

Barchester Healthcare Homes Limited

Hilderstone Hall

Inspection report

Hilderstone
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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: Hilderstone Hall is a care home that was providing personal and nursing care to 38 people at the time of the inspection.

People's experience of using this service: People felt safe and happy living at Hilderstone Hall. People's risks were assessed and planned for and there were enough staff to meet people's needs and give people the time and reassurances they needed.

People were safeguarded from abuse and avoidable harm by well trained staff who cared about people's wellbeing.

People had choices about what food to eat, how to spend their time and were involved in all aspects of their care. Staff knew them well including their likes, dislikes and preferences and provided support to people in the way they liked.

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

People's care records were accurate and up to date and provided staff with the information they needed to provide safe and personalised care.

People knew the management team and staff shared their vision of providing good quality support to people. People and staff were engaged and involved in the service and had opportunities to share feedback that was listened to by the management and provider.

The service had made improvements since the last inspection and now met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 28 April 2018)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this service. If we receive information of concern, we may bring planned inspections forward.

For more details, please see 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 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 ●

Hilderstone Hall

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 inspectors, an assistant inspector 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 care service.

Service and service type:

Hilderstone Hall 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.

Care and support is provided in one adapted building. There is a smaller area of the home called 'Memory Lane' which has its own communal areas, though people living on Memory Lane are free to access all areas of the building if they choose. The service is registered to provide care and support for up to 51 people. However, some bedrooms are not in use as they are not easily accessible so the provider told us they would accept up to a maximum of 45 people. There were 38 people using the service at the start of the inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had taken appropriate steps to recruit a new registered manager and provide suitable management arrangements in the interim period. There was an acting manager in place.

Notice of inspection:

The inspection was unannounced.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns and deaths. We also sought feedback from commissioners of the service and looked at information we had received from the local safeguarding adults' team and members of the public.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called the Provider Information Return (PIR) and helps support our inspections. We considered this information as part of the inspection.

During the inspection, we spoke with nine people who used the service and four people's visiting relatives and friends. We did this to gain their views about the care and to check that standards of care were being met. We observed how staff interacted with people in communal areas and we looked at the care records of six people who used the service, to see if their records were accurate and up to date. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff including a nurse. We also spoke with the acting manager and deputy manager and looked at records relating to the management of the service. These included staff recruitment files, staffing records, complaints records and quality assurance records.



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 in February 2018 we rated the service under this key question as, 'Requires improvement'. At this inspection we found sufficient improvements had been made and the rating is now 'Good'.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes I feel safe here. I have no reason to feel otherwise." Relatives commented they felt their family members were safe in the service. One said, "Yes they are safe here. We would not leave them here if we did not think they were safe."
- Staff knew how to protect people from the risk of abuse and how to recognise any signs of potential abuse.
- The provider had a system which meant people were protected from the risk of abuse and they reported concerns to the local safeguarding authority when necessary.

Assessing risk, safety monitoring and management

- People told us they had equipment available to them to support them in managing their risks. One person said, "I know what they [staff] are going to do and they talk me through it [when using equipment]."
- Staff knew the risks to people's health and safety and what action they needed to take to mitigate any risks to keep them safe.
- Records were up to date and reflected people's current needs. They contained detailed information in guiding staff what they were required to do to manage people's risks to keep them safe.
- Staff used the guidance available to them to ensure people's risks were managed safely. For example, when helping people to move around the service.

Staffing and recruitment

- People told us there were sufficient staff to meet their needs. One person said, "Yes they are available, more or less. They are very good."
- We saw staff were available when needed and spent time with people and were not rushed.
- The provider had a system in place which meant staff were recruited safely. Checks were carried out to

ensure staff were safe to work with people living at Hilderstone Hall.

Using medicines safely

- People told us they received their medicines safely. One person said, "Yes I get my medicines at the right time." Another person said, "Yes I get medication when I need it."
- Staff told us they had received training and had their competency checked by senior staff regularly.
- Some people were prescribed medicine on an 'as required' basis. We saw protocols were in place and staff followed them to ensure people got their medicine safely. The provider had a system in place which meant people got their prescribed medicine on time.

