

Malhotra Care Homes Limited

Hillcrest

Inspection report

South Road
Alnwick
Northumberland
NE66 2NZ

Date of inspection visit:
23 October 2019
08 November 2019

Date of publication:
26 November 2019

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

About the service

Hillcrest provides nursing and personal care for up to 52 older people. There were 45 people living at the home at the time of the inspection, some of whom had a dementia related condition. Accommodation was spread over two floors. People who had a dementia related condition lived on the ground floor unit.

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

People told us they were happy. They said they would recommend the home because of the staff whom they described as, "very caring" and "really, really good."

There were systems and procedures in place to help keep people safe. One person said, "I trust everybody." Medicines were managed safely. There were sufficient staff deployed. Staff appeared busier in the nursing unit. The registered manager introduced a new system at the time of the inspection to promote organisation and communication in the nursing unit.

Risks were assessed and monitored. There was a positive approach to safety and risk which was not restrictive for people. Checks were carried out to make sure the building and equipment were safe. The premises had been redecorated and refurbished and met people's needs.

People were supported by staff who were trained to meet their needs. People's eating and drinking needs were met. The menus were being reviewed to make sure they met people's dietary preferences.

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

People had a care plan which guided staff on how to deliver person centred care. People's social needs were met. There was an activities programme in place.

There was a positive atmosphere at the home, staff told us they enjoyed working there and felt valued by the registered manager and provider. We observed this positivity was reflected in the care and support which staff provided. Audits and checks were carried out to monitor the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hillcrest

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Hillcrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection.

We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the nominated individual, contracts compliance manager, regional manager, registered manager, nurse, agency nurse, eight care workers, the administrator, 10 people, four relatives, an advanced nurse practitioner from the local GP surgery, a community matron for nursing homes. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment and records relating to training. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. A tool linked to dependency levels was used to calculate staffing levels at the home.
- We observed that staff were busier in the nursing unit. This was confirmed by some people, relatives and a visiting professional. We spoke with the registered manager and nominated individual about this issue. The registered manager introduced a new system at the time of the inspection to promote organisation and communication in the nursing unit.
- Safe recruitment procedures were in place. People were involved in staff interviews so they could give their opinion on the suitability of prospective staff.

Using medicines safely

- Medicines were managed safely. We identified several minor shortfalls with the recording of topical creams and ointments which the registered manager told us would be addressed.

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

- Risks were assessed and monitored.
- There was a positive approach to safety and risk which was not restrictive for people. One person had a GPS tracker which they had agreed to use. This meant the person could continue to enjoy walking within the local community whilst being as safe as possible.
- Checks were carried out to make sure the building and equipment were safe.
- Accidents and incidents were recorded and monitored to identify if there were any trends, so action could be taken to reduce any reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to help protect people from the risk of abuse.
- Staff were liaising with health and social care professionals regarding one person's distressed behaviours to ensure the person and others were safe.
- Staff told us they did not have any concerns about staff practices. They were knowledgeable about what action they would take if abuse was suspected.

Preventing and controlling infection

- The home was clean. A system was in place to help reduce the risk of cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's eating and drinking needs were met. Some staff told us that meal choices at tea time were sometimes limited for those who required a soft or pureed diet. Menus did not specify the choices available for those who required a modified textured diet in case the planned choices were not suitable to puree.
- The new chef was reviewing the menus and a survey was going to be carried out to obtain feedback from people about what meals they would like to see on the menu.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support. One visiting professional stated, "The staff link proactively with myself and other specialist nurses to deliver complex care to vulnerable residents."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before staff provided any care or treatment.
- The registered manager had submitted DoLS applications to the local authority. There had been a delay in the review/authorisation process. This was due to external factors and was not due to any oversight by the provider.
- Staff followed the legal requirements of the MCA.
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing

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

- The design and décor of the home met people's needs.
- Most areas of the home had been redecorated and refurbished. Best practice guidelines had been followed to support people living with dementia. There was a reminiscence room to remind people of their past and encourage communication.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their specific needs.
- The community matron for nursing homes told us that she delivered certain clinical training. Agency nurses were sometimes used. The clinical skills of agency staff were not always recorded to demonstrate they had the necessary skills to meet the needs of people living at the home. The nominated individual told us he would speak to the agency to ensure this information was provided to the home.
- There was a supervision and appraisal system in place. Staff told us they felt supported.

