

Almondsbury Care Limited

Hillview Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Hillview Nursing Home is registered to provide nursing care for up to 40 people. It is one of four services run by Almondsbury Care Limited. The home specialises in the care of people with advanced dementia who may exhibit behaviours that are challenging to themselves and others, due to their condition.

At the last inspection in October 2014 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People received safe care and treatment in a well maintained premises. Individual risks were assessed and managed because there were effective systems in use which were closely adhered to by staff. Staffing numbers ensured staff were able to meet people's individual needs. Recruitment, medicine and safeguarding policies and procedures protected people from harm.

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

People received a nutritious diet of their preference. People's health care needs were understood and met through staff knowledge, skills and appropriate contact with external health care professionals as required. One described the staff as "superb".

Staff received training and supervision which helped them perform their roles to a high standard.

People, their family members and staff had formed close relationships. People were treated with dignity and respect. Families said how welcoming the home was. Family's knew they could take any question or concern to staff. Many families spent considerable time at the home.

People's needs were discussed and planned with them or their family members. Care plans were kept under regular review.

All kinds of activities to which people could become involved were available. This included themed events, entertainment and reminiscence. Interaction between staff and people using the service was of a high standard and demonstrated caring and compassion. The highest recommendation had been awarded for end of life care using the 'Gold Standards Framework'.

The home was effectively managed by a registered manager and team of staff who felt fully supported. There were quality monitoring systems in place to reduce risk and identify ways to improve.

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.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Hillview Nursing 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.

This was a comprehensive inspection. It took place on 28 and 29 September 2017 and was unannounced.

The inspection team included one adult social care 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. Their area of expertise was older people and dementia care.

Prior to the inspection we reviewed the Provider Information Record (PIR), which had been received 12 months prior to the visit, and the previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Some people using the service were unable to provide detailed feedback about their experience of life at Hillview. During the inspection we used different methods to give us an insight into people's experiences. These included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. Our observation enabled us to see how staff interacted with people and see how care was provided.

We spoke with two people using the service, six family members, one agency care giver, a visiting member of the organisation and 10 staff members, including the registered manager.

We reviewed four people's care records, three staff files and looked at quality monitoring information relating to the management of the service and safety records. We received feedback from three health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. One person said, "Staff change my position to prevent damage to my skin". Two staff members said that training was provided to enable them to care appropriately and safely for people. People's family members said they had no concerns about safety at the home. One said, "I have no concerns whatsoever".

Staffing arrangements met people's needs because the staff to person ratio was high. This ensured people received the care they needed in a timely manner. Some people required close monitoring for theirs, and others, safety, for example, from falling or becoming distressed. To that end some people received one to one care. The registered manager said they closely monitored the staffing numbers and skill mix and had the autonomy to make changes as needed.

There were effective recruitment processes in place. Some staff were not UK nationals and had been employed through an agency, which ensured safe recruitment. Those employed from the UK also had all required checks completed prior to starting work at Hillview. Pre-employment checks included references from previous employers and Disclosure and Barring Service (DBS) checks were completed. The registered manager also ensured that each staff member was suitable for the service Hillview provided. Each staff started with a month's probation followed by three monthly contract reviews.

People's individual risks were identified and managed through robust assessment and monitoring arrangements. For example, several people were at high risk of choking on their food. Professional guidance was sought for each person and clearly set out for staff to follow. To ensure that guidance was followed the cook signed when a person's meal was ready. The staff who would assist the person then signed to say they had taken that particular meal. This meant people did not receive a meal which was unsafe for them.

To minimise the risk of abuse to people, all staff received training in how to recognise and report abuse. They could describe actions they should take if they had any concerns. The registered manager understood their role in protecting people from abuse. They worked closely with the local authority safeguarding vulnerable adult's team to protect people.

Nursing staff managed people's medicines for them. There were effective systems to ensure this was done in a safe way and in people's best interest. For example, where an emergency medicine change was required staff ensured the change was received in writing from the GP. There were regular audits of medicines to ensure, for example, that the numbers were correct and stock was in date.

