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 July 2013

Date of Publication: August 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 16 July 2013, 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 and reviewed information sent to us by commissioners of services.

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.

What people told us and what we found

We carried out this planned inspection speaking with eight people who lived at the service and with six staff. We looked at key records including four care plans, daily records and audits and checks in respect of the environment.

People we spoke with gave a varied view of their experience of living at the service. One person told us they were most unhappy. We heard they had been drinking heavily outside of the home and this affected their mental well-being. Most people said they were treated well by staff. Comments included "You couldn't get a better bunch, most caring and very good." Another person told us "I don't want to be here, but the staff are very good. They are all kind and do their best."

We saw care and support was well planned and delivered by a staff team who understood the needs of people they cared for. Additional training in mental health, diabetic care, wound care and preventing urinary tract infections had all helped to provide safe and effective care for people.

Systems were in place to review the quality of care provided, but we found some improvements were needed in record keeping.

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

What we have told the provider to do

We have asked the provider to send us a report by 03 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. People were given a contract which set out the rules to remaining at the service. This included no drinking on the premises and people who went out to drink would be refused entry to the service if they were abusive and aggressive. We heard from one person their monies were held at the main office. This was with their agreement as a measure to help them to control their alcohol addiction.

People expressed their views and were involved in making decisions about their care and treatment. We heard for example people were assisted to attend GP appointments and made choices about the advice given such as giving up smoking, diet and follow up treatments. One person told us "since being here I have felt much better, they have helped me gain weight and get treatment from the doctor. I have also seen the optician and the diabetic nurse. I am really so much better now." We heard from another person they chose to spend most of their time in their own room. This decision was respected by staff, and although they were encouraged to have meals in communal areas, they were also able to eat their meals in their own room. We heard from staff about how they supported people with their personal hygiene. We saw some people were resistive to this type of support. Staff worked with people to achieve a reasonable level of hygiene to promote good health and a sense of well-being. We heard for example one person would only allow staff to support them once a week. Staff were seen to offer support in a kind and respectful way.

People's privacy was respected. Staff knocked on bedroom doors and waited for an answer before entering. We heard from cleaning staff how they changed their schedule of cleaning rooms to accommodate people's wishes to remain in bed or have privacy of their own room on a particular day. Domestic staff said they were aware of when people needed their privacy and did not disturb people if they were asleep, especially if they had been unwell or their mental health was less stable.

People who use the service were given appropriate information and support regarding their care or treatment. We heard how people were referred to stop smoking clinics for advice and support. Some people had been referred to the mental health team for follow up and community nurses came in as needed for people with wound care and diabetic monitoring.

People were supported in promoting their independence and community involvement. Most people were able to access the local community independently. For those less mobile, the home had a minibus and they could be driven to the town or hospital appointments.

People's diversity, values and human rights were respected. We saw for example one person wished their clothes to be washed separately from other people's laundry. Their care plan included instructions to staff to follow and honour this request.

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 gave a varied view of their experience of living at the service. One person told us they were most unhappy. We heard they had been drinking heavily outside of the home and this affected their mental well- being. Most people said they were treated well by staff. Comments included "You couldn't get a better bunch, most caring and very good." Another person told us "I don't want to be here, but the staff are very good. They are all kind and do their best."

We looked at four care plans in some detail. We saw the funding authority assessment and care plan had been used to develop a care plan which included what the person could do for themselves and what staff needed to support them with. This showed people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw plans were reviewed monthly by the key worker and a summary was included about how the person had been for that month.

Plans included details about past history, what had brought them to live at the service and for some, what triggers there were for any behaviour that was challenging. This included what staff should to do calm the person or a situation.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw for example risk assessments in place for safe moving and handling, medication management and dealing with aggressive behaviours. People we spoke with said they were asked their views, but were not involved in their care plan records, or did nt wish to be involved. When we spoke to a staff member about this, they said they checked how things were going with their key people on an informal basis, then included the detail in the summary of the monthly reviews.

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. We heard how the manager had met with a senior police officer to explain what the service offered to people and how they worked to encourage people to stay off drinking, but this was not always successful. We saw a letter from the police to officers in the area to say if the staff called for police support, they must respond quickly as staff would only call in an emergency situation. We heard how people who were vulnerable

and would wander off and get lost were often known by the police and they would call the home if they saw people wandering out of the local vicinity.

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.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

In a tour of the home we found all areas were clean and hygienic. All rooms were bright, clean and free from odours. We saw there were systems in place to ensure good hygiene and prevention of infections. These included soap dispensers in toilet and kitchen areas, and staff had easy access to disposable gloves and aprons and protective clothing. Provisions have been made for safe handling of soiled laundry to prevent cross contamination.

