Shaw Healthcare Limited

Hillside Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 20 and 21 and 22 February 2018.

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

Hillside Lodge provides care and accommodation for up to 60 people separated into three separate units. Each unit provides care for 20 people, one providing nursing care, one residential care and one care for people living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the last inspection on the 25 November 2015 the service was rated Good overall. However it was Requires Improvements in Well-Led. At this inspection we found the service remained Good overall.

Why the service is rated good:

People told us they felt safe. Comments included; "I feel 100% safe here" and "Yes, I do feel safe here" also "Of course, I feel so safe." A relative said; "Very safe- I have no concerns."

The service was now well-led. At our inspection in November 2015 we recorded that the service was not consistently well led. The report for November 2015 highlighted that the records of people's care were not all completed in full. For example, people who had records in place to record their food and fluid intake, and risks associated with their skin were not all completed consistency. It stated that; "The incomplete records detailed above are a beach of Regulation 17 of the Health and Social Care Act 2014." At this inspection we found that the provider had followed their action plan and that steps had been taken to ensure the breach was met.

People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. People, relatives and staff all agreed that the registered manager was approachable and had an "open door policy." The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

The Provider Information Return (PIR) stated; "Manager and deputy complete monthly audits and the quality team visit twice yearly (unannounced) and complete a quality of life audit action plans which are a result of these audits."

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff mostly said there were sufficient staff to keep people safe. However a few people and some staff commented that staffing levels were not always good. Comments from people included; "They are rushed off their feet' and another said; "I would like staff to have more time to sit and talk to me." While others said; "Staff numbers are fine" and "When I use my call bell the response is quick." Another said; "When I call for help, it comes quickly generally." Other staff said they were able to meet people's needs and support them when needed. The registered manager said they monitored the staffing levels based on the needs of people currently living in the service.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People who required additional support to protect their skin integrity had input from either the qualified staff on duty or the district nurse team. Professionals said they believed people were safe and well cared for and had no concerns. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People who required assistance were supported in a respectful and dignified way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's end of life wishes were clearly documented. People's healthcare needs were monitored by either the qualified staff or the care staff and people had access to a variety of healthcare professionals.

People's equality and diversity was respected and people were supported in the way they wanted to be. People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs. However care plans were seen to be repetitive and difficult to navigate. Many staff commented on the amount of paperwork needed to be completed with the same information needing to be recorded many times in different places. The registered manager and the company were currently reviewing the format of the care plans in place.

People were treated with kindness and compassion by the staff who valued them. The staff had built strong relationships with people. People's privacy and dignity was respected with staff knocking on people's door. However we did note during our observations that some staff when walking pass people did not always acknowledge them, did not look at them or ask if they were all fine. The registered manager would raise this at the staff meeting arranged. People or their representatives, were involved in decisions about the care and support people received.

People lived in an environment that was clean and hygienic. The environment had been assessed to ensure it was safe and met people's needs.

The service remained responsive to people's individual needs and provided personalised care and support.

People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received would be fully investigated and responded to.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service.

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

This service remains good

Is the service effective?

Good

This service remains good

Is the service caring?

Good

This service remains good

Is the service responsive?

Good

This service remains good

Is the service well-led?

Good

The service was now well led.

People lived in a service whereby the providers' caring values were embedded into the leadership, culture and staff practice. There were systems in place to monitor the safety and quality of the service.

Staff spoke highly of the registered manager and management team of the service and company.

The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a registered manager who worked with external health and social care professionals in an open and transparent way.

Relatives and professionals views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Hillside Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection completed on the 20 and 21 and 22 February 2018. This inspection was unannounced on day one.

The inspection team was made up of one inspector, one specialist nurse advisor and two experts 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.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 23 people, seven relatives and two healthcare professionals. Some people had complex needs that limited their ability to communicate and tell us about their experience of being supported at Hillside Lodge. Therefore we observed how staff interacted and looked after people and we looked around the premises. As some people were not able to comment specifically about their care experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration for people living in the home. We also looked at quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People commented; "I feel 100% safe here" and "Yes, I do feel safe here" also "Of course, I feel so safe." One staff member said people were safe because; "We make sure that they (people) were well looked after" and went onto say they chat to families to "find out what their relatives need."

People said they felt safe with the staff who supported them. Some people who lived in the service were not all able to fully express themselves. People were observed to be comfortable and relaxed with the staff who supported them. Family members agreed their relatives were safe living at the service. A visiting professional said they believed people were safe.

