

Pressbeau Limited

Hill Top 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

About the service

Hill Top Lodge is a residential care home providing personal and nursing care for 78 people at the time of the inspection, some of whom were living with dementia. Hill Top Lodge can accommodate up to 85 people. Accommodation was provided in a purpose-built home across three floors, with communal areas on each floor.

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

People and their relatives were very positive about the care provided. People were cared for by staff that knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs. People received their medicines as prescribed and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet people's needs, legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's support needs. People were provided with a nutritious and varied diet that took account of cultural needs.

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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff that were kind and compassionate, maintaining their privacy and treating them with dignity and respect. The atmosphere within the home was pleasant and homely. People and their relatives were included and supported to take decisions about how their needs were met.

Staff had an in-depth knowledge of the people they supported and were responsive to their individual needs and choices. People had a range of activities available to them and were supported to access them. People's views and concerns were listened to. The resident's meetings were well attended and enabled people and their relatives to bring about change and improvement in the services provided.

There were two registered managers that worked in partnership. Systems were in place to monitor the quality of the care provided and to promote the continuous improvement of the service. The management and staff worked in partnership with external health care providers and developed positive relationships, to benefit people's health and wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service 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 well-led.

Details are in our well-Led findings below.

Good ●

Hill Top Lodge

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 conducted by one inspector, an assistant inspector, a nurse specialist, an inspection manager and an 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

Hill Top Lodge 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.

The service had two managers registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before 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 to us in the provider information return. This is information providers are required to send to us, it contains key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, to ask about their experience of the care provided, and five visiting relatives of people who used the service. We spoke with two registered managers, two-unit managers, one cook and four care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included looking at five care plans, two staff files, one policy, numerous medication records, and the service overview and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Visiting relatives told us they were satisfied their relatives were safe. One person said, "I do feel safe because I know the place is looked after well and there are people about if I need them." Another person told us, "I feel better as there are people around me, especially at the moment when I am not as well as I was." One relative told us, "[person's name] is nearer the nurse's station so they can keep an eye on her."
- Staff told us they had received training in recognising the signs of abuse and the actions they should take to keep people safe. One staff member told us, "If there is an issue, or suspected abuse, I would go straight to the management, then, if they didn't take reporting seriously I would use the whistle blowing helpline." The registered managers were aware of their responsibilities, and actions to take, to keep people safe.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as their risks of choking or from behaviour that challenges. Staff reviewed the risk assessments monthly and put actions in place to reduce risk, for example one relative told us, "[Name of person] had a few falls, slipping out of bed, so now there is a sensor mat, so they know if [name of person] tries to get up and they can go and help." Each unit used an electronic system that flagged up any risk assessments that needed to be updated.
- Risks such as allergies were clearly recorded in care plans and on medication administration records. People with pressure relieving equipment in place had the required settings clearly recorded in their care plan. Regular checks were carried out and recorded, to ensure the equipment was set and functioning correctly, so people got maximum benefit from the use of this equipment.

Staffing and recruitment

- We received mixed views about the numbers of staff available. People told us, "I'm not sure there are enough staff" and "There isn't lots of staff but the staff that are here are beautiful." Another person told us "I think there is enough of them, they wouldn't be able to take me out if there wasn't, and they always answer the call bell." One staff member told us, "I think there is enough staff members", and another told us, "There is enough staff and they are all helpful."
- The registered managers used a dependency tool to help ensure enough staff are available to meet people's needs. We observed staffing levels enabled people to get assistance when required, buzzers were answered quickly and there was plenty of time for staff to engage in social activities with people.
- The managers were operating a safe recruitment process to ensure that staff were safe to work with vulnerable adults. All staff had disclosure and barring service checks (DBS) and two references, prior to commencing employment.

Using medicines safely

- One person told us, "The nurses who give me my medication are lovely, they give me my pain killers and they stand over me to check I have taken them." People's medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated that people received their medicines as prescribed. The people we spoke to and records we saw, confirmed this.
- Staff received training to administer medicines and their competency was checked regularly.
- The unit managers and registered managers completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns identified and acted upon.
- We saw that one person received their medication via Percutaneous Endoscopic Gastrostomy (PEG). A PEG is a tube which goes directly into a person's stomach. It is used when they may have difficulty swallowing or there is a risk of choking. The medications clearly stated administration via PEG but the medication administration chart did not. We discussed this with the registered managers who agreed to have the route of administration as PEG, on the medication administration chart, to further ensure the safety of administration.

Preventing and controlling infection

- One person told us, "I think they do wear gloves and aprons", another person said, "It is very clean here, can't complain." Measures were in place to control and prevent the spread of infection. Staff had completed training and were knowledgeable about the requirements. We observed staff using personal protective clothing and equipment safely. One staff member told us, "You have to wear gloves and aprons when you do peoples personal care, otherwise you spread infection, and the environment needs to be clean."

