

Healthcare Homes Group Limited

The Hillings

Inspection report

Grenville Way
Eaton Socon
St Neots
Cambridgeshire
PE19 8HZ

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

The Hillings is registered to provide accommodation and personal care for up to 72 people. There were 66 older people living in the service at the time of the inspection.

This unannounced inspection took place on 6 March 2017.

There was a registered manager in post at the time of this 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.

Risk assessments did not always provide sufficiently detailed information for staff about how to manage risks to people. Where quality monitoring systems had identified that improvements were required, action plans were in place to monitor the improvements.

Accidents and incidents were reviewed to reduce the risk of any reoccurrence.

People received their medicines as prescribed and medicines were stored and disposed of in a safe way. Staff who administered medicines had received appropriate training.

The provider had a recruitment process in place and staff were only employed within the service after all essential safety checks had been satisfactorily completed. Staff were knowledgeable about reporting any incidents of harm. People were looked after by enough staff to support them with their individual needs.

People were provided with a choice of meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

Staff referred people appropriately to healthcare professionals.

The service was acting in accordance with the requirements of the MCA including the DoLS. The registered manager was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

Staff knew how to meet people's current needs. Staff were trained, supported and supervised to do their job. Staff treated people with dignity and respect.

People were encouraged to maintain hobbies and interests and join in the activities provided at the service and in the community.

People's views were listened to and acted on. People received care and support in the way they preferred.

Quality assurance procedures were in place and these were effective in identifying areas for improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Whilst risks to people had been identified, full details risks and how to minimise them were not always recorded or known by staff.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Requires Improvement ●

Is the service effective?

The service was effective.

When appropriate people were assessed for their capacity to make day-to-day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Good ●

Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

People could choose how and where they spent their time.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Whilst care plans did not always contain up to date information about the support that people needed; staff were aware of people's needs.

People were encouraged to maintain hobbies and interests and join in the activities provided at the service and in the community.

People's views were listened to and acted on. People received care and support in the way they preferred.

Is the service well-led?

The service was well-led

Systems were in place to monitor the quality of the service provided and where required action plans were in place to bring about improvement.

There were opportunities for people and staff to express their views about the service.

Good ●

The Hillings

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 unannounced inspection took place on 6 March 2017. It was undertaken by one inspection manager and three inspectors.

Prior to our inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

We reviewed previous inspection reports and the Provider Information Record (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.

During our inspection we spoke with 11 people who used the service and seven visitors. We also spoke with the registered manager, the deputy manager, the quality manager, the area manager, a visiting healthcare professional and seven staff who worked at the service. These included a senior care worker, four care workers, a kitchen staff member and the activity co-ordinator. We observed how people were being looked after. In addition, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Is the service safe?

Our findings

The last time we inspected the service we found there were some improvements needed in relation to staff deployment especially in Gardenia unit. The registered manager told us during this inspection that they had addressed this issue and had undertaken a review of staffing levels and deployment. They had implemented a new shift pattern in consultation with staff to limit the time that people were left unsupervised.

At this inspection we found that improvements had been made to the deployment of staff. The registered manager told us they had consulted staff and had changed the hours staff worked and some were now working 12 hour shifts. The majority of the staff we spoke with told us they felt this worked well and that people received a continuity of care. One member of staff said, "It is lovely now [working 12 hours] as I feel that I don't have to rush the residents [people who use the service]. I am much more relaxed, as we are not rushing off as our shift has ended."

The majority of people and relatives spoken with said that they were happy with the new shift pattern. Two relatives we spoke with told that it was better that staff were now working 12 hours. However, they did raise concerns that after eight pm at night staffing levels reduced which meant that some people may be left alone whilst staff were supporting others with their bedtime routines. We informed the registered manager of these concerns and they assured us that they would monitor the evening routines for people.

Our observations showed that during this inspection there were sufficient staff on duty to meet people's assessed needs. We saw staff in communal areas of the service supporting people. We also observed that people's care call bells were in reach so that they could call staff when help was required. One staff member told us, "There is enough staff and we can spend time with people." We noted that staff were busy, but they did not rush people, and supported people at their own preferred pace.

We saw that people had their dependency levels assessed to check whether they needed support from either one or two staff members. People were assessed and placed into a 'banding' of 'low, medium and high', which represented their dependency needs. Staffing was then based on people's individual dependency levels

We looked at six risk assessments and found that five of these had sufficient detail in them to ensure that staff knew what to do to minimise risks. However one of the risk assessments had not identified the risks to the person and staff when the person was in a different unit of the home to the one that they were accommodated in. During our inspection we noted that the person was undertaking an activity in a different unit to the one that they were accommodated in and an inspector had to intervene to prevent a potentially serious incident occurring. When we spoke with staff they were not fully aware of the risks to this person and other people within the vicinity.

