

GCH (South) Ltd

Hillside Nursing Home

Inspection report

North Hill Drive
Harold Hill
Romford
Essex
RM3 9AW

Date of inspection visit:
02 April 2019

Date of publication:
25 April 2019

Tel: 01708346077

Website: www.goldcarehomes.com

Ratings

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

Summary of findings

Overall summary

About the service:

Hillside Nursing Home is a residential care home providing accommodation, personal and nursing care to 53 people at the time of the inspection.

People's experience of using this service:

- People and relatives told us that people received safe care.
- Risks associated with people's needs had been assessed. However, further improvements were needed with risk assessments associated with behaviour which may challenge the service. We made a recommendation in this area.
- There were sufficient staff to meet people's needs.
- Medicines were being managed safely.
- Staff had the knowledge and received the support they required to meet people's individual needs.
- People were supported with their nutritional needs and had choices with meals.
- The staff worked well with external health care professionals and people were supported with their needs and accessed health services when required.
- People received care from staff who were kind and compassionate.
- Staff understood people's needs, preferences, and what was important to them.
- People's independence was promoted and their privacy and dignity was respected.
- Care plans were person centred and detailed people's support needs.
- People and staff were positive about the management and the service. There was an effective quality assurance system in place to identify shortfalls and take action to ensure people were safe.
- The service met the characteristics for a rating of 'Good'. Therefore, our overall rating for the service after this inspection was 'Good'.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

- At the last inspection on 24 January 2018 the service was rated 'Requires Improvement'. The home was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing, person centred care and good governance.
- This had been addressed at this inspection.
- The last inspection report was published on 12 April 2018.

Why we inspected:

- This was a planned inspection based on the rating of the last inspection.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Hillside Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two CQC inspectors 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 service.

Service and service type:

This service is a care home for elderly people, primarily with dementia and is registered to accommodate up to 55 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was carried out on 2 April 2019 and was unannounced. This means the home was not aware we were coming to inspect them.

What we did:

- Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report.
- We checked the Provider Information Return (PIR) the home sent to us. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan

to make.

- During the inspection, we spoke with 10 people, two relatives, two visitors from the local church, the director of operations, the registered manager, the deputy manager, a quality manager, three nurses and five care staff.
- We looked at the care records of nine people who used the service. We also reviewed the management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits, premises safety checks and complaints.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection, the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found concerns with staffing, which meant that people were not receiving the support they required. At this inspection, we found improvements had been made and the breach had been addressed.

Staffing:

- People were supported by sufficient numbers of staff who had the right mix of experience and skills.
- People and relatives did not raise concerns with staffing when we spoke to them.
- We saw that staff were generally available when people wanted them and they responded to people's requests quickly. We tested call bells and found the timeliness of response was satisfactory.
- Staff told us there were enough staff to support people. A staff member told us, "There is enough staff. We are not rushed." Another staff member commented, "Staffing is good."
- Some people required one to one support during the day and we observed that people were supported by a member of staff.
- The registered manager told us that staffing had improved since the last inspection as there was more staff at each unit. Dependency assessments were being completed to calculate staffing levels contingent with people's support needs.

Recruitment:

- Pre-employment checks had been carried out to ensure staff were suitable to care for people in a safe way.
- Checks such as criminal record, references and ID checks were carried out before employing staff.

Assessing risk, safety monitoring and management:

- Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. There were assessments for skin integrity, continence, fire safety, falls and nutrition.
- Risks relating to specific health conditions were available. For example, one person was at risk of deep vein thrombosis. Staff were provided information on risk factors, risk levels and scores to help them understand the severity of each risk and how to reduce them.
- Staff knew how to support people with their behaviour. Positive behaviour plans were in place for people that may demonstrate behaviours that may challenge. Charts were being completed when people demonstrated behaviour that challenged, which detailed how the person was supported.
- However, we found that charts were not being reviewed to identify any patterns or trends to make people's risk assessments more robust in regard to triggers and de-escalation techniques.

We recommend the home follows best practice guidance on risk management for positive behaviour plans.

Using medicines safely:

- People received their prescribed medicines safely. A person told us, "Staff will give me my capsules."
- We saw that staff gave people their medicine in a safe way, engaging positively with people and ensuring people took their medicines. Staff completed a Medicine Administration Record (MAR) when the person had taken the medicine.
- We checked MAR charts and found that people received their medicine as prescribed.
- Audits were carried out by the registered manager and nurses to check that medicines were being managed in the right way.
- PRN, which are medicines to be given when needed were administered as required. There were protocols in place for some PRN medicines on how to administer them in a safe way.
- However, we found that there were no PRN protocols in place for topical creams. We fed this back to the registered manager, who told us that this would be created as soon as possible.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents.
- People and relatives told us people were safe. A person told us, "Oh yeah, I do feel safe'." A relative told us, "Yes, [person] is happy here." A staff member told us, "People are safe."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding.
- A staff member told us, "Abuse is when someone needs are not met. There is physical, mental, financial and sexual abuse. If I see this, I would report to the manager. If nothing is done, then I know I can go to social services or CQC."

Preventing and controlling infection:

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area.
- The environment was clean and tidy.

Learning lessons when things go wrong:

- There was a system in place to record accidents and incidents within the service.
- Records of actions taken following incidents were viewed and any lessons were learned for individual or shared learning in group meetings. For example, after a person suffered an injury, risk assessments were evaluated and updated. Staff were given additional supervision to ensure they knew what action to take in future.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- The service assessed people's needs and choices through reviews. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience:

- People and relatives told us that staff were suitably skilled to support people. A relative told us, "I am happy with how [person] is treated." A professional told us, "The nursing staff have a good knowledge on their residents."
- Staff were supported with training and an induction. Mandatory training included safeguarding, dementia, infection control and moving and handling.
- The induction for new staff included a walk round of the premises, reading of policies, shadowing, observing, taking part in handover meetings and reading care plans.
- Staff told us that they were happy with the training they received. A staff member told us, "Training is helpful."
- At our last inspection, we observed that staff did not always use safe methods to transfer people with a hoist. At this inspection, we observed that staff transferred people with a hoist more safely and effectively.
- Staff had received supervision and appraisals to identify training needs and support them when required.
- Staff felt supported. A staff member told us, "I have received training and supervision and an appraisal. Very good."

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

- At our last inspection, we recommend the lunchtime arrangements be reviewed to ensure people were fully supported and that mealtimes were a pleasurable experience. At this inspection, we found improvements had been made.
- People were offered choices for their meals and liked the food. A person told us, "I eat when I want to and I can ask for whatever I want." A relative told us, "[Person] does like the food."
- We observed staff offer people choices and engaged with people during meal times. They were supporting people when needed and asking them if they enjoyed their meal.
- Risks to nutrition and hydration were assessed and people were offered the support they required.
- We observed that staff closely monitored the amounts people ate and drank.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to the healthcare services they required, such as GPs, dentists and hospitals.
- Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell, even when the person had difficulty communicating this.
- Staff requested healthcare support when this was needed and followed the advice given.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people, such as relatives and professionals.
- The MCA and associated DoLS were applied in the least restrictive way and correctly recorded.
- Staff requested people's consent before carrying out tasks. We observed staff asked people if they consented to speak to us and also prior to giving them their medicines. A staff member told us, "Yes, always have to ask for consent before we do anything to help people."

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

- Some areas of the premises and environment needed updating to make it more dementia friendly.
- We were shown works had begun to improve the premises and the environment, such as laying new floors in people's rooms.
- A home improvement plan was in place that evidenced further work was planned to be carried out to improve the décor of the home.
- We observed people's rooms were decorated with their preferences.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence:

- At our last inspection, we found that people's dignity was not always maintained. At this inspection, we found improvements had been made.
- People's privacy and dignity was respected. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. A staff member told us, "When supporting someone, I close the windows and close the door. I get their permission before doing anything." A person told us, "Nurse helps me to change, very good."
- We saw staff throughout our inspection were sensitive and discreet when supporting people. A staff member told us, "We ask people for their consent and make sure they have choice and independence. We respect their privacy and don't force them to do things they don't want to do."
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People and relatives told us that people were encouraged to be independent.
- We saw people were independent with eating meals, with staff nearby to support them if needed. People mobilised independently and went to their rooms and other parts of the home.