Learning lessons when things go wrong

- The registered managers had a system in place to facilitate the analysis of accidents and incidents. This information was used as a tool to help prevent future occurrences.

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 inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff delivered care and support, based on people's documented assessed care needs and preferences. Each person had a `choice` assessment in place, this recorded their preferences, for example, room door closed or open, male or female carer, lighting in the room, preferred retiring time, number of pillows and access to post. One family member told us, "Those that speak [person's name] language, really make the effort."
- Skin integrity was well monitored. Staff assessed the risk of pressure ulcers, nutritional risks and falls risks. Care interventions such as repositioning to prevent pressure sores were consistently completed and recorded.
- We observed information on best practice guidance was available to staff in care plans and within clinical rooms. Examples of how to complete assessments and other documentation was also on display in the clinical rooms.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their roles. A unit manager told us, they had recently been given training in venepuncture, palliative care and catheterisation. A staff member told us, "In August I am doing level 3 medication training." Nurses were provided with updates in clinical skills and a clinical lead was readily available for advice when needed.
- Staff told us they had regular supervision opportunities and records confirmed this. One staff member told us, "I have supervision every 3 months, I can talk about residents, if I feel I am lacking, as in development in anything, and they are a shoulder to cry on", another staff member told us, "I have supervision two monthly, I can get feedback from issues."

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

- We observed that the dining areas were light and airy with background music, some people were singing along to the music and others tapping their feet and smiling. People were shown samples of plated food to help them choose. Some people ate in the dining rooms, others at small tables in the lounges and some remained in bed. People were supported to eat where this was required.
- People were offered a varied and nutritious diet based on their individual preferences. One person told us, "It's the kind of food I like, and it is always hot, they bring drinks round, I'm looked after." A relative told us, "The food looks nice, they come around in the morning with two choices then at tea time they can have a sandwich, soup and jacket potatoes." We saw residents helping themselves to fruit and drinks from the snack stations provided. We saw staff supporting people to access snack stations where they could not do this independently. One person told us, "They bring drinks in and when it was hot recently they brought in

ice lollies."

- One family member told us, "[Name of person] gets Indian food, their needs are catered for and it is good, plenty of variety". The head chef had a good understanding of people's dietary needs and cultural foods. There was a good range of Indian curries available. Information about allergies and dietary food restrictions were available in the kitchen. The head chef told us, "If a service user does not like the food, I cook different food for them. I find out what they like."
- Staff ensured people who required their nutrition through a tube into their stomach, received their nutrition as prescribed and they liaised with other professionals when necessary to ensure any problems were quickly addressed. The speech and language therapist was actively involved in one case, where the persons preferences had changed.

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

- Staff had good relationships with other professionals who had contact with the service. This included dietitians, speech and language therapists, nurse specialists, palliative care team and rapid response service, continence assessor, community matrons, general practitioner (GP) and district nursing. This ensured people got the right level of support when they needed it. The GP carried out a weekly ward round.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheel chair access. There was clear signage including pictorial signs to promote independent way finding. People's bedrooms were personalised with items they had brought with them.
- A programme of redecoration was in progress, with some bathrooms not currently in use as they were due to be refurbished.

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.

- We observed, and people told us, staff obtained consent before giving care and support. One person told us, "They always knock they wouldn't just come in." One staff member told us, "To seek consent can be about body language, for example putting thumbs up." Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. One staff member told us, "It protects the rights of people, everyone has a right to choose their way of living."
- DoLS applications had been made, when these had been required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were very caring. One person told us, "If I have been upset they help me, I am not the kind of person who gets upset easily so it's a comfort", a relative told us, "The staff are always friendly, and I feel I am kept informed and I can ask them anything." A staff member told us, "We get on with the residents and they are a second family to me, when I go to work it does not even feel like work."
- There was a caring friendly atmosphere in the home between people, staff and family members. Staff clearly knew people very well and were able to speak about them in a knowledgeable and compassionate way.
- We saw that staff were able to chat and engage with people in a meaningful way which increased people's sense of wellbeing. People also engaged with each other and laughter and smiling was evident in the communal areas.
- People's diverse needs were respected, and care plans detailed people's cultural and spiritual needs. Information about the lesbian, gay, bisexual and transgender community (LGBT) was on display and LGBT champions were available to people. The head chef ensured that religious celebrations were in the kitchen diary so that appropriate dietary needs and arrangements were made for each event.