There was a policy in place relating to infection control. However, this policy was brief and did not cover all aspects of infection control. The policy was in the process of being updated in line with the Department of Health code of practice for health and adult social care on the prevention and control of infections and related guidance.

We spoke with domestic staff who said they had cleaning schedules, which included all communal areas and individual bedrooms in rotation. We saw there were clear directions for different mops and clothes to be used for different areas. This helped to prevent the spread of possible cross infection. We heard there was always a good supply of cleaning products, which were kept locked up when not in use.

Some staff had received training on infection control in the past, and we heard how they aimed to ensure this was an annual update, with senior staff checking competencies with the use of work books and checking of cleaning schedules as part of their monthly audit process. We concluded there were effective systems in place to reduce the risk and spread of infection.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People we spoke with said staff were ''helpful'' ''kind'' and ''do their best to help.'' One person said there needed to be more staff available but could not say why they had this view, and when asked if staff supported them, we were told the person did not feel they needed any support.

We saw there were usually five care staff each morning shift, including one or two senior care staff. There was also a manager, administrator, two cleaners, two chefs and a maintenance person. In the afternoon, the care staff went down to four, and there were four waking night staff to cover both areas of the building.

We heard that at key times such as caring for someone at end of their life, additional staff were in place to give one to one support. We saw on some days there was an additional member of staff available to facilitate activities and outings for people.

We heard from staff about training and support offered to them. We were told most staff have achieved or were completing a national vocational training qualification in care. The service had also made good use of free distance learning training in mental health, dementia and end of life care. This helped to ensure staff had the right training and so there were enough qualified, skilled and experienced staff to meet people's needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People we spoke with said that they were asked for their views. One person told us that staff always checked each day that they were feeling well and asked if they needed anything. We saw that there were regular meetings that discussed how the home should be run, including menus, outings and activities. The manager told us that they had used service user surveys in the past, but had not gained much insight from the information gathered, and people had been reluctant to complete them.

Staff we spoke with during this inspection said that in their view their opinions and suggestions were listened to. We saw that there were regular staff meetings where staff were encouraged to have their say about the running of the home. The most recent meeting showed some staff felt that morale was low and the manager agreed to explore this further to see what suggestions staff had to improve team working. Staff we spoke with told us they enjoyed working at the home and generally there was a good team approach.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that at each shift there was a detailed handover, where each person's needs were discussed. These included details about what the person had been doing, how their emotional and physical wellbeing had been and whether there were any new concerns, issues or areas for staff to monitor. For example where someone's mental health or emotional well- being was thought to have deteriorated, the local mental health team or GP would be called for advice and support.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that all accidents and incidents were appropriately recorded, and where issues had been identified, staff had looked at what to do to minimise risks. For example where someone had fallen, staff looked at what the

possible causes of this were and whether they needed to be assessed for walking aids. We saw some people had walking sticks and frames to help with their mobility.

We heard how the maintenance person completed regular audits on the environment to ensure the home was safe and free from hazards. We did not see any records relating to this. We saw risk assessments were in place for people, although the provider may wish to note that for one person there was no risk assessment in relation to their aggression when under the influence of alcohol.

The provider took account of complaints and comments to improve the service. There had been no formal complaints in the last year. The manager said that they would seek the views of people and where small issues arose, they tried to address these before they became a formal complaint. We saw for example one person had said they wanted their laundry done in a certain way. This had been included in their daily care plan.

Records ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's personal records were mostly accurate and fit for purpose. We saw for one person who was new to the service, there was no care plan. We were assured one had been written but could not be located. Care files and care plans should always be accessible to staff to enable consistent care and support to be delivered.

We found however other records were not accurate or up to date. For example the fire training and test book was not accurate. There were no records of what fire training had occurred for staff over the last few years. We heard how the service had a training DVD which all new staff had to watch but they were less clear how often established staff members had fire training. We heard there was an external company they used on an annual basis for fire training but there were no records of this. The manager agreed to address this as a matter of urgency. It is important to have accurate records of training so the service can plan for gaps in people's learning and know when updates in their training may be required. This ensures staff have the right skills to do their job safely and competently.

We heard how checks on cleaning and infection control were completed but were not recorded. We concluded not all records were accurate or fit for purpose.

Records relating to people and their care, such as care plans were kept securely and could be located promptly when needed, with the exception of one.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 03 September 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk