

Hillswood Limited

Hillswood House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hillswood House is a residential care home providing personal care to up to 55 people. The service provides support to adults with physical disabilities, sensory impairments, mental health conditions and dementia. At the time of our inspection there were 28 people using the service.

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

Regular building safety checks were completed however some were not robust enough in identifying areas of concern that we found on inspection. Staff did not always maintain good standards of cleanliness within the home to ensure infection control was promoted.

People had risk assessments in place to keep them safe and medicines were generally safely managed. Lessons were being learned when things went wrong. People were kept safe from the risk of harm and abuse. There were enough safely recruited staff.

People had person-centred care plans. Staff received suitable training and specific training for people at the end of their life. People were supported to have a balanced and suitable diet and to drink enough. Staff worked with other health professionals and made appropriate referrals. The service was being redecorated to meet the needs of the people who lived there.

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.

Staff treated people with dignity and respect. Staff listened to people and their relatives. People's communication needs were considered in their care plans. People were supported to participate in activities and an activities coordinator had been recently recruited. People, relatives and staff were able to raise concerns and felt they would be listened to.

Quality checks were not always effective in identifying concerns. Accuracy issues in relation to record keeping was identified. An action plan was in place to improve the service. People, relatives and staff felt the manager was approachable. Staff worked in partnership with other organisations to support people. The manager understood their duty of candour.

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

We registered this service on 2 March 2022 and this was the first inspection.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the management of the service, medicines management and infection control. A decision was made for us to inspect and examine those risks.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Hillswood House Care Home

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 2 inspectors who visited the care home and an Expert by Experience who made telephone calls to relatives following the inspection visit. 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

Hillswood House 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.

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 not a registered manager in post. However, there was a manager, who was going to register with CQC. We will review this application when it is received.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people living in the service and 13 relatives and 2 visiting professionals. We spoke with 8 members of staff including the nominated individual, the manager, the deputy manager, senior care staff, care staff, housekeeping staff, the business manager and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 5 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, audits and accident and incident records were also reviewed. After the inspection we continued to seek clarification from the provider and manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question 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.

Assessing risk, safety monitoring and management

- Building safety checks were being completed regularly to ensure the environment was safe and free from hazards. However, some had not been effective. For example, the fire risk assessment had not been updated by an external organisation after numerous changes throughout the building. We found in 1 person's bedroom the window restrictors did not meet appropriate guidelines. Additionally, 1 window did not have a window restrictor in place. Although this window was in the office and the manager told us the office would not be left unlocked or accessible to people living in the service. However, this meant there was a risk of harm to people.
- The manager and nominated individual were responsive to our feedback. The manager arranged for window restrictors to be installed during our site visit. The nominated individual told us they would arrange for a fire risk assessment to be completed as soon as possible.
- People had risk assessments in place to guide staff, including for people's specific health conditions. For example, 1 person who had diabetes had detailed information including signs and symptoms staff needed to be aware of and actions staff should take and when. People had Personal Emergency Evacuation Plans in place in case of an emergency so staff could support people to evacuate the building and regular fire alarm and fire drills were taking place.

Using medicines safely

- People's medicines were generally safely managed by trained staff. Although we found some errors on inspection, no one had come to harm.
- We found 1 person's medicines in stock did not match the amount that should have been available and poor recording around another medicine that had not been administered and could not be located. The manager was responsive and resolved this promptly.
- Protocols were in place for 'when required' medicines, although staff had not followed the information in 1 person's protocol about what liquid to place their medicines in. The person had not come to harm, and this has since been reviewed by staff with pharmacy input.
- Relatives felt medicines were well managed in general.
- Medicines were safely stored.
- The manager was responsive to our feedback and made improvements immediately.

Preventing and controlling infection including the cleanliness of premises

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although cleaning schedules were in place and being completed by the domestic staff daily, cleanliness was not always promoted by all other staff. While on inspection, we observed an occasion where staff had not promptly dealt with a pressure cushion with urine on it. This remained on a seat in a communal lounge and when a staff member did remove it, it was not cleaned appropriately.
- We were somewhat 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 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

Visitors were able to visit people without restrictions.