Ensuring people are well treated and supported; equality and diversity:

- People and relatives told us staff were caring. A relative told us, "Staff are caring, it's all good."
- We observed relationships between staff and people were friendly and positive. For example, a person was in some distress and, staff came and held the person's hand to reassure them.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. A staff member told us, "I treat people equally, it doesn't matter where they are from, their religion or skin colour."
- Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them.

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

- People's families were encouraged to be involved in making decisions about care and support where this was appropriate. A relative told us, "I was involved with the care planning."
- We saw staff respected people's choices and acted on their requests and decisions.
- Care plans showed that people should have choices. On one care plan, information included, '[Person] capable to choose own clothes. Staff should give at least two choices.'

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection, the home was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found concerns with care planning to ensure people received person centred support. At this inspection, we found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care that was responsive to their needs. A person told us, "If I need help, they [staff] will help me."
- Care plans were personalised and contained information on people's support needs, histories, preferences, likes and dislikes. A staff member told us, "Care plans are brilliant, a lot more detailed."
- At our last inspection, we found people were not supported with activities consistently. At this inspection, we found improvements had been made.
- People were supported to take part in activities. A staff member told us, "We do activities quite regularly."
- People and relatives we spoke to did not raise any concerns with activities or the lack of it.
- There was a weekly activity programme for activities and this was displayed at the home. We observed that these activities were carried out on the day of the inspection.
- We observed that staff spent time with people watching TV, playing games and doing exercises.
- People received information in accessible formats.
- Care plans included people's ability to communicate and how staff should communicate with people effectively. There were materials such as pictures available to communicate with people if required. Information on one person's care plan included, "Speak slowly and minimise any background noises. Maintain eye contact."
- We observed communication between people and staff was good. People and relatives did not raise concerns when we spoke with them about staff communicating with people.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure which they followed.
- All complaints were recorded along with the outcome of the investigation and action taken.
- People and relatives were aware of how to make complaints.
- Staff were able to tell us how to manage complaints.

End of life care and support:

- Where possible, end of life care had been discussed with people.
- These included people's preferences with end of life care and their preferred burial.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans and was signed by relevant health professionals.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not adequately assessed, monitored and improved the quality and safety of the services provided as we found a number of shortfalls. At this inspection, we found improvements had been made.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- A number of improvements had been made to the home since our last inspection and breaches we had previously identified that may have resulted in people not receiving safe care, had been addressed.
- The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe.
- Audits had been carried out on care plans, medicine management, skin care, the dining experience, infection control and health and safety to ensure people received personalised high-quality care.
- This meant that systems were in place to ensure people received person centred and high-quality care consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There was an effective system to gather people's and staff feedback on the home.
- Meetings were held to address and discuss people's and relative's concerns about the home.
- A number of staff and management meetings were held to share information, such as daily 'flash' meetings with department managers, clinical meetings and care staff meetings. A staff member told us, "We have staff meetings, they are very useful."
- The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us people liked living at the home. A relative told us, "[Person] is very happy here. I have not seen [person] like this for a very long time. [Person] was not happy at their last home but [person] likes it here." A person told us, "I am satisfied."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff told us the service was well led and were positive about the changes the registered manager had made. One staff member told us, "[Registered manager] is excellent. She has made a positive difference. She has sorted a lot of things out. She is always on the floor and talking to residents. Never stuck in her office."

Another staff member commented, "[Registered manager] is strong and makes sure staff are doing their jobs. Some staff might not like that but it is needed." The deputy manager told us, "[Registered manager] works very hard even at weekends. She does extra shifts and is always approachable. There has been lots of positive changes like the new nurse's stations and decorations."

- Staff were clear about their roles and were positive about the management of the service and felt they could approach the management team with concerns and this would be dealt with.
- There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff were passionate in supporting people.
- Staff told us that they had been working at the home for a number of years and enjoyed their role in making a positive difference to people's lives. A staff member told us, "There is a positive environment. I think the home is well led by all the managers."

Continuous learning and improving care:

- Quality monitoring materials such surveys were sent to people and relatives to obtain their thoughts about the home and acting on their feedback where possible, to create a cycle of continuous improvement.
- The registered manager told us that incidents are used to learn from lessons to ensure the risks of reoccurrence were minimised and people always received good care.

Working in partnership with others:

- Staff worked in partnership with other agencies.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.