

Charing Hill Limited

Hillbeck Residential Care Home

Inspection report

Roundwell
Bearsted
Maidstone
Kent
ME14 4HN

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27 February 2019

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Tel: 01622737847

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Hillbeck is a residential care home that was providing personal care to 49 older people, some who were living with dementia, at the time of the inspection.

People's experience of using this service:

- People told us they felt safe at Hillbeck. They knew who to report any concerns to and were happy with the support they received from staff. One person told us, "If I need to complain there wouldn't be any problem with that."
- People's care records contained guidance for staff about how to support people safely and minimise risks to people. Staff were trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected any abuse.
- People felt safe and received support to take their medicines safely. One person told us, "'My medicine is all brought to me at the same time each day."
- There were sufficient staff to meet people's needs and recruitment processes and procedures were robust.
- Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. One person told us, "I have a frame to help my mobility, and I am managing it with the help of the careers."
- Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively. One person told us, "The staff get on well and they are good at what they do."
- Staff and people said the manager was approachable and listened. One person told us, "The manager is very nice and approachable, you can tell her anything."
- The provider's quality assurance processes were effective and resulted in improvements to the service.

Rating at last inspection:

At the last comprehensive inspection the service was rated Good (27 September 2017).

Why we inspected:

This was a focused inspection. We had received a high number of notifications from the provider and concerns in relation to the way people were supported. We undertook a focused inspection to check

whether people were receiving consistently safe care We looked at our domains 'safe' and 'well led'. This report only covers our findings in relation to these topics.

Follow up:

We will continue to monitor intelligence we receive about the service.

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

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 well-led?

The service was Well Led.

Details are in our Well Led findings below.

Good ●

Hillbeck Residential Care 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:

One inspector, a specialist advisor who was a nurse and an expert by experience conducted 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. The specialist advisor looked specifically at medication procedures with within the service as some of the notification that were received involved medication.

Service and service type:

Hillbeck Residential Care home 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:

Our inspection was unannounced.

We visited the service on the 27 February 2019

What we did:

Before visiting the service, we looked at information sent to the Care Quality Commission (CQC) through

notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We reviewed four people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment including three staff files. We also looked at a sample of audits, surveys, minutes of meetings and policies and procedures.

We gathered people's experiences of the service. We spoke with seven people. We looked at feedback given by people through the providers quality audit processes. We also spoke with the registered manager and four members of staff. We received feedback from two external health and social care professionals.

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.

The provider had sent CQC a high number of notification about incidents that had happened within the service. These included things such as the safety of people being supported by agency staff, falls, medicines and staffing levels. During our inspection we looked at documents such as risk assessments, incident reports and investigations following concerns. The Nurse looked at medicine management and made sure that people continued to be given their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I am totally safe here, they look after me well. I have no concerns." One relative told us, "My [relative] is safe here and we are very happy."
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. Staff received training and were confident in telling us how they would report their concerns internally and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management

- Staff understood the risks associated with people's health and care needs. Care records provided information about each person's risks and gave guidance to staff about how to reduce such risks. For example, if a person was at risk of falling, staff had guidance to help reduce those risks.
- The environment and equipment had been assessed for safety. There were plans in place to ensure people were supported in the event of an emergency.

Staffing and recruitment

- We observed that there were sufficient numbers of staff on duty to meet people's individual needs. The service used a ratio system to determine staffing levels. Staffing levels were increased if people's needs increased. People told us there were enough staff on duty to meet their needs. One person told us, "There are always staff around if I need something, they will always help."
- We saw all staff had been recruited safely by the provider. Staff told us the recruitment process was robust and checks were made to ensure they were suitable to work at the service.
- The registered manager told us that following concerns raised about agency staff they had implemented new process. The service now only used a single agency if they needed staff to cover a shift and they made sure that the agency staff were staff who knew the service.
- The service had completed additional recruitment to reduce the need to use agency staff in the future.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe systems for the receipt, storage, administration and disposal of medicines. One person told us, "My medication is always on time."

- There were protocols in place for medicines prescribed on an as needed basis. Staff could describe to us how they would assess when people needed these medicines.
- Staff were knowledgeable about people's medicines. Staff who administered medicines were trained and were required to undertake an annual competency assessment. Medicine checks were up to date.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The home was clean, tidy and odour free.

Learning lessons when things go wrong

- The registered manager discussed information about incidents and accidents with staff. The manager monitored these events to help prevent further occurrences.
- Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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.

During our inspection we made sure that the service continued to be Well Led and that the registered manager continued to be aware of their responsibilities. We spent time talking to the registered manager about the number of notifications that CQC had received and the impact that this had on people. We made sure that the registered manager was following the organisations procedures and national guidance.

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

- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and prioritised safe, high-quality, compassionate care. This supported staff to deliver good care for people.
- Staff we spoke with were very complimentary about the registered manager and spoke highly of their management style. One staff member told us, "The managers always support us and listen to what we have to say." One relative told us, "The manager is lovely, she is easy to talk to and she is very helpful."
- The manager understood their responsibility under the duty of candour is to be open and honest and take responsibility when things go wrong.

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

- The service had a welcoming and friendly atmosphere. Staff morale was positive and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- The registered manager and senior staff monitored the quality of the service and took action when issues were identified. Each month they completed a wide range of audits and checks on the service. The registered manager gave staff members responsibility for some of the quality checks. We saw evidence that the audit's were effective. For example, Audits identify if people have lost weight – this information is communicated to the GP and to see if a referral is needed.
- Staff had a clear understanding of their role and responsibilities.
- Regular staff meetings were held to keep staff informed about all aspects of the service.
- The rating from the previous inspection was displayed at the service and on the providers website as required by law.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

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

- The provider and manager positively encouraged feedback and acted on it to continuously improve the service. The registered manager and provider analysed the feedback provided and used it to make improvements to the service. We saw information displayed in the entrance to the home about feedback recently received from people's relatives. It summarised the feedback and then explained about how the service had used that feedback to make improvements.
- People and their relatives were asked to complete a survey yearly. Positive comments from the most recent survey included "more than happy with the service."
- The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- Positive relationships had been formed with external health and social care professionals. Staff sought advice and worked in partnership with others such as commissioners and social workers to ensure the best possible support for people.

Continuous learning and improving care

- All accidents and incidents which occurred in the service were recorded and analysed to identify any patterns or trends. Incident forms were detailed and included a good amount of information about the incident. Risk assessments were carried out following any incident's. A section of the incident form identified if there needed to be any changes made to the care plan. If necessary a 48-hour injury/illness check was carried out. Additional 1:1 support had been provided following a recent incident.
- The manager attended meeting with other managers from their organisation to share good practice.

Working in partnership with others

- The provider had developed links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing. This included the registered manager working with commissioners to make sure that they were aware of any changes in people's needs and could act upon them quickly.
- Staff had formed good relationships with people who used the service and demonstrated an in-depth knowledge and understanding of people's needs.