Staff who were responsible for the management of people's medicines were trained and assessed as competent. People we spoke with told us about the medicines support they received. One person said, "I always get any tablets I need. I know what I take and what they are for. [The person went and told us what

colour each tablet was and why they took them] Another person told us, "They [staff] always make sure that I get all my pain relief on time which helps. If I need anything then I only have to ring the bell and they will come." A third person said, "The girls [staff] are very good with my tablets. They always watch me take them. Then ask if they have all gone." We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly with the exception of one person, who wasn't receiving their medication as per the instructions on administration chart. We raised this with the registered manager who stated that they would ensure that staff receive further training in the administration of this specific medication. Staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed by the GP and any changes were actioned swiftly. Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

People and their visitors we spoke with all told us they felt safe. One person said, "I certainly feel safe here and I have no concerns. If I need help at any time there is always someone there to help me." Another person said, "I most certainly feel very safe here and I have no worries. Everybody is so nice and if I need any help then I can just call and one of the staff will come and see to me." A visitor said, "I feel that they are very safe here. I have no worries there is always staff around to help."

Staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "I would be looking out for a change in a resident's mood, behaviour or appetite and I would always tell the senior [care worker] or deputy of my concerns". Another staff member said, "If I saw a staff member shouting to a person I would report them to the [registered] manager". There was information available to staff on safeguarding people from harm which included telephone numbers to ring with their concerns.

Staff were aware of the registered provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of reoccurrences. For example, where a person had experienced a number of falls they [registered manager] had sought advice about the use of mobility equipment. Additionally a medication review would also be requested where this was deemed appropriate.

There were recruitment procedures in place to ensure that only suitable staff were employed to look after people using the services. Staff confirmed that they had not started to work at the service until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they started work at the service. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

Is the service effective?

Our findings

People and visitors we spoke with told us staff knew how to meet people's needs. One person said, "The staff know what they are doing and are always ready to help me." One visitor said, "The care staff are fantastic and have great insight. They know [family member] well, there likes and dislikes" Another person told us, "The staff are well trained they do particularly when they are getting me in and out of bed. They are all so polite."

Staff members told us that they had the training to do their job. This included training on infection control; safeguarding; moving and handling and fire training. Staff were able to demonstrate how their learning was applied and how they supported people with their moving and handling needs.

Staff told us that they had the support to do their job and this was provided on both an informal and formal basis. One member of staff said, "I get supervision with [name of deputy manager] or a senior. We do it when it is required. If I have any queries or problems [in the interim] any member of the senior team are here to answer any queries or give support".

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 DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The registered manager had submitted several applications for a DoLS to the supervisory body (local authority) and they were awaiting the outcome.

People we spoke with said that they were happy with the food served to them. One person said, "The food is fine, there's more than enough." Staff we spoke with had an understanding of the different diets people needed in relation to their health conditions. For example; fortified foods and soft foods for those that have difficulty chewing.

People we spoke with told us they liked the food and had a choice of what they wanted to eat. One person said, "There is chicken casserole or macaroni cheese on the menu today. I like both but think I have gone for the chicken today. I enjoy my food." Another person said, "The food is good and I get plenty. I cannot fault it." People had cold and hot drinks and these were placed within their reach. People were offered snacks and drinks throughout the day. When people needed help to eat and drink, they were given the

encouragement and assistance by the staff that they needed Cultural and specialist diets were catered for, which included vegetarian and soft food diets. A visitor said, "The food is really good here and they get exactly what they want. I sometimes have lunch with them and it's really nice." People's weights were monitored and the frequency of this monitoring was based on people's nutritional assessments. Dieticians' advice was obtained for people where they had been assessed as being at high risk of undernourishment.

Our observations during the meal time showed that people could choose where they wanted to eat their meals. Some people chose to eat in their own rooms, in the lounge or at the dining room tables and this choice was respected by staff. Choices of meals were given via a menu that was pictorial as a visual aid for people requiring this assistance. We noted that where people's intake of food or fluid was being monitored, the records were not always completed accurately. We discussed this with the registered manager.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician, the dentist, opticians and therapists. One person said, "I can see the Doctor or the Nurse if I need to." Another person told us, "The girls [staff] will sort out if I need to see the doctor." A third person said, "I can see the doctor whenever I want to. I just let a member of staff know and they sort it for me" A visitor said, "[Family member] can get to see the doctor whenever they need one. The local surgery is very good at helping when needed." The visiting professional told us that staff were always on hand to assist where necessary and provide any information they require

Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

Our observations showed the staff were kind and respectful to the people they were caring for. People and the visitors we spoke with were complimentary of the staff and the kindness they showed. One person told us, "I only have to ask and they (staff) will try and sort it for me." Another person told us, "I like being here. There are people to talk to if I want to talk. I can also shut my door and be on my own. I sometimes got very lonely at home."

We observed staff stopping to speak to people throughout the day, checking if they were okay and taking an interest in their day. There was a calm, friendly and inclusive feeling throughout the service. Staff described enjoying working in the service and one member of staff told us, "I love working here. The staff are great and we get on well together."

People and their visitors told us they were able to visit at any time and were made to feel welcome. One person said, "My family can visit anytime because some of them work, they come when they finish work but it is never a problem." Another person told us, "My relatives and friends can visit anytime they want."