People had sufficient numbers of staff employed to help keep them safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. However some people and staff said that at times the staff were stretched. Comments from people included; "Numbers of staff during the day are OK, but in the evenings it is a bit light" and "I think they are a bit short-staffed here". While other people said; "When I call for help, it comes pretty swiftly" and "If you ask them anything they set to it pretty quick." Some staff felt that completing some domestic duties took time away from people while other staff said the staffing levels were generally fine. Another staff member said they had discussed staffing levels with the registered manger and they understood that a new member of staff would be starting in April.

The registered manager confirmed this and that unavoidable sickness had resulted in less staff than normal at times. They went onto say that this had now been resolved and staffing levels were satisfactory and they continued to monitor the needs of people in the service and would use additional staff when needed.

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. Staff completed training in how to recognise and report abuse. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to either the registered manager or external agencies, such as the local authority.

People's risk of abuse was reduced because the company had a suitable recruitment processes for new staff. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained. One person living in the service told us how they sit on the interview panel to help ensure suitable staff are employed.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported. The company, Shaw Healthcare Limited website states; "We can increase the person's well-being

by giving a sense of security, continuity, belonging, purpose, achievement and significance to their lives."

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or at risk of skin damage. They showed staff how they could support people to move around the service safely and how to protect people's skin. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

Staff followed safe procedures when using equipment to help people move safely. We observed a staff member assisting people to transfer from a chair to a wheelchair safely. Staff were confident in how they supported people to move safely and people appeared relaxed and comfortable when being assisted.

People's accidents and incidents were recorded. For example, people had been referred to the falls clinic for advice and support when there had been changes in the amount of falls people had which could place them at higher risk.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines audits were carried out and medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

People lived in an environment that was safe, secure, clean, hygienic and regular updates to maintain the premises safely were carried out. People were protected from the spread of infections. One person said; "The place is cleaned very well every day." Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Equipment used by people, such as hoists were serviced in line with manufacturing guidelines. The fire system was checked, and weekly fire tests were carried out.

The provider worked hard to learn from mistakes and ensure people were safe. The manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People received care from staff who were well trained and competent to meet people's individual needs. The provider made sure staff received the training required to effectively and safely care for people. They completed training courses which the provider deemed as mandatory so staff had the right skills and knowledge. Registered nurses received training to maintain their clinical skills. All staff had their competency checked at regular intervals. Training courses included, diabetes, moving and handling and the Care Certificate (a nationally recognised training course for staff new to care). New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. A person said; "I do believe staff are well trained and do a good job".

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as district nurses and GPs. Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. People had access to healthcare professionals according to their individual needs. This enabled people and staff to receive advice and support about how to maintain people's health. Staff consulted with external healthcare professionals when completing risk assessments for people. People identified as being at risk of pressure ulcers had guidelines produced to assist staff care for them effectively.

People said they were able to make choices on the food offered. Menus were displayed showing at least two choices each day. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. People commented about the food included; "On the whole, the meals are quite good" and "At lunchtime there is a choice of two dishes". People also said; "I like the majority of the food here and they always give you a choice" and "On food, they could do better" and "They would accommodate you if you did not like anything on the menu." The registered manager confirmed food choices are discussed at residents' meetings to see if any improvements could be made. Care records recorded what food people disliked or enjoyed.

People were encouraged to remain healthy, for example people did chair exercises while others went for walks around the building or made use of the secure gardens to help maintain a healthy lifestyle.

People had information on their communication needs to assist staff in understanding how best to

communicate with people. For example one person used sign language. Staff demonstrated they knew how to communicate with this person and others including showing people visual choices such as pictures. People had electronic tablets available to assist with communication needs and contacting relatives via the internet.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. People were heard to answer or make gestures in response to staff.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained and planned updates to the environment were recorded. All hallways had been decorated to enable people to recognise where they were with the tactile objects displayed on the walls.

Good

Is the service caring?

Our findings

The staff continued to provide a caring service.

One person said; "They put themselves out to make you happy" and "Staff are very nice, attentive I'd say." A relative commented; "Staff have gone above and beyond the call of duty." While another said; "They treat them kindly."

