eating if they were sleepy. It is dangerous to attempt to give food or drink to someone who is drowsy. We spoke with the manager and regional manager about this issue. They told us the assessment would be amended to reflect safe practice.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, we rated this key question as requires improvement. Meals were not always suitable to meet people's needs and preferences and improvements were required to ensure there was documentary evidence to demonstrate how the requirements of the MCA were met

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At this inspection, we found there had been some improvement in the quality of the meals provided and documentation relating to the MCA. However, further improvements were required to meet the regulations.

Staff had referred three people to the speech and language therapist [SaLT] because of swallowing difficulties. We observed that these people's meals did not always correspond with the guidelines issued by the SaLT. The SaLT had advised that these people should have a fork mashable diet. Staff were giving two people a pureed diet. A pureed diet is not the most appealing of diets when someone has a poor appetite. In addition, pureed meals can have a lower calorific value. One of these people had lost 10 kg in three months. The pureed diet may not have been a direct cause of the weight loss; however, it could have been a contributing factor. We read a letter from the SaLT regarding the third person. The SaLT had stated, "[Name] has consistently had difficulty with anything more challenging than category E [soft moist food]." Staff had given this person a normal diet with softened meat. Staff had recorded they had eaten chips, toasties and meringues. These people also required their fluids thickened. We noted that the amount of thickener used by staff; did not correspond with the recommended SaLT guidelines.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

We discussed our concerns with the manager and regional manager who referred the people identified back to the speech and language therapist and organised further training for staff.

People and relatives told us the quality of the meals had improved. Comments included, "At the last inspection it was not good but I think it's improved since then. There's a new chef who's been here a couple of months," "They're very good, pretty often I get what I want and yes I can get something else if I don't like what's on the menu," "Wonderful, that's one thing I would miss if I left here, can't complain it chops and changes [menu]," "Yes I enjoy them, they're quite good and you can't expect 5 star hotel [meals] but I enjoy them. I don't think there's much meat in the sausages," "They're very good I have no complaints. I lived on my own and my cooking was living on microwave meals so this is lovely" and "Most days I come in he eats everything, it looks very good."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called

the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. The manager had submitted DoLS applications in line with legal requirements.

Some people had bed rails in place to reduce the risk of them falling out of bed. In the nursing unit, there was no evidence of consent forms or mental capacity assessments/best interests decisions for those that lacked the capacity to consent to any restrictions on their movements.

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

People and relatives told us that staff were knowledgeable and knew what they were doing. Comments included, "Yes they are [trained]. There's training meetings which take place every so often and staff also come in when they're off duty for training - I've noticed that happening" and "I think they all are [knowledgeable]. They're very much on the ball and they don't fuss and I'm happy as long as they're there for you. I can see how they work with the other residents too."

Staff completed induction training to ensure they achieved acceptable levels of competence to deliver care safely and effectively. The manager told us they were going to introduce the Care Certificate as part of the induction training. The Care Certificate is a set of standards that health and social care workers follow in their daily working life.

Staff informed us they felt equipped to carry out their roles and said there was sufficient training available. One nurse who had recently commenced employment at the home had not undertaken training in certain clinical skills. A community matron for nursing homes from the local NHS Trust used to provide clinical support and deliver training to staff. However, they had left and a replacement matron was not yet in post. The manager told us that she was looking into clinical training for nursing staff.

There was a supervision and appraisal system in place. Some staff told us that more support would be appreciated. The manager explained that the absence of a clinical lead had meant that clinical supervision for nursing staff had not been carried out as planned. Several care staff told us that they had not received supervision regularly. A clinical lead was now in post and supervision sessions were in the process of being planned and carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

Following our inspection, the manager informed us that staff had received supervision and plans were in place to ensure that this was carried out regularly.

People and relatives told us and records confirmed that staff supported them to access healthcare services. Comments included, "The GP came out to see my relative recently and it was handled very well by the home," "Yes, as I mentioned when she had a fall in January and they called the GP" and "I had trouble with my water works and I had a word with the nurse on duty and they turned up with some medication and it was wonderful." We saw evidence in records that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, speech and language therapist, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

Good

Is the service caring?

Our findings

At our last inspection, we rated this key question as good. At this inspection, we found the provider had continued to provide good outcomes for people.

People and relatives told us that staff were caring. Comments included, "They are very caring. I was ill once and they were very very good," "I really like the staff they're very caring and down to earth" and "It's nice and you feel as though you're cared for and they ask if I'm okay."

We read written compliments that had been sent in by relatives. Relatives referred to staff as, "lovely" "kind" "caring" and "the best." We looked at the results of the latest quality assurance survey. All 12 respondents stated staff were helpful and friendly and had a good knowledge of people's care needs.

Health and social care professionals were also complimentary about the caring nature of staff. Comments included, "I've observed them to be professional and caring towards the residents and show a great deal of empathy and compassion," "I find them very good and they [people] always look clean and the staff are nice" and "It meets the mum's test."

We observed positive interactions between staff and people. A staff member said, "It's all about making them happy and meeting all their needs." On the first day of our inspection, one staff member came in on her day off to bring her little dog for people to see. Staff told us they often came in on their days off to see people. A staff member said, "I will pop in and see if there's anything anyone needs."