The premises were well maintained. The organisation employed a staff member whose role was to ensure that the premises and equipment were safe. For example, they arranged servicing contracts, undertook risk assessments and checked the standard of any work undertaken. They kept safety arrangements under regular review and worked closely with a maintenance person who was on site five days a week and available out of hours.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very detailed knowledge of the people they supported. This meant they could effectively meet their needs and enhance their lives.

Staff received regular training in all subjects relating to providing safe and effective care. One staff member was qualified to teach staff safe ways to move people, for example, using a hoist. Other staff training included, dementia care, infection control, medicine management, food hygiene, health and safety, fire safety and end of life care. Some training was face to face and some via DVD. Some was practical to ensure staff had the knowledge and confidence in an emergency, such as in the event of a fire.

The registered manager ensured staff received regular one to one supervision of their work. One staff member told us that they wanted to take qualifications; this was discussed at their supervision and being arranged for them. Staff said they would have no hesitation in asking for advice. A yearly appraisal ensured previously agreed targets were reviewed.

Staff received training in how to protect people's rights under the Mental Capacity Act (2005) (MCA). None of the people using the service had the capacity to make decisions relating to their safety. People's family confirmed that they were always consulted where decisions needed to be made, such as moving to a larger room or the use of bed rails.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for suitability of placement. This demonstrated that staff worked in accordance with the MCA. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

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). Staff had ensured that this procedure had been used for each person using the service and where it was necessary, an emergency application had been made.

People were offered choice and asked their opinion, in particular about their comfort, diet and activities. Staff understood and followed the principles of the service policy on rights, risks and restraint, for example, when it is acceptable to prevent a person putting themselves in harm's way.

People received a nutritious diet in accordance with their preferences. One person said, "Good choice of food. Not bad". One person insisted on a very limited diet but staff had tried hard to make that choice as

interesting as possible. Supplements were in place where weight loss was a concern. Staff arrangements included one to one support over the meal time so that person could eat at their own pace, which was very slowly.

A choice of drinks was offered frequently and people's diet was closely monitored. The monitoring records were detailed and up to date.

People's health was promoted through the knowledge of the staff and appropriate consultation with external health care professionals. The home was served through a local GP surgery and health care professionals were consulted, for example, about people's diet, risk management and to promote their health. Family members said how quickly staff responded to any health care concern. A health care professional said, "I find the staff are superb and the standard of care they provide is excellent".

Is the service caring?

Our findings

Hillview continued to provide a caring service and staff ensured people received kindness and respect.

Forming and maintaining relationships which were important to people was very evident. People's families commented: "I cannot fault the care in any way. Staff are so kind to my husband and me" and "Staff are wonderfully caring to my wife and to me...I consider this my second home and I just go home to sleep". A health care professional had praised the service for recognising the importance of helping to maintain family ties.

All staff spoke with endearment about people and that endearment was very evident. One person spent much time asleep in their chair but every few minutes when they opened their eyes, the staff member looking after them gave a big smile and the person smiled back. All staff interactions with people positively reinforced that the person was loved and valued.

People cared for in bed received frequent staff visits to see if they needed anything and to prevent isolation. People received care in a kind and unhurried manner. Staff knew people very well. There were two people who wanted only to be left alone. Staff respected this whilst ensuring their needs were met.

People's dignity was promoted. For example, people were supported to maintain cleanliness and hygiene and, where personal care was required, this was undertaken without this being obvious to other people in the room.

The service had received positive comments about the care at Hillview. They included: "Caring, kind and loving, showing her respect until the end", "In big ways and small ways you made such a difference" and "... tea trays, advice, hugs and all with dignity, compassion and good humour".

People were consulted about every aspect of their care. For example, they were always asked before any care was delivered. Choice, and alternatives where necessary, were also made clear. A staff member said about choice, "People can have anything which is available, anything they like".

People received skilled end of life care in accordance with their wishes. The service operated the Gold Standards Framework for end of life care. They had received 'Beacon' status, this being the highest recommendation. Staff understood the sensitivity of talking to people and families about end of life and did this over time, when it felt most appropriate for the individual. Conversations included decisions around resuscitation, who to be contacted if a person's health deteriorated and about any advanced wishes the person had previously put in place. The information then fed into the person's care plan so that the information was available to staff and could easily be followed. Toward ensuring no mistakes could be made information was also sent to the ambulance service and presented to staff in an easily recognisable colour coded form.

