

Hillyfield Rest Home Limited

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Inspection report

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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

Hillyfield is a residential care home providing accommodation and personal care to up to 17 older people. At the time of our inspection there were 11 people using the service. Hillyfield is set in a rural setting and provides single room en-suite accommodation.

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

People and their families told us they felt safe as they trusted the staff. People were supported by staff who had been trained to recognise and report safeguarding concerns. People had their risks assessed, monitored and reviewed. Staff understood the actions needed to mitigate avoidable harm whilst respecting people's freedoms and choices. Medicines were managed safely, and infection, prevention and control measures were in line with best practice. Recruitment processes included references and criminal record checks ensuring staff were suitable to work with older people.

The culture of the home was open and transparent. People, their families and staff team spoke positively about the management of the home and communication. Staff understood their role, felt supported and involved in the development of the service. Quality assurance processes were effective at monitoring quality standards and regulatory requirements and driving sustainable improvements.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 28 July 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, fit and proper persons employed

and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillyfield Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

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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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hillyfield Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillyfield is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. .

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers and the chef.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their risks assessed, monitored and regularly reviewed. Staff understood the risks people lived with and the actions needed to mitigate avoidable harm. This included risks associated with skin integrity, falls and eating and drinking.
- Care records reflected people's assessed risks and how they needed to be supported. Robust monitoring systems ensured actions detailed in care plans to mitigate risk had taken place.
- Staff had completed fire training and participated in regular fire drill practice. People had personal emergency evacuation plans that were up to date and easily accessible in an emergency. Fire safety and equipment checks were completed in line with maintenance schedule.
- Manual handling equipment, including bath lifts in ensuite rooms and slings, had been inspected by an accredited person six monthly to ensure their safe use in line with Lifting Operations and Lifting Equipment Regulations 1998.

At our last inspection the provider had failed to ensure they had deployed trained numbers of suitably qualified, competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were cared for by staff that had completed mandatory safety training which included moving and handling. People told us they felt safe and confident in staff that supported them with moving and transferring.
- The registered manager had undertaken additional training and was a moving and handling champion. This enabled them to provide continuous learning and support to staff in response to people's moving and transferring needs.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of our inspection there were no authorised DoLS in place, but applications had been submitted to the local authority for assessment.
- When people had been assessed as not able to make an informed decision a best interest decision had been made ensuring the least restrictive actions were taken. Decisions included input from family and/or health professionals who knew the person. Examples included the use of an alert alarm mat or bed rails.
- We observed staff seeking consent before providing any care or support, giving people time and respecting their choices.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People were supported by staff that had been recruited safely. Recruitment checks included a full employment history, including any employment gaps being explored, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by enough staff. One person told us, "I feel safe as somebody is always there." A relative told us, "There's always somebody about and smiling." We observed people receiving support in a timely manner, staff helping people at their pace and having time to sit, talk and listen".

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had their medicines managed safely by trained staff who had their competencies checked regularly. Medicine records included a photograph of the person and any known medicine allergies.
- Medicines were stored securely, and daily temperature checks were taken to ensure medicines efficacy was not compromised. Medicines with a limited shelf life, were dated once opened to ensure they were

administered within the advised time frame.

- Some people had medicines that had been prescribed for, as and when required. These medicines had protocols in place that provided staff with information to ensure they were administered appropriately.
- When people had topical creams, a body map had been completed which indicated where each cream needed to be applied.
- Controlled drugs, (medicines that have additional controls due to their potential for misuse), were managed in accordance with current regulations.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure safety was effectively managed. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had oversight of critical incidents, including accidents and incidents, safeguarding and complaints. This information was used to analyse trends, review risk and identify learning. Actions taken included risk assessment and care and support plan reviews, utilising equipment such as alert alarm mats, and referrals to health and social care professionals.
- Learning was shared with staff at daily handovers, supervisions and if urgent via an all team electronic App.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with the latest government guidance Hillyfield was fully open to visitors who were required to wear a mask whilst inside the building.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had completed safeguarding training and understood how to recognise signs and report concerns of abuse or poor care.
- People told us they felt safe. One person said, "I feel safe, staff are really nice, nothing is too much trouble, there very caring; bit like your mum." A relative told us, "(Relative) is safe, I trust them (staff). All the team are good."
- Safeguarding information was displayed around the home providing visitors with safeguarding information and contact details for external safeguarding agencies.

- Records demonstrated that safeguarding concerns had been shared appropriately with external agencies such as the local authority and Care Quality Commission.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure quality and safety of the service was assessed and monitored effectively. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Auditing systems were in place that ensured oversight of quality and regulation and had driven sustainable improvements. Learning had been shared with the staff team. The registered manager told us, "Everybody is on board." A staff member said, "Staff are wanting to be at work; work isn't a chore."
- An electronic care system provided further oversight and enabled the registered manager to produce reports about the day to day care people received.
- Staff felt confident in their roles and supported by the registered manager. One staff member told us, "The biggest improvement is more visible management, people have more choices and staffing levels are right for the number of people at the moment." Another told us, "There's continuity, people know what they are doing, systems are in place, they know who to go to if they have a problem."
- Records showed us that statutory notifications had been submitted appropriately to CQC. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- People, their families and the staff team spoke positively about the management of the home describing an open, transparent culture. One person told us, "(Registered manager) is the best we have ever had. Anything I need she gets for me." A relative told us, "Feel we can talk to the (registered manager) about anything. Quite receptive. You never feel rushed." A staff member said, "There's an open relationship with the staff, everybody is very caring, open communication is really, really good."
- The registered manager was visible and worked alongside the staff team, supporting learning and driving person centred care.

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 understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records, and conversations with families demonstrated the duty of candour was met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their families and the staff team had opportunities to share ideas and be involved in developing the service. A staff member told us, "There's always a good turnout at staff meetings and everybody is able to voice opinions and ideas. We know some things are trial and error and that's ok." One person explained, "I have my senses and I can tell staff what I do and don't want."
- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice. This included Skills for Care, CQC and liaising with local health and social care professionals.