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. People were chatting with staff about everyday issues and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were mostly attentive to people's needs and understood when people needed reassurance, praise or guidance. People were observed to become anxious at times. So staff spent time listening and answering people even when the questions were repetitive and providing reassurance to people.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff, were mostly seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. However on our observations we noted not all staff took the time to acknowledge people when walking pass them, did not look at them or ask if all was fine with them. The registered manager agreed to bring this up at the next planned staff meeting to emphasize to staff the importance of communicating with people and providing reassurance.

People and relatives told us people's privacy and dignity was respected. One person said; "Staff are respectful towards me" and another commented; "Yes, staff are respectful towards me." Other comments included; "Staff are discreet" and "We are given the choice about who cares for us" also "Staff do give me respect."

Staff were observed to knock on people's doors and ask them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff. One person said; "I do feel a bit independent" and went onto say; "They do help me make decisions like discussing a visit to the hospital for an appointment."

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Relatives and family members said they were involved with their relative's care.

Staff showed concern for people's wellbeing. People feeling unwell or under the weather were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed. For example, one person was unwell and the GP was called to visit this person.

Staff understood people's communication needs, for example if they were able to verbally respond or if they were distressed. People had information on their communication needs recorded in their care plans. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the regular staff team with little or no agency staff used. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

The PIR recorded; "The philosophy of our service is centred on promoting and maintaining independence, choice and respect and promoting Shaw's values of wellness, kindness and happiness."

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. One person said; "Yes, I have a care plan and they keep me up to date on it." Staff monitored and responded to changes in people's needs. For example, any decreases in people's general health or dementia, specialist advice was sought.

However care plans held repetitive information and were often difficult to navigate. Many staff also commented about the amount of paperwork needed to be completed with the same information needing to be recorded many times in different places. For example when one person was diagnosed with a chest infection by a visiting healthcare professional this information was documented six times on six different records with the same information. The registered manager and the company were currently reviewing the formats of the care plans in place to consider ways of improving them.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were given verbal choices while other were shown visual choice to choose from. For example meals plated up for people to see and choose from. One person said; "Yes I get choice."

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with family if they had any concerns while other people said they would first discuss issues with staff members. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. Information was provided to people in a format suitable to meet their individual needs. People had advocates available to them to help ensure people who were unable to effectively communicate, had their voices heard. One person said; "No, I've never complained" and went onto say "We do have residents' meetings and they ask for our opinions."

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. This would help ensure people wishes were respected.

People took part in a range of activities. People's views on activities varied with mostly positive comments. Comments included; "There are enough activities here and we get some people come in to entertain us" and "We do have quite a lot of activities and we have trips out in a mini-bus." While another person said; "Nothing at the moment. We used to do some last year." However the there was a list of activities available each day displayed. The registered manager said activities are held in each unit, however some people do not wish to attend them and this information is documented. Relatives comments included; "'They do all sorts of activities. They have tried so hard. They (staff) never give up." There were two designated activities co-ordinators who arranged activities. Some entertainers also visited the service. During our visit a variety of activities had been provided including a craft session.

Good

Is the service well-led?

Our findings

The service was now well-led.

At our inspection in November 2015 it recorded that the service was not consistently well led. The report for November 2015 stated; "The majority of the records in relation to the management of the service and the delivery of people's care were up to date, detailed and accurate, however some shortfalls and omissions were identified. Some people's records relating to their food and fluid intake, repositioning charts and the application of topical creams had not been completed. Records of the inductions completed by some agency staff had not been maintained. There was not always a record that the legal documentation had been seen to support a named individual's right to make a decision on another person's behalf such as Power of Attorney documentation. The absence of accurate records can make the monitoring of people's care, accountability for actions and reasons why decisions are made difficult to ascertain." It stated that; "The incomplete records detailed above are a beach of Regulation 17 of the Health and Social Care Act 2014." At this inspection we found that the provider had followed their action plan and that steps had been taken to ensure the breach was met. We also found the new registered manager and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement.

Since the last inspection there is a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider and registered manager were open and transparent. The registered manager was committed to the company and the service they oversaw, the staff and, most of all, the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. Comments from people included; "Yes, I know the manager and she pops in" and "The manager is very cheerful. She is friendly" also "The place seems well managed." Others said; "The manager is very nice and friendly" and "I do think they run this place well" also "Management does listen to our views."

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about the registered manager and all stated that the registered manager was approachable and had an open door policy.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Senior management monitored the culture, quality

and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of how they supported people with Assistive Technology and Assistive Information. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to monitor and review the service such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required.