The registered manager said, "Families (of those who are deceased) are always invited back for coffee, when

they are ready".

Is the service responsive?

Our findings

The service continued to be responsive. Staff had the knowledge about people, and the time, to provide care and support that was person centred and in line with needs and wishes. For example, a person in their room called out and a staff member arrived immediately. Staff said how they were expected to visit each person frequently and record the visits. This ensured that no person had to wait for assistance more than a short period of time. Staff in the lounge areas were also very attentive at all times.

Staff also facilitated opportunities for people. For example, helping family to take a person out into the community on a daily basis and arranging a wedding anniversary party. One staff member took a local paper into a person's room to show them a photo which was of interest to them. They said, "He likes to look at the paper and likes to chat with me". No person using the service was able to engage in other than very limited physical activity, for example, shaking a musical instrument during a visit by an entertainer. During that entertainment people were tapping their feet and smiling.

A company which provided reminiscence was employed to 'stage set' a room to represent different historic periods on a rotation basis. This was to provide familiar scenes to people and things to talk about. The current scene was of a war time theme.

Every one had fun at Hillview. There were regular themed events. These had included a Romanian event at which the registered manager had danced, to people's amusement, with Romanian care workers. She sang karaoke during our visits. Other events included a Harvest Home and making the most of cultural and religious celebrations, such as Easter and Halloween. The events involved decorating the lounge in line with the theme, staff in relevant costumes and themed foods. A staff member who organised activities at the home said they had completed a course in creative activities. They spent time getting to know people's histories, what they liked or disliked and then arranging events for them.

Each person had their needs assessed in detail prior to admission. Two family members said how the registered manager had spent hours collecting information from them and professionals who had previously been involved in the person's care. That assessment was then used to assess risks, set goals and provide the information for staff in a plan of care. These were reviewed monthly. It was clear who had been involved in each decision made.

There were regular opportunities for people to raise issues, complaints or compliments. One person's family said the registered manager had told them, "Never leave this place with a concern". It was evident how well people and their families and staff knew each other. A complaints procedure was displayed in the entrance to the home. It described the complaints process, with timescales and contact details for the provider and the Care Quality Commission (CQC). The registered manager said they had not received any complaints. The CQC had not received any complaints.

Health care professionals said, "The home is highly rated (by professionals)" and "The registered manager is responsive and informative. She asks for professional input without hesitation. She takes some very

complex patients and manages situations very well".

Is the service well-led?

Our findings

The service remained well-led. There was a registered manager in post. 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.

The culture of the home was one of caring for people, their families and the staff. People's families and staff spoke positively about the manager and how the home was run. A family member said, "The culture is led from the top and people are treated as individuals. I can always go home relaxed". Another said, "The staff learned our names extremely quickly". A health care professional said, "The management and leadership is excellent".

There were clear lines of responsibility and respect amongst staff, who described good team work and a friendly working environment. Staff retention was high.

People's views were sought on a regular basis through surveys for people and their families, visiting professionals and staff. This was to identify ways in which the service might be improved. However, every family response had rated the service as "excellent" in the 2017 survey and did not include any possible improvements. Staff and families were also consulted and kept informed through meetings, such as a family's coffee morning four times a year. People told us they could not think of a way the service could be improved.

The home was well resourced with money available as needed, for example, for staffing, activities and food supplies. Support staff, such as administration and quality monitoring relating to safety, supported the registered manager's role. The registered manager said she felt fully supported by the provider and manager's from the organisation's sister homes.

Staff received a handbook outlining what was expected when working for the service. This included policies on equality and diversity, confidential, training, sickness and whistleblowing. Policies were reviewed yearly to keep them relevant and up to date.

There were systems in place to monitor the quality of the service and find ways to improve. These included audits, such as medicines, falls and accidents. Where action was needed this was followed up. For example, fire safety improvements were being made. The registered manager completed a monthly report of the service to the provider so they were up to date with events.

The registered manager understood her regulatory responsibilities and kept the CQC well informed.