

Healthcare Homes Group Limited

The Hillings

Inspection report

Grenville Way
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St Neots
Cambridgeshire
PE19 8HZ

Date of inspection visit:
03 October 2019

Date of publication:
18 October 2019

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Ratings

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

Summary of findings

Overall summary

About the service

The Hillings is a residential care home providing personal care for up to 72 older people some of whom are living with dementia. At the time of this inspection there were 66 people living at the service.

Accommodation is provided in one adapted building all on the same level.

People's experience of using this service and what we found

People were well cared for by staff who loved their jobs. People were relaxed with staff and the way staff interacted with people had a positive effect on their well-being. People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted.

People's feedback was consistently positive about the care they received. People particularly liked the service because of the caring staff. One person told us, "I love it here – the staff make it, I'm very grateful to them." One Visitor told us "I know almost all the staff and am always made to feel welcome." Another visitor told us, "The staff couldn't be more helpful, [name]'s well looked after. We've never had any complaints." Systems and processes were in place at the service which kept people safe in all areas of their care including the administration of medicines.

Care plans were in place which supported staff to deliver personalised care. People were supported to maintain their health and access healthcare support. Staff worked in partnership with other agencies to ensure people received the right support.

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

Enough staff were available to support people. Staff were safely recruited before they started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

The registered manager was well supported by a team of staff with clearly defined roles and responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

The Hillings

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Hillings is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of the information to plan our inspection.

During the inspection

We saw how the staff interacted with people who lived at The Hillings. We spoke with 8 people who lived there and four visitors. We spoke with the registered manager, area manager, head of care and five members of staff including, the cook, a senior carer, two care staff and the activities co-ordinator. We also spoke with a visiting health professional.

We looked at four people's care records as well as other records relating to the management of the service. This included medicine records and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service, one person told us, "The staff do help me to feel completely safe here." A visitor told us, "Staff couldn't be more helpful so I'm happy that they are safe." Another visitor said, "I'm happy that they are much safer here than they were in their own home."
- Staff had knowledge of how to keep people safe and protect them from any potential harm. Staff were able to show how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety.

Assessing risk, safety monitoring and management

- Risk assessments continued to give staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those with poor mobility, choking and using bed rails. One visitor told us, [Name] is very independent and they have developed a sense of what they can do for themselves safely. Staff have discussed with them how to avoid having a fall."
- Equipment in use in the service was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.

Staffing and recruitment

- The registered manager informed us that they reviewed staffing levels to ensure that the service had enough staff in place to meet people's needs. We did however at times find that a people were left alone for up to 15 minutes whilst staff were providing support to other people. However no one at this time required any help. One person said, "I struggle to walk so staff help me when I need anything. Sometimes have to wait a bit when I press the buzzer." Another person told us, "There is always someone around if I need them." The registered manager told us they would re-look at the deployment of staff to ensure people have staff available where possible.
- The provider had a robust recruitment process in place, which showed that staff employed had the proper checks to ensure that they were suitable to work with vulnerable people. Recruitment was on going at the service at the time of the inspection.

Using medicines safely

- People received their medication as prescribed. One person said, "I have to take tablets for my bones, fractured my hip twice and for blood pressure. Staff do bring them to me on time and I always get a drink with them." Another person told us, "Staff bring my tablets and I swallow them but since I've got arthritis and other stuff they hopefully are doing me good."
- Medication administration records (MARS) were all up to date and there were no omissions or gaps.

Medication was safely and securely stored. The medication procedure for the returns or disposal of medicines did not fully demonstrate what was actually still in the service. The registered manager agreed to ensure that a new process was put in place to clearly demonstrate what medicine was still in the service.

- Staff involved in the administration of medication had received training and competency checks had been completed in order for them to safely support people with their medications.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager regularly met with the area manager to discuss these to look for any trends or patterns. This information would then inform any action needed to be taken to reduce the risk of recurrence. For example a referral to the falls team.
- Staff meetings and handovers gave staff the opportunity to discuss any safety issues and to learn from them and to change their practice if needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Each person's needs continued to be fully assessed before they are offered a place at the service. This initial assessment formed the basis of the person's care plan. Needs were assessed in line with current good practice guidance.
- Care plans contained information about people's needs. Staff knew people well and were able to explain their care needs in detail.
- Staff had worked closely with health and social care professionals to ensure the support provided adapted and responded effectively when people's needs changed. A health professional confirmed that the staff were really good at seeking advice.

Staff support: induction, training, skills and experience

- Staff told us they had attended training when they first started work and also attended refresher courses as and when required. The registered manager informed us that the service was continually looking at ensuring that all staff had received training to carry out their roles.

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

- People said they had enough food and drink and were always given choice about what they ate. Throughout the day we saw people being offered food and drink. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at their own pace. One person said, "I like the food and I like to know what's planned for the day. I look forward to seeing the menu. I get more than enough to eat but my favourite of fish, chips and peas is always on a Friday. I love crumpets for tea." Another person told us, "We had a traditional roast today which I like. The food's very good, can't grumble." A visitor told us, "I've had to go out and buy new clothes for [name], they are putting weight on and it's down to the food. They love it and has a good appetite. They also like going out for a drink and a piece of cake."
- Observation at lunchtime showed that the experience for some could be improved. One unit were not provided with napkins or condiments, although staff provided these when people asked for them. We discussed this with the registered manager who agreed to review the experience.

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

- Signage with pictures to enable people to find their way around the service independently was lacking in the main corridors. The registered manager told us that this was all part of the re-decoration plan for the coming year.
- People were encouraged to bring in their own possessions when they moved into the service. This was

reflected in rooms having a personal, homely feel, with family photographs and memorabilia.

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.
- Technology and equipment were used effectively to meet people's care and support needs. Such as call bells and sensor mats.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were managed. People were supported to attend doctors and hospital appointments. When needed, the service liaised with people's GP's and community nurses to ensure all their healthcare needs were being met. One visitor told us, "[Name] was under [medical specialist] until a couple of months ago but they have now been signed off to be under the care of their GP."
- Appropriate information was shared in a timely way, if a hospital admission was required.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff demonstrated a good understanding of the MCA and DoLS.
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively and warmly about all of the staff and were really appreciative of the support they received. One person said, "Staff are kind and very good to me here. I know I'm in good hands." A visitor told us, "[Name] is happy here and that's due to the way the staff look after them. They respect them."
- Staff had received training on equality and diversity.
- People's diverse needs in relation to their culture and religion had been assessed and recorded, their notes contained information on how staff would support them to meet their assessed need. For example, the staff arranged for the local church to visit people living at the service.

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

- Everyone told us that staff listened to them and supported them to express their views about their care. We observed staff listening and interacting with people. One person told us, "I generally keep my nightie and dressing gown on until just before lunch then staff come and get me ready – it's my choice."
- Staff signposted people and their relatives to sources of advice and support or advocacy support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness, dignity, respect and consideration. One visitor said, "[Name] still dresses them self but gets a bit of help with a shower." Another visitor told us "[Name] likes to be independent and the staff encourage them to do what they can. The staff are very caring, very good. They help them when they need it but also encourage them to do things for themselves. The staff are always so polite."
- Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met in a personalised way. One visitor said, "The staff are very caring, they know [Name] really well." Another relative told us, "The staff couldn't be more helpful, [name] is well looked after."
- Care plans had been developed for each person with input from the person, their friends and family, and were reviewed regularly. The care plans provided information as to how care should be provided to meet the person's needs. One visitor told us "Their care plan is up to date. It's well documented."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in their care plans and staff told us how they used body language or signs as a means to know if people might need support.
- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they felt they had enough to keep them occupied during the day. One person said, "I do puzzles, I like quiz shows on TV, my [relative] brings a TV guide every week so I can plan what I want to watch. I sometimes join the activities." A visitor told us, "[Name] joins in almost everything they do here, they do poetry and all sorts. We take them out a couple of times a week, so they stay in touch with the community."
- People were encouraged to access activities in the community. The activity co-ordinator told us they had access to the company minibus once a fortnight and arranged outings into the local community. They had a trip planned to one of the company's other homes. so that people from both services could meet up for tea and cake.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that

if anyone complained to them they would either try and deal with it or notify the registered manager. One person said, "I've no worries, no complaints about the way staff look after me." One visitor told us, "I've never needed to raise a complaint. If there's ever a problem with [Name]'s care I talk to the senior or the registered manager and it's sorted."

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One member of staff told us, "We would always try to care for the residents here at their home if this was their wish."
- Staff understood people's needs, were aware of good practice and guidance in end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt able to approach the registered manager and staff team. One person said, "Yes, I know [Name of manager] well, she was deputy before. She's very approachable and comes around a lot." A visitor told "[name of manager] has kicked off several changes already since they were confirmed in post. Like getting rid of the dark paintwork. They know the residents and staff and acts in their interests. I know I can talk to them about anything that affects [Name]."
- Staff were positive about the registered manager and the management team. One member of staff told us, "[Name of registered manager] would listen to us all. We can go and speak to them at any time."
- Their CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from incidents to reduce the risk of recurrence.

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

- The service was well-run. Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC (Care Quality Commission) of incidents they were legally obliged to report.

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

- The registered manager positively encouraged feedback, acting on it to continuously improve the service. This was sought in a variety of ways, for example through annual quality assurance questionnaires for people, relatives and visiting professionals. They involved people in environmental audits, interviewing new staff and training sessions. They told us, "I am always looking at ways to improve the lives of my residents. Visitors know my door is always open."
- People and their relatives were kept informed about developments at the service at regular meetings. This provided an opportunity for them to express their views and share any concerns. One visitor told us, "They are quite relaxed meetings but have a proper agenda and produce notes. The number of people attending

varies. The agenda can be quite wide including the improvement plan, reporting what's going on and sharing information."

Continuous learning and improving care and working in partnership with others

- There was clear organisational oversight of the service.
- Audits were carried out to monitor the quality of the service provided and this included quality checks from the provider.
- The service worked in partnership with health and social care professionals who were involved in people`s care. A health care professional said that they were very happy with the quality of the care provided. They told us that communication was very good and that staff were very responsive.