

# Larchwood Care Homes (South) Limited

# Hillcrest

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Hillcrest is a residential care home providing personal care to 31 people aged 65 and over, some of whom may be living with dementia at the time of the inspection. The service can support up to 52 people. Hillcrest is a purpose-built care home that provides accommodation over three separate units. Each unit has its own communal living room and dining room. Two of the units specialise in providing care to people living with dementia.

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

Whilst we found overall improvements had been made in the management of risk, we found some areas relating to the security of rooms and cabinets that required further work. The registered manager responded immediately to this and took actions to reduce this risk going forward.

Other risks to people, including from the environment were managed and responded to. We found improvements relating to the support of people at risk of skin breakdown. Regular fire and water safety checks were carried out. Improvements had been made to the management of medicines in the service. These were managed safely, and people received their medicines as prescribed. There was enough staff to meet people's needs. Improvements had also been made in relation to infection control. The service had undergone a period of refurbishment and was clean. Information on safeguarding was provided to people, relatives, and staff. This included information on how to report concerns. Actions to safeguard people had been taken appropriately including reporting to the required authorities.

Further work had been taken to improve the governance of the service which had resulted in positive outcomes. People were supported by staff who understood person-centred care. The support provided met people's individual needs, including cultural needs. There was an inclusive approach. People and relatives felt listened to and involved in the service. Staff were encouraged to take part in quality monitoring processes. The staff team worked well together and spoke about positive team working.

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 16 April 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

Prior to the inspection we carried out a monitoring review of the service. A monitoring review considers a range of information such as the current rating, any ongoing or planned regulatory activities, information about safeguarding, whistleblowing, incident reports (we call these statutory notifications) and whether the service has a registered manager, feedback from people who use services and their family and friends, and other contextual information. This prompted us to carry out this inspection.

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 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Hillcrest

## 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 one inspector. During our monitoring review shortly before the inspection an Expert by Experience carried out phone calls to people living in the service and their relatives. 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

Hillcrest 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 a manager 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 the inspection

Prior to the inspection we carried out a monitoring activity of the service. This included reviewing information we had received about the service since the last inspection. During our monitoring activity we spoke with four people using the service and six relatives. We spoke with eight members of staff. This included, four care assistants, one of whom worked on the night shift, a senior care assistant, a member of the domestic team, the deputy manager, and the registered manager. We reviewed a number of records relating to the running of the service. This included two people's care records relating to risk of skin

breakdown, audits of the service, and two people's medicine records.

We used the information the provider sent us in their 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.

The information we gathered as part of our monitoring activity was used as evidence during this inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with the registered manager and deputy manager. We carried out observations of the physical environment and the support provided.

We reviewed a range of records. This included records relating to three people's care and two people's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at some additional policies and records relating to the maintenance of the service.

# 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 requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and take action to risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection. However, whilst the provider was no longer in breach of regulation 12 we found some improvements were still required in this area.

- We found some doors that should have been locked by bolts at the top of the doors were not secured. Most of these rooms, such as the sluice room and cleaning cupboard were on the residential unit where people had the capacity to respond to such risks and as such posed little harm. However, whilst most lockable cabinets in rooms on the unit supporting people living with dementia were secured we found this was not the case for one person's room. This contained topical creams and also razors.
- The unsecured doors and unlocked cabinet posed little risk to people living in the service due to their particular needs however it raised concerns about the diligence of staff and potential risks.
  - The registered manager took action to address this. Following our visit, they advised keypad locks had been ordered and were to be installed on all such doors to reduce the likelihood of staff forgetting to lock these. Additional checks in these areas had also been introduced into the daily audits of the service.
  - Risks to people had been assessed. This included risks relating to people's risk of skin breakdown. We found improvements had been made in this area and staff ensured people were supported to regularly reposition themselves.
  - People at risk of malnutrition were regularly assessed and reviewed. This included ensuring people were weighed regularly and concerns were referred to relevant health care professionals.
  - Risks to the environment were also responded to. Regular health and safety audits took place. The checks required under fire and water safety guidance and legislation were also being carried out.