Preventing and controlling infection

- People told us and we saw the environment was clean. One person said, "Oh yes, it is clean and tidy."
- Staff were aware of their responsibilities in preventing the spread of infection. One member of staff explained to us how they did this by using protective clothing when necessary and by washing their hands following any care given to minimise the spread of infection.
- We saw staff using the techniques they explained to us to prevent the spread of infection.
- The provider operated a system which meant people were protected from the risks associated with the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and used by management to inform them of trends which had developed.
- The management team used their analysis to effect change for people living at Hilderstone Hall as we saw action had been taken to reduce the re occurrence of accidents and incidents and were shared with staff as a learning opportunity.

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

- People's needs had been thoroughly assessed including a detailed pre-admission assessment before people started to use the service.
- People's needs and choices were well planned for and regularly reviewed to ensure their changing needs were met. A relative said, "They [staff] understand my relative's needs."
- People's involvement in developing their support plans was encouraged to ensure their preferences were met. People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had the required skills and knowledge.
- A person said, "I feel confident in the staff. To my untrained ears, they seem to be exceptionally well trained."
- Staff felt well trained and well supported. They received a variety of training which was regularly refreshed and enhanced with themed supervisions and competency checks.

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

- People were supported to eat and drink enough to maintain a healthy diet and staff maximised their choice and involvement.
- People enjoyed the food on offer and had a positive mealtime experience. Comments included, "The food is excellent. They offer you alternatives" and "I enjoy mealtimes. Breakfast is nice, there is a big choice. I was naughty I had a full English breakfast, so had a smaller lunch today."
- We observed a positive mealtime experience where people were offered three courses, choices and alternatives to the menu and a comprehensive choice of drinks including wine and sherry. The food was well presented and effort was made to ensure pureed food was well presented using moulds to make the food appear appetising and resemble the solid form.
- Some people had complex needs relating to their nutrition and staff understood their needs and risks and ensured they received safe support to stay healthy. For example, staff followed guidance from Speech and

Language therapists and dieticians when people required a specialist diet and food and fluid intake was closely monitored and action taken when this was required.

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

- Staff worked well together and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- People had access to healthcare professionals.
- People's health was monitored and referrals for specialist advice from professionals including speech and language therapists and occupational therapists, were made promptly when required.

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

- The environment met people's needs and suitable adaptation had been made for people including accessible bathrooms and handrails.
- Corridors were free from obstruction and dementia friendly signage was in place to enable people to orientate themselves.
- On Memory Lane, the bathroom door was a different colour to the wall and flooring, to provide contrast and support people living with dementia and the same attention had been paid to the floor coverings. There were objects of interest of things for people to explore in communal areas.

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

- People were asked for their consent. Staff told us how they included people in making their own decisions.
- 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. We found the MCA was being followed and people's rights were protected.
- Staff were knowledgeable about people's mental capacity, offered choices and took appropriate action to protect people when there were concerns about their mental capacity to make specific decisions.

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.

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

- People told us they were well cared for by staff. One person said, "I am happy with the care I receive here." A visitor commented about their friend, "They have been in a few care homes and this is by far the best."
- We saw staff treated people with kindness and compassion when speaking with them throughout the day. A member of staff told us they always put themselves in the position of the person which ensured they always treated the person with respect and kindness.

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

- People told us if they wanted to be, they were involved in their care. One person explained to us how staff discussed their care needs with them.
- People told us they had choices about their care, for example what time they got up or what time they went to bed.
- Staff told us they involved people in their everyday care needs by offering them choices about their care. We saw staff offered people choices about where they sat, what they wanted to eat and how they spent their day at Hilderstone Hall.
- Records we saw demonstrated people and their relatives were involved in their care by contributing to reviews of their care which took place regularly to ensure they got the care they wanted to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity at all times. One person said, "They respect my privacy. I have my own bedroom and shower room. I cannot recall one instance where that has been violated."
- Staff understood the importance of maintaining people's dignity. One member of staff told us "It's important to remember they are people and have feelings."
- People told us and we saw staff promoted their independence. For example, we saw staff encouraged people to use cutlery themselves without support before providing additional support if required.

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.

