

Hillbrook Grange Residential Care Home

Hillbrook Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hillbrook Grange residential care home providing accommodation and personal care to up to 41 people. The service provides support to older people. At the time of our inspection there were 35 people using the service. Accommodation is provided across two floors accessible via a lift. There are a range of shared facilities including adapted bathrooms, lounge and dining areas and a secure outside space.

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

Improvements have been made to the management of medicines since the last inspection; however, we found people were still at risk of not receiving their medicines safely. Staff had undergone safe recruitment checks prior to working the home. People were cared for by staff who understood how to safeguard people and how to report any concerns. The home was clean and tidy, and people were supported to receive visits from family and friends.

We have made a recommendation about the implementation of individual risk monitoring charts and a recommendation about maintaining up to date staff training.

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.

Systems and processes to ensure oversight of the service were not always effective. Audits completed had not always actioned the concerns we found on inspection. We identified a repeated breach and a new breach of regulations. The management team were helpful and quick to investigate and provide assurances when we fed back our findings during and after the inspection. Staff were complimentary about the manager and people gave positive feedback about the care provided by staff.

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 (26 August 2022). 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 the provider remained in breach of regulations. This service has now been rated requires improvement or inadequate for four consecutive inspections.

Why we inspected

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 previously carried out an unannounced inspection of this service on 11 July 2022. A breach of legal requirements was 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.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified breaches in relation to medicines management and managerial oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made recommendations in relation to monitoring records and maintaining up to date staff training.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hillbrook Grange

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, one pharmacist inspector and one 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

Hillbrook Grange 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. Hillbrook Grange 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 on day one.

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 the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and 3 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, the chair of trustees, administrator, kitchen/dining staff, laundry staff, care workers and senior staff.

We reviewed a range of records. This included 4 people's care records and 8 medication records. We looked at 3 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management and administration of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Since our last visit improvements were identified and systems had been put in place to manage medicines in a safer manner. However, these systems were not always followed by staff and they were not closely monitored and audited. There were still areas of poor medicines handling which need further improvement to ensure people were not put at risk of harm.
- Medicines which were prescribed to be given at specific times or with specified time intervals between doses were not always given at the correct times. If medicines are not given at the right times, they may not be effective, which placed people at risk of experiencing the symptoms the medicines were prescribed to treat.
- Written guidance in was not always in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. When guidance was in place it was not always personalised, or it was not followed properly which meant people were not given medicines including laxatives appropriately.
- A system was in place to record the application of creams, but we saw that this system had not always been followed. It was not possible to tell from the records if people had had the correct creams applied at the times they were needed. Medicated patches were not rotated in accordance with the manufacturers' directions. This put people at risk of developing skin irritation.
- The service did not use stool charts to monitor if a person required medication or a referral to a healthcare professional. One person was prescribed a laxative to be administered each day; however, this was not given each day, and this meant there was a risk of impact on their health.

Whilst good improvements had been made to the safe management of medicines since the last inspection, we found continued concerns and further improvement was required. This meant the breach had not been

fully met and was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to any concerns we raised regarding the safety of medicines and implemented improvements during and after the inspection. We will review and evaluate the effectiveness of these improvements at the next inspection.

Assessing risk, safety monitoring and management

- Improvements had been made since the last inspection. People's individual risks had been assessed and where necessary, detailed risk management plans were in place.
- Detailed and personalised care plans guided staff on how to safely care for people. These plans were reviewed regularly to ensure staff were aware of people's immediate care needs and risks. Although people's risks were assessed, specific charts to monitor these risks were not in place. For example, where a person had been assessed as being at risk from skin breakdown and required periodic repositioning, charts to monitor the management of the risk were not in place. We found some recording of risk management was captured on daily recording notes; however, we found these notes could be more detailed.

We recommend the provider ensures robust monitoring systems are in place where an individual's risk management plan indicates monitoring.

- Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.
- Required health and safety checks of the environment and equipment had been carried out. Additional safety checks of the home were regularly carried out by maintenance staff on the building, such as safe window restrictors.
- Kitchen and dining staff were knowledgeable about risks to individual people's nutrition and hydration needs.

Staffing and recruitment

- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (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 told us they generally felt there was enough staff around and were mostly complimentary about how caring staff were. We observed kind and caring interactions between people and staff. One person told us, "The staff do their best for me and are very kind." Another person told us, "The staff are very friendly and helpful but can vary." People told us that overall, staff were responsive when they used their call bells. However, we received some negative feedback about agency staff used at night. Some people and one relative also raised concerns with us about their privacy at night times where another resident would enter their room. We reported these concerns back to the registered manager who told us they would be addressed.
- The registered manager told us they had increased staffing levels and improved pay and benefits. However, as with many other social care organisations, the provider was finding the recruitment of care staff difficult and the home was using some agency staff to cover the gaps; these were mainly night shifts. The registered manager told us they used mostly the same agency staff to provide consistency for people and this was verified by people and staff.
- There was a comprehensive training and induction programme in place and staff told us they felt they

received enough training to provide safe care. However, the training matrix indicated several staff did not always have up to date/refresher training in place.

