

Qualia Care Limited

# Hillside Care Home

## Inspection report

Hillside Avenue  
Liverpool  
Merseyside  
L36 8DU

Tel: 01514430271

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12 September 2023

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

# Summary of findings

## Overall summary

### About the service

Hillside Care Home accommodates up to 119 people who require personal and nursing care. The service provides accommodation in four separate units over two floors. At the time of the inspection there were 72 people using the service.

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

An assessment of people's needs was completed, and the outcomes were used to develop their care plan. Care plans clearly set out people's needs and how they wished them to be met.

People's health and wellbeing was monitored in line with their care plan and staff responded promptly to any changes. Prompt referrals were made to external health and social care professionals where this was required for people.

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 were inducted into their role and received ongoing training and support they needed to carry out their role effectively.

People were treated with kindness and their privacy, dignity and independence was respected and promoted. People were involved in decisions about their care and their views and opinions were obtained through regular care reviews and general discussions. Relevant others were involved where this was appropriate.

People received the support they needed to communicate effectively, and they were provided with information in a way they could understand.

The providers complaints procedure was made available to everyone and complaints were listened to and used to improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published June 2019).

### Why we inspected

This was a planned inspection to review the key questions Effective, Caring and Responsive which were rated requires improvement at the last comprehensive inspection carried out in June 2019.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **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** ●

# Hillside Care Home

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by 2 inspectors.

Hillside is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and a family member about their experiences of the care provided. We also spoke with the registered manager and 6 members of staff including nurses, care workers and ancillary staff.

We reviewed a range of records. This included 6 people's care records. We looked at records in relation to staff training and supervision.

# 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.

At the last comprehensive inspection in 2019 this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection, the provider failed to ensure robust record keeping placing people at risk of receiving ineffective care and support to meet their needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- Assessments and care plans were now completed in detail as a way of identifying people's needs and choices and how they were to be met.
- Assessment outcomes including those obtained from other health and social care professionals were used to develop people's care plans. Care plans identified people's needs, how they were to be met and what the desired outcomes were for the person.
- Care plans were kept under review with the involvement of people and relevant others such as family members, and the necessary updates were made to ensure they remained effective.

Staff support: induction, training, skills, and experience

- Staff received support and training for their role.
- New staff completed induction training and there was an ongoing programme of training for all staff in topics relevant to their role and people's needs. Additional training had been planned for staff to enhance their knowledge and skills in topics specific to people's needs including dementia care.
- Staff received regular support through regular one to one supervision sessions and group meetings.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- Care plans detailed the support people needed to eat and drink along with any special dietary requirements. Kitchen staff held information about people's dietary needs to ensure meals were prepared and presented to meet their needs.
- Guidance from dieticians and speech and language therapist (SALT) was sought and followed for people who were at risk of things such as choking and weight loss.
- People told us they enjoyed a choice of food and drink. One person said, "It's lovely, very enjoyable" and another person said, "Can't complaint at all, very nice."

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

- People accessed the healthcare services and support they needed, and staff worked with other agencies to make sure the care and support people received was effective.
- Care plans detailed services people were registered with and a record was maintained of appointment outcomes and any changes following professional advice and guidance.
- People's health and wellbeing was monitored, and staff responded to any changes observed. Prompt referrals were made to external health and social care professionals where this was needed for people.

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

- The service was equipped and designed to meet people's needs.
- Corridors were spacious and well-lit and there were a range of aids and adaptations to assist people with their personal care and mobility. This included adapted bathrooms, handrails and a passenger lift providing access to upper floors.
- At the time of the inspection improvements were underway to further enhance parts of the environment.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was operating within the principles of the MCA.

- Consent to care and treatment was obtained in line with law and guidance.
- People's mental capacity was assessed and where appropriate, DoLS applications had been made. DoLS authorisations were monitored to ensure they were being met and remained current.
- Staff were observed asking people for consent before they delivered care.

# 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 comprehensive inspection this key question was rated requires improvement. At this inspection this key question has changed to good. This meant people were treated with dignity and respect.

Respecting and promoting people's privacy, dignity, and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected and promoted people's privacy, dignity and independence and treated people well.
- In the main personal records were kept secure, however, we observed some people's personal care records left unattended on a table in a dining room. The records were secured when we raised this and the manager immediately addressed this with staff.
- Staff made sure any personal items people left in communal areas were returned to their bedrooms when not in use. People's clothing was carefully laundered and returned to them in a timely way.
- Staff spoke with people and provided them with personal care in a respectful way. Staff sat close to people when engaging with them and made sure they maintained eye contact with people throughout conversations.
- Staff quickly responded to people's requests for assistance and provided people with reassurance when needed.
- People and family members spoke positively about how they were treated by staff. Comments included, "They [staff] are all so nice, no complaints at all", "They are all wonderful" and "I couldn't ask for better care."

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

- People were supported to express their views and make decisions about the care provided.
- People and relevant others such as family members were invited to attend regular care reviews, and meetings as an opportunity to discuss and comment on the care provided and make any suggestions. An annual survey was also conducted to gather people's views. Survey outcomes were published and made available along with any actions taken in response to suggestions made for improvement.
- People and family members were provided with information about other organisations who they could contact for independent support and advice, such as advocacy services.



# Is the service responsive?

## Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's needs were consistently met through good organisation and delivery.

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

- Improvements were made to ensure care was planned in a personalised way.
- Care plans had been improved so they better reflected people's needs and how they wished them to be met. The plans focused on ensuring people were involved in decisions about their care and given as much choice as possible. Improvements were ongoing to ensure a consistent approach to planning people's care in a personalised way.
- Staff monitored people's care in line with their care plan to make sure people received care and support which was responsive to their needs. Staff completed monitoring records following any care and support given to people and the records were reviewed daily to look for signs of any changes in people's needs.
- Care reviews were consistent, and outcomes were recorded to reflect people's involvement and any changes they wished to make. A family member told us their relative received all the care and support they needed as set out in their care plan.

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

- People were supported and encouraged to maintain relationships and follow their interests.
- Care plans detailed relationships and events that were important to people and how they were to be supported. There were staff employed to arrange and facilitate both one to one and group activities for people.
- People's visitors were made to feel welcome and given all the space and time they needed to ensure they spent quality time with their relative. A family member told us they visited daily and spent as much time as they wanted with their relative. They also told us staff were very welcoming and offered them refreshments throughout their visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and planned for.
- People were provided with the support they needed to ensure they were able to communicate effectively. Staff made sure people had access to any aids or adaptations they needed to enhance their

communication such as glasses and hearing aids.

Improving care quality in response to complaints or concerns

- Complaints were responded to and used to improve the quality of the service.
- The provider had a complaints procedure which was made available to people and others. The procedure clearly set out the process for identifying, receiving, recording, handling, and responding to complaints.
- A record of complaints made was maintained showing how they were managed, and any improvements made in response to them.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and family members were involved where this was appropriate.
- Staff received training around end-of-life care, and they had access to specialist services where this was needed for people approaching the end of their life.