Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hilldales Residential Care Home

10-13 Oxford Park, Ilfracombe, EX34 9JS

Tel: 01271865893

Date of Inspection: 16 November 2012

Date of Publication: December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Dr Htay Kywe
Overview of the service	Hilldales is registered to provide care and support for up to 52 people who have needs arising from drug, alcohol or mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 16 November 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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 talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

At this inspection we spoke with nine people in detail about their experience of living at the home. We also spent time observing how staff interacted with people at the home and followed how medication was administered during the lunchtime period.

The expert by experience spent time asking people about how involved they felt in their care and support, as well as checking that people were happy with staffing arrangements, their rooms and the quality of the food they were offered.

We also looked at some key documents, including care plans, risk assessments, contracts and staff recruitment files. We found that most of these were up to date, although some had not been signed and dated.

We saw that people were consulted about the care and support they received and were able to be involved in making choices about how they spend their time and menu planning.

We found that there was a robust recruitment process that helped to protect vulnerable people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with a total of nine people about their experiences of life at the home. Most people were very positive. One person told us "I doubt I would be here today if it wasn't for these guys. I was sent here to die, but they got me sorted, got the right treatment for me and I am off the drink and doing well. I can't thank them enough." Another person when asked if they felt listened to said "That's why the place runs so well because staff listen to us and do their best and we cannot ask for any more than that."

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. For example we heard one person being asked if they were ready to be assisted with their bath or did they wish to have to at another time. The staff member waited for their response with patience and showed respect in assisting the person up to have their personal care needed attended to. We also saw that when a member of staff was completing the medication round, they checked with people that they were happy to take their medications. They also asked if any additional pain relief was required where appropriate. This showed that they were seeking the views of people in their treatment and care.

We asked the manager about how they assessed people's capacity to consent. We were told that everyone was assessed by either their care manager or health care professional who placed them at the home. We heard of examples where the manager felt that individuals may, in his view have lacked capacity, but their placing authority had deemed that they had capacity. The provider may wish to note that although we heard of examples of best interest meetings to assist people who had variable capacity, this was not always well recorded.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We heard that staff had received some training in the Mental Capacity Act 2005. When asked, staff were able to describe what safeguards could be put in place

to assist people within this legal framework.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with said that they were supported by staff who understood their needs. People confirmed that care and support was available throughout the day and night and usually available at a time that suited them. One person told us "staff here go above and beyond to help us". Another said "the staff make sure we are okay, they help us sort out doctors appointments and get us help for things like benefits."

We heard from people and staff that a range of opportunities to take part in activities and trips into the local community were arranged on a weekly basis. These included bingo, barbecues and throughout the summer months, trips to the beach, local zoo and hill walks.

People were not required to undertake daily chores at the home although a number of them did so of their own accord. For example one person regularly cleaned communal toilets. The provider paid a small wage for people if they helped out on a regular basis.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw for example that care plans we looked at included daily care plan needs and preferences for each person. We saw this included a wide range of areas such as personal care, mobility, social and religious needs and medication.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments had been completed in areas such as moving and handling and behaviour that challenged the service. We saw that where people's money and cigarettes were limited and held by staff, they had signed to agree to these restrictions. When we spoke with staff and the manager about why these types of restrictions were put in place. We heard that people would smoke all their cigarettes at once or use money to buy alcohol, when they were in a recovery programme or had abstained for a reasonable length of time. We heard that some people did hold their own monies and relapses in their drug and alcohol intake had occurred. The manager told us they had a good rapport with the local community police, who knew most of the people who lived at Hilldales who were vulnerable or at risk. If someone went missing the local community police would keep their eye out and inform the home if they saw anyone they knew to be vulnerable.

There were arrangements in place to deal with foreseeable emergencies. Each care plan had a photo and detailed description of the person, which could be given to emergency

service if needed.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. This safeguard had not been used for people, but the manager was aware that any concerns about restrictions must be discussed with people, their care managers and if necessary referred onto the assessment team who deal with DoLS.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. The home used one local pharmacist who delivered most medications in monthly blister packs. The service were able to get any additional medications when needed, using the prescription drop off and pick up service. When medications arrived into the home, a member of staff checked quantities and signed to say how many they had received of each medications. This meant there was a clear audit trail.

Appropriate arrangements were in place in relation to the recording of medicine. We watched lunchtime medication being dispensed and recorded. The staff member recorded on each person's medication records, only after he had witnessed the person taking their medication.

Medicines were handled appropriately. We saw that the staff member used gloves for inserting eye drops and washed their hands following this procedure. We also saw that tablets were popped from the blister pack into a medication pot and then handed to the person into their own hand for them to take. Where the person handled the pot directly, the pot was dispensed with. We heard the staff member telling people what medication was being given and if they required any additional pain relief for those prescribed it.

Medicines were prescribed and given to people appropriately. We saw that a robust system was in place for ensuring that only prescribed medications were administered. For example, only the lunchtime blister packs were taken out and placed in a basket for easy carriage. Where new medications had been prescribed and had been handwritten into the medication records, these had been signed by two people to help prevent any errors.

Medicines were kept safely. Medications were always kept locked in the medication cabinets within a locked area, unless they were being administered. When staff were administering medications, they used a plastic basket This
stayed in view of the staff member throughout the medication round. Controlled drugs were kept secure in the controlled drugs cabinet and when dispensed, this was signed by two members of staff.

Medicines were disposed of appropriately. Where medications were no longer needed, these were returned to the pharmacy who signed a book with a list of all medications returned. This helped to keep a clear audit trail.

We heard that only staff who had completed medication training were able to do this task. the provider may wish to note that we were told competency checks were completed but there was no record of this.

People had been risk assessed to see if they were able to safely take their own medication.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People we spoke with said that they were confident in the skills and experience of the staff. One person in particular was very praiseworthy about the fact staff had listened and got the right support for them. For example, we heard that one person had been signposted to get on local college courses. People we spoke with were not involved in the selection or recruitment process, so were unable to give their views about this outcome.

Appropriate checks were undertaken before staff began work. We looked at the recruitment files of the three newest members of staff. We saw that a full employment history had been obtained. There were two references and the correct checks to ensure that people were suitable to work with vulnerable people. These checks were in place prior to new staff starting work at the home. This helps to protect vulnerable people.

The provider may wish to note that where checks had highlighted a possible risk, this had been fully explored, but there was no risk assessment to cover this.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. We looked at four care plans in detail. We saw that they contained good basic information about people's needs, wishes and preferences. We saw that people's weights were monitored. We looked at daily records and could see that this gave a clear record of how people's physical and emotional well being was being monitored. The care plans had been mostly updated monthly, one less frequently. The provider may wish to note that not all documentation such as risk assessments had been signed or dated.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We looked at three staff recruitment records and found they contained all the relevant details to keep people safe and to ensure their identity had been properly checked.

Records were kept securely and could be located promptly when needed. Care plans were kept within a staff area. This was only accessible via a keypad. Staff records were held in a locked filing cabinet, in the main office. Only the manager and administrator had access to these files.

We also looked at staff rostering records, medication records and menus. These were accurate and well maintained.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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