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

- People's needs were assessed before they came to the home.
- Care plans were devised from assessments. These gave staff information on how to effectively meet people's needs. One visiting professional stated, "Care plans set by myself appear to be followed as directed and advice taken on board."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and their dignity and their independence was promoted.
- People and relatives spoke positively about the caring nature of staff. Comments included, "They're so pleasant, they're gentle and kind and they never say anything wrong. I've the utmost respect for all the staff" and "If you're having a down kind of day, they care and come and have a laugh and a joke."
- Staff spoke in a caring manner about the people they supported and told us that they would be happy for a friend or relative to live at the home because of the standard of care provided.
- We observed positive interactions between staff and people. Staff sat with people downstairs after lunch and enjoyed each other's company.
- Staff supported people to take risks in a safe way to maximise their independence, choice and control. One person told us how much she appreciated being able to go for a short walk independently each day.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against.

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

- People told us they were involved in their care. New documentation had been introduced to record that people and relatives, where appropriate, had collaborated with the care planning process. This documentation was in the process of being completed by people and relatives.
- No one was currently accessing any form of advocacy. Information was available on how advocacy services could be accessed. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support which met their needs.
- Care plans guided staff on how to deliver person-centred care. Memory albums had been introduced. These contained photographs and stories of what the person had been doing at the home. These albums could then be used to engage with the person and stimulate memories.
- We identified minor recording shortfalls with some of the care recording charts. The registered manager had introduced a new system to ensure these were checked and accurately completed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. Information was available in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met.
- An activities coordinator was employed and an activities programme was in place. Entertainers visited, quizzes were held, and arts and craft sessions were organised. Trips to Alnwick Garden 'Elderberries' were also carried out. Alnwick Garden Elderberries is a series of initiatives delivering activities for people aged 55 and over.
- People enjoyed baking. The home had a portable oven which meant people could experience the smell of fresh baking which helped stimulate their senses and memories.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- Records of complaints and actions taken were documented. One relative who had previously raised a complaint told us, "Everything was dealt with promptly and I'm more than happy."

End of life care and support

- People were supported at the end of their life to be as comfortable as possible. One relative told us, "They're checking on her pain levels all the time. They've been very supportive."

- Staff followed a multi-disciplinary approach with health and social care professionals to ensure consistent and responsive care was provided at this important time in people's lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our previous inspection, some staff raised concerns about team work and morale. At this inspection, we found action had been taken and staff told us there was a positive culture at the home. One staff member told us, "We've realised we're a team and we can't do it without each other."
- Staff, people, relatives and health and social care professionals spoke positively about the registered manager. One visiting professional told us, "They are open, approachable, visible and hands-on when needed." Following our inspection, the nominated individual wrote to us and stated, "[Name of registered manager] is a remarkable manager that goes beyond her call of duty to ensure that our residents receive the optimum care possible." The registered manager had been nominated by the provider for an excellence in service award.
- The registered manager was not a nurse. The provider was currently advertising for a clinical lead. One of the provider's regional managers who was a nurse visited the home regularly to oversee the nursing care at the home.
- Staff spoke positively about the new provider and the changes they had made and the support provided. "We've had all new equipment, anything just to make our lives or the residents lives better and easier." The registered manager told us, "I can support the team, because I am now getting the support from management."
- Audits and checks were carried out to monitor the quality and safety of the service. Action was taken if issues were identified.
- The registered manager had notified CQC of significant events at the home in line with legal requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager understood their responsibilities in relation to the duty of candour.
- Meetings were held for staff, people and relatives to involve them in the running of the home. 'You said, we did' feedback was collated and displayed at the home to inform everyone what action had been taken in response to their feedback.
- Safeguarding incidents and complaints were analysed to identify any lessons learned so action could be taken to reduce the risk of any reoccurrence.

Working in partnership with others

- Staff worked with health and social care professionals to make sure that people received joined up care.