We recommend the provider ensures staff have completed refresher training in line with their own policy.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a policy and procedure in place to ensure people were protected from potential abuse.
- Staff demonstrated their knowledge around safeguarding and how to identify if someone was at risk of abuse. Staff told us they would report any safeguarding concerns to management and were confident they would be acted upon.
- People told us they felt safe living at Hillbrook Grange. One person told us, "I think the whole place is very clean. All the staff are lovely and very helpful; if I want anything, I just ask for it." Another person told us, "Most of the staff are very good and do what you want and follow your instructions. I have had falls so they supervise me when I am having a shower to avoid any problems. They [staff] are very good with me."
- Systems were in place to enable lessons to be learnt when things went wrong. Accidents and incidents were recorded and monitored. These were then analysed monthly and any actions taken to mitigate further risks were also recorded and followed up. Monthly logs of any incidents were also shared with the local authority.

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.

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.
- People were supported to receive visits from their loved ones in line with current guidance.

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 for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements had been made at the home since previous inspections. However, the provider had not always been able to demonstrate continuous and sustained improvement and had not always ensured safe and effective governance of the service.
- The service has now been rated requires improvement or inadequate for the fourth consecutive inspection. Although improvements have been made to the management of medicines since the last inspection, we found people were still at risk of not receiving their medicines safely. We also found concerns regarding up to date staff training and safe and robust monitoring of people's risks.
- We saw positive changes had been introduced by the registered manager in the last year in order to improve the management oversight of the home. They had carried out some audits and checks of the quality and safety of the service along with staff observations. However, these audits had not always identified and actioned the concerns we found at this inspection. Further audits were required to ensure a full and robust oversight of the service. For example, people's care plans were not formally audited for accuracy and completeness.

The provider had not always ensured full oversight of the operations of the home, leading to the concerns identified on this inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we fed back our findings and the management team were helpful throughout the process and reactive to resolve any concerns raised. We will review and evaluate the effectiveness of improvements at the next inspection.

- The management team were aware of their CQC regulatory requirements and notifications had been submitted as per registration requirements.
- The registered manager told us they were adhering to the safe, lawful and appropriate use of CCTV and its storage.

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; Continuous learning and improving care

- The registered manager demonstrated their awareness of their duty of candour and their also their responsibility to act on accidents, incidents and complaints. We saw evidence that these had been responded to appropriately.
- The registered manager was aware of requirements of their registration with CQC and had submitted statutory notifications as and when required.
- The management team were responsive to our feedback during and after the inspection and took steps to review their processes and understand the context of our findings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received person-centred support from kind and caring staff. Care plans were written in a person-centred way with involvement from the person and their loved ones. The home had received several cards and compliments about the care provided. One person had written, "I cannot thank you enough for being there for us when we needed respite. You made me feel like you really cared about both of us and now I feel not so alone. A heartfelt thank you."
- Staff told us they were kept informed about the home and people's care needs through a series of meetings, handovers and the electronic care system. Staff were complimentary about the management team and told us they found the management team supportive and their opinions were welcomed and valued. One staff member told us, "They're good and approachable. They come out on the floor and know what is going on. [Name] is supportive." Another staff member told us, "[Name] is lovely and very approachable, and she will tell you if you are in the wrong. [Name] is nice they are like friends and they will get stuck in. They are always on the floor with the residents."
- Some people told us they would like to have more involvement in the running of the home through residents' meetings and questionnaires to gather their opinions. The registered manager told us they had plans to introduce surveys in the future. The kitchen manager told us they consulted people on the menu choices and incorporated people's meal preferences.
- The registered manager told us how proud they were of the service and of their aspirations for the future. These included the aim to provide excellent care, accreditation for end of life care and develop staff champions. The registered manager was in the process of recruiting an activity co-ordinator and hoped to take more people for outings once the weather improved.

Working in partnership with others

- The registered manager had close working relationships with the local GP service, district nurse teams and other medical professionals to ensure people received prompt and appropriate medical care. We saw staff had made appropriate referrals to medical professionals where they had concerns about someone.
- During the Covid-19 pandemic the management team had worked very closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured full oversight of the operations of the home, leading to the breaches identified in this inspection.