Learning lessons when things go wrong

- Lessons were learned when things went wrong, and actions taken to address any concerns.
- We saw action plans identifying actions needed and the manager was working to address these as swiftly as possible.

Systems and processes to safeguard people from the risk from abuse

- Systems were in place to safeguard people from abuse.
- People told us they felt happy living in the home. One person told us, "I feel very happy and comfortable in Hillswood House."
- Relatives told us they felt people were safe. One relative told us, "[Person] is safe and happy, I would know if [person] wasn't."
- Staff knew how to access safeguarding policies and understood how to keep people safe. Staff knew how to report concerns and felt confident they would be dealt with appropriately.
- Safeguarding referrals were made when necessary and CQC was notified in line with regulations.

Staffing and recruitment

- People were supported by enough suitably trained and experienced staff.
- Relatives told us they felt there were generally enough staff. One relative told us, "Staffing has been an issue and they are gradually recruiting."
- The service carried out pre-employment checks to ensure only staff who were suitable to work with people were employed, this included obtaining references and Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager told us all vacancies had been filled although there was on-going recruitment so they could increase staff in line with the number of people living in the care home and if people's care needs increased, without the need to use agency staff.

Is the service effective?

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.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was generally clean, well equipped, well maintained and was currently being redecorated.
- Relatives told us the home was clean. One relative told us, "It The home is very clean, [person] is very fastidious and [person] is happy with it."
- Relatives told us about the improvements they had noticed since the new manager had been in post. One relative told us, "The building is clean. They are working on the building. There is a full-time maintenance [person]. There have been massive improvements since [manager's name]."
- The nominated individual and manager shared their plans on how they wanted to make the home more dementia friendly. They told us about improvements to the garden to enable people to access outside space safely in the summer as well as plans to improve the inside of the home to make it more comfortable for people.

Staff support, training, skills and experience

- Staff were suitably trained to meet people's needs.
- Relatives felt staff were competent and staff knowledge was improving. One relative told us, "[The manager] is on it with training."
- Staff received up-dated training and had regular supervisions and meetings to support them. Staff told us they felt supported and felt positive about the manager. One staff member told us, "[Manager's name] is the most approachable manager I have ever known." Another staff member told us, "I feel supported... I would say they [the manager and the deputy manager] are approachable and I can talk about work or personal issues."
- The manager told us they had arranged additional training to increase staff skills before more people were admitted into the service. Staff confirmed the up-coming additional training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and they had personalised care plans containing their preferences. These plans were being reviewed regularly.
- People's cultural and religious needs were considered during their care planning and documented.

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

- Staff worked with other agencies and made referrals when appropriate.

- People had access to healthcare when needed and relevant information was included in people's folders.
- People and relatives told us about other health professionals' involvement and felt confident people would get the support they needed.
- One person told us, "If I needed anything [medical] it would get sorted."
- A relative told us, "The doctor is called when there is a change." While another relative told us, "All medical appointments are managed by them."
- The manager told us they had good links with health professionals and regular meetings with the GP and other healthcare staff to discuss people's needs.

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

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.

- MCA assessments were being completed and DoLS applications were being submitted when needed.
- Staff understood mental capacity as well as supporting people to make choices and respecting their wishes.

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

- People were supported in line with their dietary needs.
- One person told us, "I love it [the food]! I never leave any." Most relatives also made positive comments about the food. One relative told us, "[Person] is extremely fussy. Staff have recently changed [person] to a [more suitable diet] and [person] is really enjoying it and has put on some weight. There are always loads of choices."
- Staff understood people's dietary requirements and how to support them in line with their needs.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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 supported people to maintain their dignity, promoted people's privacy and encouraged independence.
- People and relatives spoke very positively about the staff and how well staff treated people.
- One person told us, "I feel confident in the staff. I can ask them anything. They are helpful and don't have favourites."
- One relative told us, "They treat [person] as a real person with a past as well as a present." Another relative told us, "They always call [person] by their name and all help is given discreetly."
- Staff told us how they supported people's privacy. One staff member told us how they, "Close curtains, close the door and talk them through it [personal care] all and ask if they are okay."
- People's information was stored confidentially in the office and on the home's electronic system.