Staff treated people with dignity and respect. They spoke with people in a respectful manner and knocked on bedroom doors before they entered. People and relatives told us they were involved in decisions about people's care.

Requires Improvement

Is the service responsive?

Our findings

At out last inspection we rated this key question as good. At this inspection, we found shortfalls in relation to people's records. We took this issue into account when rating this key question.

The manager told us they were in the process of changing over to new paper work due to the change in the provider's name.

We found omissions and shortfalls in five people's care records we viewed. Care plans were not always up to date and some care plans and risk assessments had not been reviewed as planned. In addition there was no evidence that one person's syringe driver had been checked overnight on three occasions.
We spoke with a reviewing officer who told us, "[Name of manager] tries really hard. I think staff could work harder by making sure they record things, because if it's not written down it hasn't happened." We spoke with the manager about this feedback. She told us that she was aware that further work was required with care plans and this was being addressed.

People and relatives told us that staff were responsive to people's needs. Comments included, "Yes if anything is needed. They're always on the phone to either me or my sister" and "The staff keep a record - eating her meals etcetera. She gets plenty of baths and showers and her hair done, the staff are very good like that." Some people and relatives told us that staffing did affect the responsiveness of staff during busier times.

Most people and relatives told us that people's social needs were met. Comments included, "Oh yes there's plenty of activities, sometimes I get involved and yes they take you out to the churches or one thing or another" and "I went to a very nice concert, there are quite a lot of things organised I've not been here long enough [to go to many] and as you can see the staff are very friendly." One person who stayed in their room told us they felt that activities could be improved. We passed this feedback to the manager.

An activities coordinator was employed to help meet people's social needs. Trips into the local community were carried out. People attended tea dances and external entertainers visited. Arts and crafts sessions were organised. One person showed us their painting of a local coal-mining pit. People also enjoyed baking and the home had a portable oven. People made blueberry muffins on the second day of our inspection. The manager told us that baking helped people to share memories about food and the smell of fresh baking helped stimulate people's senses. We observed another person who was in bed, preparing broad beans for his wife to take home.

There was a complaints procedure in place. Records were available to document what actions had been taken to resolve the complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated this key question as requires improvement. At this inspection we found that improvements were still required in relation to the governance of the service.

Since 2013, there had been three managers. Two of whom had been registered with CQC. The present manager was in the process of becoming registered with CQC. She had worked at the home for a number of years. She was not a registered nurse. A new clinical lead had recently been appointed to oversee the nursing care.

The registered provider had changed their trading name from Dolphin Property Company Limited to Mariposa Care Limited in February 2017. This was not a change of registered provider.

At this inspection, we identified shortfalls in the maintenance of records relating to people and the management of the service. Records relating to people's dietary needs were not always accurate. Three people's nutritional risk assessments had not been reviewed since May 2017. Staff were acting in people's best interests; however, records did not always evidence how the MCA was followed. Computerised records of people's monies were not always up to date and audits did not evidence that all financial records were checked such as the 'residents' fund.' There were errors and inconsistencies regarding some people's medicines records.

We noted the manager, regional manager and the quality and compliance officer had identified shortfalls in the maintenance of records in their recent audits. The manager told us that this issue was being addressed.

An effective system was not fully in place to monitor the quality and safety of the service. One person said they had sustained accidental skin damage when staff were assisting them. We noted that an accident record had not been completed and details of what had occurred were not recorded in the person's daily records. The incident was documented in the hand over report. We noted the manager or deputy manager was supposed to review and sign the hand over reports to monitor the care delivered and action any issues which needed attention. The manager had not yet signed these.

We identified one recent complaint which should have been raised as a safeguarding concern. The manager told us that this had been an oversight and immediately informed the person's care manager and submitted the necessary notification to CQC in line with legal requirements.

People's meals did not always correspond with guidelines issued by the speech and language therapist. This had not been identified by the provider's quality assurance system.

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

Following our inspection, the manager wrote to us and told us that all issues we had raised had been

addressed.

Since 2013, we found the provider was breaching one or more regulations at five of our eight inspections. In July 2016, we rated the service as requires improvement. At this inspection, we found improvements had not been fully implemented. We identified a continuing breach of the regulation relating to meeting nutritional and hydration needs and a new breach relating to good governance. This meant that compliance with the regulations was not sustained and consistency of good practice was not demonstrated.

People, relatives and health professionals were generally complimentary about the home. Comments included, "I feel part of the community," "Yes it's one of the better places in Alnwick," "Absolutely excellent this is [based] on a short stay but I'm very impressed," "This is a place I'd be happy to recommend." Some people

People and relatives told us they felt involved with the running of the service. Monthly newsletters were published which informed people of upcoming events and activities at the home. Surveys and meetings were also carried out and the manager held a 'Manager's surgery' once a month where people could raise any issues or concerns.

We spent time on Tree Tops and on the nursing floor. Staff in Tree Tops told us they felt supported and enjoyed working at the home. Some staff on the nursing floor said that more support would be appreciated. They also said that staffing levels on this floor sometimes affected staff morale. Following our inspection, the manager told us that their human resources department had issued surveys to all staff to obtain their feedback so any concerns could be addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not always provided with a suitable diet. Regulation 14 (1)(2)(4)(a).

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 An effective system was not fully in place to monitor the quality and safety of the service. There were shortfalls in the maintenance of records relating to people and the management of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(ii)(f).