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

- People and their relatives told us they expressed their views on survey forms and were encouraged to attend meetings at the home. One relative told us, "I have been to a residents meeting in the past and something did come of it", they indicated to a laminated preferences chart on the person's wall. The relative explained this had been suggested at a meeting and introduced to provide a quick guide to staff. Other relative told us, "I am kept informed, I am involved in all decisions", and "I have been to resident's meetings, I would say they [registered managers] try to be proactive."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted their independence. One person said, "I still do as much as I can and they [staff] encourage that." A staff member told us, "I support people to clean their own teeth."
- We saw that staff knocked before entering rooms and announced themselves. We observed staff respected people's privacy during family visits.
- We saw that people's records were securely stored to maintain confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans were developed in consultation with the person and their family. One family member told us, "We know everything that is in that care plan. We, the family, were very involved." Other family members told us, "I am involved in the care plan, we discussed the sensor mat", and "Me and my daughter were always part of the care plan and it [the plan] has changed over the years."
- We saw that choice was reflected throughout care plans and in particular where support was given for activities of daily living, for example washing, dressing, eating and drinking. There was also a 'choice' assessment that brought all the persons choices together for easy reference.
- People's care plans clearly set out how staff could best meet their assessed care needs in a way that had been agreed with them.

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 received information in a way that best suited them. This included pictorial and verbally in a variety of languages. Staff were seen to be skilled at communicating where people had decreased hearing or a partial visual loss. AIS requirements were assessed during the care planning process and reviewed as part of care plan reviewing activities.

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

- A relative told us, "[Name of relative] does activities which she enjoys, there is bingo, musical days and exercise days, and if something is on they always tell us." We saw that there was a range of activities throughout the day. For example, we saw people painting and taking part in light physical activity. We saw that art work created by people was on display in their rooms and in communal areas.
- Staff were skilled at including all people and encouraging them to help each other, for example one person was helping another to tap a balloon. One relative told us, "We were so amazed that [name of person] did colouring in for the first time ever."
- One person told us, "The staff treat me well, they take me to the coffee morning at the Methodist church." Staff supported people to maintain links in the community, for example to coffee shops. We saw that people were also regularly went out into the community with their relatives.

Improving care quality in response to complaints or concerns

- There was a complaints process in place, people, relatives and staff were aware of it. One relative told us, "I did raise a concern, it was resolved. If there is a problem we don't just leave it we are on it." We saw that one person had raised a complaint about missing clothing. Records showed that this had been discussed at the residents meeting and a system put in place to resolve the issue for everyone.
- We passed on some concerns, that were brought to our attention during the inspection, to the registered managers. They were aware of these and we saw they were already logged as a complaint.

End of life care and support

- One relative told us, "We have discussed it all with the staff, resuscitation and everything." We saw that the service had detailed end of life care plans in place and worked collaboratively with the palliative care team and families.
- We saw unit managers and care staff were very supportive of people and families and sensitive to their emotional needs, for example we heard a unit manager tell a member of care staff, "Move [name of relative] close to [name of person] they are really with it today and they should have that time together while they can both appreciate it."
- Staff were supported by managers to deliver end of life care and received specific training for each individual person.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One person told us, "This seems a very well-run place." A relative told us, "The managers are approachable, you see them out and about." Another said, "I pop my head round the managers door and ask if I can have a word, it is never a problem." One staff member told us "The managerial support is fantastic, they always come to help me", another staff member said, "My colleagues are nice and the managers."
- During this inspection we heard from people, relatives and staff of a positive, open and person centred culture, where people, families and staff were able to speak freely, raising concerns and issues in the knowledge these would be addressed.

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

- The registered managers had good oversight of the service. The two registered managers worked well together, and both had clear remits on their individual areas of responsibility as well as their joint responsibilities. The registered managers fulfilled their obligations to notify the CQC of certain events and occurrences. We saw the rating for the service was prominently displayed on the entry door.
- Regular quality assurance audits were conducted on a range of areas, for example DoLS applications, accidents and incidents, complaints and other feedback, medication audits, care plans and community ties. An evidence folder was in place to enable the registered managers to clearly see improvements achieved. An action plan was in place to record progress on planned improvement.
- We saw records of the regular management walk round of the building. We discussed with the registered managers that we had found the kitchen door wedged open by the positioning of a chair. The registered manager immediately added this to the spread sheet as an area of concern for future walk rounds.

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

- People, families and staff were encouraged to contribute their views, make suggestions and be involved, in a variety of ways, for example, surveys, meetings, reviews and informally with the registered managers who had an open-door policy. Where English was not a person's first language, staff were available to speak with them in their first language to ensure they could be fully involved.

Continuous learning and improving care

- We found an open and transparent culture, where constructive criticism was encouraged. We found that comments, suggestions and complaints fed into the quality assurance action plan and that improvements were made, for example bed linen changing cycles and labelled clothing.

Working in partnership with others

- The registered managers, clinical lead and unit managers networked with a wide range of health care professionals from various disciplines, and staff worked with visiting professionals to share knowledge to the benefit of people using the service. Relationships were effective and resulted in timely assistance when this was required.
- The registered managers operated a duty of candour. Records showed and that they were open and transparent, with people and their relatives, about care and treatment and had met with people where this was required.