People were supported to make choices in relation to how they spent their time. There were regular meetings held for people who used the service and the minutes of these showed that people were encouraged to give suggestions for the food menus and activities offered in the service. Staff recognised that people should be treated as individuals who should be empowered to choose what they did. We observed people's choices were respected on the day of our inspection. We saw that some people visited other units in the service and this was respected. Other people chose to spend time in their bedroom or in different communal areas.

There were information leaflets on display in the service detailing how people could contact an advocate and the service they offered. An advocate is a trained professional who supports, enables and empowers people to speak up.

We saw that people were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful and protected their privacy. One person told us, "Staff always knock before they come into my room." We saw staff knock on the doors and wait for people to respond before entering the room. They also introduced themselves and explained what they were there for. Another person told us, "They know I don't want a male carer helping me shower and dress." They went on to tell us this was respected. One member of staff told us, "People are able to choose whether they have a preference of who cares for them and we will accommodate this. We currently have a female resident, who prefers female carers."

Is the service responsive?

Our findings

People, and visitors, said that staff met people's care needs in the way they preferred. One person said, "The staff go above and beyond what they need to. For example [family member] had a fall and the staff stayed on shift until [family member] was safely in the ambulance." Another person said, "[Family member] has gone from strength to strength and needs support but not so much as to remove their independence." Overall, we saw that people were happy with lots of smiles and laughter.

Although not all care plans contained detailed information about people, staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. They provided care in a way people preferred. One member of staff said, "I love working here I would have a relative come to live here". Another member of staff told us, "We work well together, its lovely working here." We spoke with the registered provider and quality manager who said that they would add further information to the care plans to ensure that staff had the required information to provide care in a consistent way.

Pre admission assessments were undertaken by the registered manager and or the deputy manager. These helped in identifying people's support needs and care plans were then developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning. One person said, "They [staff] understand me and know what I need". A visitor said, "I am directly involved in my [family members] care which enables staff to assist them in making choices." Another visitor said, "[family member] is very happy here. The staff are fantastic and know them very well, including their likes and dislikes."

People were supported to follow their interests and take part in social activities. The activity co-ordinator told us they spent time with people to find out what their likes/dislikes and hobbies were before undertaking one to one activities of people's choice, as well as group activities. The activity organiser told us they were looking into the possibility of hiring a local minibus and driver to be able to provide more activities into the local area. We also discussed with the activities organiser and registered manager the value of people being supported to be able to follow their hobbies and interests. Activities were offered to people in the different units and people from the other units were invited to take part.

We discussed activities with staff and they told us they felt people had enough to do. One member of staff told us, "There is a lot of variety; people can go out to town or to the café." Another staff member described activities organised and supervised by the activity coordinator, with staff support. They described activities such as painting, crafts and card making. We saw there was an activities schedule on display in various areas around the service and people were given a copy to keep in their rooms which showed activities which were planned.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them and make them homely. We saw that people had brought in items of their own furniture and that their

rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as making their room personal to them.

People and visitors we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no reason to complain, everything is working perfectly for me at the moment." A visitor said, "Staff are really lovely. We have had no concerns lately, but any in the past have been dealt with to our satisfaction."

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time at this service. There was a complaints procedure which was available in the main reception area of the service. We looked at two recent complaints and these had been dealt with in line with the provider's complaints procedure. The registered manager told us that they had received a complaint over the last weekend and would be arranging to meet with the family to discuss their concerns and that they would then record the outcome of the meeting.

Is the service well-led?

Our findings

There were quality assurance systems in place that monitored people's care. We saw that the registered manager and regional operations' assistant completed audits and checks which monitored safety and the quality of care people received. These checks included areas such as care planning, medication and health and safety. Where improvements were needed the action required had been identified. These were followed up and recorded when completed to ensure people's safety. We received information from the local authority who had conducted a contract monitoring visit and then a follow up visit in January 2017. They stated that whilst there were some areas requiring further action they had no concerns that these would not be completed before their next visit.

There was a registered manager in post, who was supported by a deputy manager, team leaders and senior care workers. We found the management team were clear about their responsibilities and they had notified us of significant events in the service. Staff we spoke with felt supported by the management team and told us they enjoyed working in the service. One member of staff told us, "My team leader is good, I can talk to [team leader] about anything and [team leader] will give me advice if I need it." Another member of staff said, "If I felt my team leader wasn't sorting issues out, I could tell the registered manager." Staff were given the opportunity to have a say about the service during staff meetings. We observed staff looked happy in their role and worked well as a team. They were efficient and communicated well with each other. This created a calm and happy atmosphere for people to live.

There were regular meetings for all staff which provided them with the opportunity to discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in an effective way. Staff said that they were informed of incidents when issues occurred and that they were discussed to reduce the risk of them happening again.

People were given the opportunity to influence the service that they received through residents'/relative meetings. People told us they felt they were kept informed of important information about the service and had a chance to express their views. One person said, "All the staff listen to me." Another person said, "There is always someone available to talk to if you want anything special done."

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training completed to date and to make arrangements to provide refresher training as necessary. Staff told us that some of the management work alongside them to ensure they were delivering good quality care to people as part of their supervisions.

Information was available for staff about whistle-blowing so that they could report any poor care they had witnessed or had any concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. Any of the management team would take action if they are told that a staff member is not treating people right".