

Hillsborough Residential Home Limited

Hillsborough Residential Home

Inspection report

Southern Road
Callington
Cornwall
PL17 7ER

Tel: 01579383138
Website: www.hillsboroughresidentialhome.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hillsborough residential home is a residential care home providing personal care for up to 22 people. The service provides support to people requiring care and assistance. Some people were living with dementia. At the time of our inspection there were 18 people using the service. The service is also registered to provide care and support to people in their own homes. At the time of the inspection, no-one was receiving support with personal care.

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

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the service.

There was equipment available to support staff in providing safe care and assistance. Health and safety checks of the environment and equipment were in place.

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.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

People living at Hillsborough residential home had care plans which detailed their needs and preferences. Staff knew people's care needs well.

There were processes in place to prevent and control infection at the service. Additional training and systems had been adopted through the COVID-19 pandemic. There were additional cleaning and safe visiting precautions.

Governance systems had been reviewed. Changes made to the management structure ensured effective oversight of the service. The service had clear and effective governance systems in place.

The management team-maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good published 30 October 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

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Detailed findings

Background to this inspection

Inspection team

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hillsborough residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We visited the service location on 20 September 2022. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, four members of staff including care and housekeeping staff. We spoke with a relative and four people living at the service.

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 staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and monitored. Staff knew how to protect people from known risks while supporting their independence. When people's needs had changed the service had involved other professionals to help staff team make any adjustments to support people safely. For example, if people's mobility deteriorated and they needed equipment to mobilise independently.
- Risk assessments were detailed and guided staff in how to manage people's care safely. They covered areas such as skin integrity, personal care, mental health, behaviours and falls. Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk from abuse

- The service had effective systems in place to protect people from abuse.
- Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns. A relative told us, "I call in most days and I feel confident [relative] is safe living here". A person using the service said, "Yes feel very safe living here". All the staff are so kind and patient".
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people. Staff understood procedures to raise safeguarding concerns internally and externally. Training supported staff to understand the principles of good practice in protecting people.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions

independently.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- Staff received training and were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage.
- Some people were prescribed medicines to be taken when required. Policies and procedures were in place to support this. Staff knew people well and administered these medicines safely and in a caring manner.
- Where people required medicine's, which required stricter controls systems, these were in place to safely manage them.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to. Staff told us they thought there were enough staff to support people. A relative told us, "I visit at various times and I always see staff around the home". One person using the service told us, "I never have to wait long." We observed call bells answered promptly throughout the inspection.
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). These ensured prospective staff were safe to work in the health and social care sector.
- Staff told us they felt valued by the management team. Comments included, "It is a good place to work and we are supported by the manager". Another staff member told us, "We all work well as a team and support each other."

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "I don't have a problem visiting. It all seems very safe".

Learning lessons when things go wrong

- Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had fallen, or their mental capacity had deteriorated.

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

- Staff cared for people with compassion and respect. People were positive about how they received care and support. They told us, "They (staff) are so helpful. They know what I like and don't like" and "There is always time for a chat". A relative told us they were happy with the care and support provided to their family member.
- Throughout the inspection, we observed interactions between staff and people using the service. They showed that staff had developed good relationships with people and knew their care needs well. We observed staff patiently and kindly supporting people when they became anxious or upset. They provided gentle reassurance and sat with them until they became settled. One person wanted to use their mobile support independently. A staff member spent time gently encouraging the person until they had managed to get up and walk with the support of the frame. The staff member told us, "It takes as long as it takes but we make sure we get there in the end".
- Some of the staff we spoke with told us they had worked at Hillsborough House for some time and had built caring relationships with the people who lived there.
- Equality and diversity was embedded in the principles of the service. Staff received training in this area and understood how people should be protected against discrimination. Staff understood the importance of people's diverse needs, culture and sexuality in order to deliver person-centred care and support.
- Discussions about people's needs were discreet and conducted in private, personal care was delivered behind closed doors and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were assisted with make-up, jewellery and nail care.

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

- People and their relatives or representatives were involved in care planning and review. Staff supported people to make as many decisions for themselves as possible. For example, some people preferred to use their rooms at all times, others chose to use it at various times of the day and others chose to stay in communal areas in the day. Staff told us a few people liked to stay up later in the evening and this was not a problem. Care and support was seen to be flexible throughout the inspection.
- Staff supported people to keep in touch with their family. The service had opened up for visitors following guidance for infection control due to the COVID-19 pandemic. The service had also utilised other ways of keeping contact with family and friends by using technology. For example, using electronic communication

systems. Staff told us in some cases they still used this for families who lived away and could not make regular visits.

- Staff communicated with people in the way they understood and gave them time to express themselves. We saw staff stoop to people's level to speak to them and they waited for the person's response either verbally or non-verbal to understand their wishes and views.

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 good. The rating for this key question has remained good.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. A staff member told us, "The manager always has an open door and we are encouraged to share information." A relative told us they found the registered manager and staff to be supportive. They said, "If anything changes they let me know. I come in regularly and often get a catch up. The communication is good".
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people. For example, staff knew each person's individual choice about how they liked to spend their day. We observed this throughout the inspection.
- The registered manager and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by the provider. There was good oversight of the governance systems in place.
- Regular audits took place, and these were completed by the management team and overseen by the operations manager. These included checks on people's health, social needs and staffing.
- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance. There were regular audits in place to check systems were effective. These were reported to and monitored by the provider.

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

- The service had systems in place to positively engage with all stakeholders.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager completed regular checks on the quality of the service. Action was taken when a need to improve was identified. For example plans for maintenance and decoration were ongoing and being monitored monthly.
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.