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

- People and relatives told us they felt involved in their care planning.
- One person told us, "I do get involved in my care plan." A relative told us, "[Person] can speak for [themselves] but we are involved too." Another relative told us, "[Person] is involved as much as they can be."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to participate in activities they wanted to.
- People and relatives views on activities were mixed.
- One relative told us, "[Person] likes Bingo and exercises but to be honest there ought to be more." Another relative told us, "[person] lived on their own all their life and doesn't want to mix or join in."
- One person told us, "They always have quizzes and there are plenty of people to talk to. It's very pleasant."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed care plans in place and were supported in line with their own preferences and beliefs.
- One relative told us, "Just recently they have been asking about hobbies and so on but they know [person] very well for day-to-day things."
- Most relatives told us they felt staff were responsive to people's needs and one relative told us, "They are observant and proactive in sorting things out." Another relative told us, "They [Staff] are improving."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their communication plans.
- The manager told us they planned to make improvements to support people to have better access to relevant documentation. The manager explained, "I am in the process of doing easy read documents, such as the complaints procedure."
- People were supported to maintain contact with the people they wanted to. The manager explained how they supported people with telephone calls and video calls to enable them to keep in contact with people who could not visit.
- The manager told us they had recently recruited an activities coordinator although they had not been in as planned due to unforeseen circumstances. In the meantime, the manager told us they were in contact with the local vicar to arrange regular religious services and friendship groups in the home and was trying to

make links in the community for people to go out more.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise concerns with staff, felt they would be listened to, and concerns would be acted on. One relative told us, "I feel able to complain. We have done and it was resolved."
- Although there were no recent complaints to review, there were systems and procedures in place for complaints should there be one.

End of life care and support

- No one was receiving end of life care at the time of our inspection although staff received this training.
- People had ReSPECT forms in their care folders. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment.

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.

This is the first inspection of this newly registered service. We have rated this key question 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; Continuous learning and improving care

- Quality audits and checks to monitor quality and safety were being carried out however, these were not always effective in identifying issues. For example, we found that the window restrictors were not compliant to meet Health and Safety Executive guidance. This had not been picked up with the services quality audits. In addition, the fire risk assessment had not been updated by a professional after numerous changes had been made throughout the building. This potentially put people at risk of harm.
- The manager kept records of staff training and what training staff needed.
- The manager shared areas of improvement and learning with staff. Staff meeting minutes confirmed this.

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, relatives and staff felt positive about the management of the home and the new manager. One relative told us, "There have been massive improvements since [manager's] has been here. Even the communication has improved. I get emails about [person] and what's going on. Another relative told us, "We know the manager well, [manager] is very helpful and manages the home well."
- The manager told us they had recently given surveys to people, relatives and professionals to get their feedback, however, they had not received responses at the time of our inspection.
- A recent meeting had been held with people and relatives. Relatives told us they felt this was beneficial.
- The manager told us their door was always open for everyone. They planned to hold more regular meetings for everyone, including staff, people, and relatives. Staff and relatives confirmed meetings had taken place. Staff told us they always felt able to raise issues with the manager.

Working in partnership with others

- The service worked in partnership with other agencies.
- Staff worked with other organisations and information was recorded in people's folders. Records viewed showed various professionals involved in supporting people who lived in the home and staff told us how they followed other professionals' recommendations.

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 manager understood their responsibility around duty of candour. They told us, "My understanding is to be open and honest and transparent. If there are any issues, I'll be open and honest, and if there is a problem I'll work with people and learn lessons."