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

- People told us they were involved in the planning of their care. One person told us, "I had a meeting with the boss. We had a good discussion about things I like." Relatives confirmed where necessary they had been involved in planning their family members care.
- People told us staff knew them well and respected their choices. One person said, "Yes they know me well."
- Staff were aware of people's personal preferences with regards to their care. One member of staff told us they spoke to people and their relatives about their care but if this was not possible they could refer to their care records as people's preferences were documented there.
- Records confirmed what staff had told us.
- We saw people's choices and preferences were respected by staff throughout the day.
- People and their relatives told us there were activities available to them to spend their leisure time. For example, one person explained they went to a specific exercise class during the week which they enjoyed.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain and when they did they were listened to. One person told us they had complained about the towels and the staff had replaced them at their request. Another person told us they had complained about staffing levels and they had improved.
- The provider has a system in place which meant people could complain and when they did they were responded to in line with their policy.
- Records we saw confirmed what people told us.

End of life care and support

- The provider had a system in place to look at people's wishes at the end of their life. We looked at records for people who had reached this stage. They contained detailed information about their wishes which included their spiritual needs at this time. They had been reviewed regularly in order that the persons wishes were respected and to acknowledge any changes in their needs.
- We saw when necessary other professionals had been consulted about their care at this stage. For

example, their medicines had been reviewed in order that they received a dignified and pain free death.

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.

People knew the management team and felt they were approachable. There was clinical oversight of people's needs and risks. Quality assurance systems were operated effectively. People and relatives were engaged and involved and their feedback was sought and listened to. People were encouraged and supported to be a part of the community.

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

- There was no registered manager in post at the time of the inspection. However, the provider had recruited a suitable manager who was due to start imminently and had arranged suitable management cover in the interim period. This meant the service had continued to run smoothly with minimal impact on people and staff.
- People and relatives knew the management team and felt they were approachable.
- Suitable systems were in place and operated effectively to provide clinical oversight of people's needs and risks. We found these were working well to ensure action was taken in a timely way when required to improve the safety and quality of people's care.
- The management team understood regulatory requirements and sent to notifications to CQC as required by law.

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

- People received an apology when things had gone wrong, in line with duty of candour responsibilities.
- There was an open and honest culture where staff and management worked together to improve outcomes for people.
- A staff member said, "The residents' wellbeing is a priority, we care for them well, I would be happy for my mom to come here." Another staff member said, "I think it is a very friendly and welcoming team. Staff are very good, everyone always wants to make sure the residents are happy."

- A suitable quality assurance system was in place which ensured that any issues were identified and acted upon.
- Regular audits and analysis of accidents, incidents, complaints and other key areas were carried out by the management team and overseen by the provider to ensure quality and safety issues were identified and prompt action was taken to make improvements when required.

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

- People felt engaged and involved in the development of the service. One person said, "At the residents' meetings, any problems are discussed and noted and passed on to powers at be. It gets sorted."
- There were opportunities for people, relatives and staff to provide feedback be involved in the running of the services. There were meetings, surveys, supervision sessions for staff and everyone told us they could approach the management team or provider if required.
- A residents and relatives and ambassador helped ensure people's views were heard and feedback was responded to.

Continuous learning and improving care

- There was a positive culture of continuous learning and improvement. A staff member said, "I love my job, all I think about are the residents and what is best for them. The recent improvements have benefitted people living, working and visiting here. Memory Lane has improved since the 'Dementia 10-60-6' programme started."
- The introduction of the principles of 'Dementia 10-60-6', a dementia awareness scheme, had a positive impact on peoples wellbeing in Memory Lane, helping staff to better understand people's needs and how they chose to have them met.

Working in partnership with others

- The service worked in partnership with professionals to improve outcomes for people.
- The service had a 'Community Engagement Plan' which was successful in starting a number of initiatives to help people engage with the local community. Engagement included a mother and toddler group at the home, visits from the local school children, vicar and healing groups and a variety of other initiatives. One person said, "We had the school kids. They asked us about ourselves and we asked about them. I found it quite interesting."
- There were further partnerships and events planned and the provider and management team were committed to increasing relationships with community groups for the benefit of people using the service.