### Using medicines safely

At our last inspection medicines were not always being managed safely or administered as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection whilst the provider was no longer in breach of regulation 12

- We reviewed four people's medicine administration records and checked some of the medicines stock against these records for two people. We saw these had been accurately completed and people had received their medicines as prescribed.
- At our last inspection we found topical medicines were not always being recorded as administered. At this inspection we found improvements had been made and these medicines were recorded.
- Guidance was in place for staff on how to administer people's medicines, this included medicines that were prescribed on an "as required" basis.
- Staff had received training in medicines administration and had their competency to administer medicines assessed.

#### Preventing and controlling infection

At our last inspection risks relating to infection control were not always well-managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

#### Staffing and recruitment

At our last inspection we recommended the provider service seek advice from a reputable source on assessing staffing levels with reference to the physical environment and building. The provider had made improvements.

- The registered manager told us following our previous inspection they had reviewed staffing levels with the provider as well as allocation of staff. Staffing levels had been adjusted to provide more hours. The registered manager had also made changes to how staff were deployed across the home.
- There were enough staff to meet people's needs. One person said, "There seems to be enough staff and

they are proficient at looking after us."

- Staff we spoke with confirmed this and told us staffing levels meant they could also spend time talking with and supporting people with their emotional well-being when required.
- The service was short of domestic staff however the registered manager and staff spoken with told us care staff were picking up additional shifts and there was no impact on the care provided. People told us they were happy with the cleanliness of the service.
- Recruitment procedures were in place to help ensure only suitable staff were employed. This included relevant character checks and references.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report safeguarding concerns and told us they felt confident to do so. One staff member said they would not hesitate to do so, and "would shout from the rooftops", if they had any concerns about people's safety.
- Staff had received training in adult safeguarding and information on how to raise concerns for both people and staff was displayed throughout the service.
- A system was in place to provide oversight of safeguarding incidents. When such incidents had occurred, this had been responded to appropriately including reporting to the appropriate authorities.

Learning lessons when things go wrong

- A system was in place to report incidents that occurred and learn from these. Incidents were reviewed by the management team and analysed for any themes or patterns.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection we recommended the provider seeks guidance from a reputable source on ensuring quality assurance systems drive improvement and regulatory requirements are met. The provider had made improvements.

- The registered manager had reviewed their systems and reflected, with the provider, on any further changes required. This included daily walk rounds by the management team and putting in place systems to clarify and promote responsibility for senior care assistants.
- We saw this had helped make the improvements required. One senior care assistant told us, "We learnt from one another. We have put practices in place that are actually working really really well"
- Regular audits took place of the service, there was clear oversight of risks to individual people as well as in the service overall. The registered manager had an improvement plan in place which helped drive positive change.
- Where we had identified some aspects that needed further work the management team had reflected and responded immediately. Additional locks that did not rely on staff practice were purchased and additional actions were added to the daily audits to check this was effective.

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

- There was a clear person-centred ethos. The management team and staff spent time thinking about how they could meet the needs of the people in their care. For example, one person was not a native English speaker and the signs around the home had been translated to provide additional signage in their language. Another person told us how staff supported them, and joined in celebrating, a particular date that was culturally important to them.
- People and relatives told us they felt listened to and the care provided was individual to people's needs. One relative told us, "There is bubbly, welcoming and professional staff in the home. They give appropriate information at appropriate times. The staff know the residents very well and tailor how they speak and what they do with them to make every resident feel special."
- The registered manager had observed how the people living in the service had benefited from the presence and affection of two resident cats. One relative told us how this had been an important aspect in

helping their family member settle in and provided comfort to them.

- The management team had consulted and reviewed with people living in the service if further animals would benefit them. As a result, the service had recently acquired several chickens which were housed appropriately in the home's secure internal outside courtyard. This had prompted much reminiscence from people living in the service and had provided positive activity and independence for those people who engaged with looking after them.
- There were systems in place to seek feedback and consult with people using the service. Regular surveys of people were undertaken by a range of staff, such as kitchen staff, to help build relationships and ensure all staff listened to and received feedback.
- Staff were also encouraged to take turns trying different audits. The registered manager told us this helped provide them with a different perspective on the care provided.
- Staff spoke positively about working in the service. They told us the whole staff team was supportive and worked well together. A relative told us, "The staff are a good team and they bond well. They have a lot of long-standing staff members there. There's a good atmosphere and staff seem happy to be working there."

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 registered manager was open and honest. They understood their responsibilities under duty of candour.

Working in partnership with others

- There was good communication with people, relatives and other health professionals. Information was shared as required.
- People and relatives praised the way in which staff worked with them, One person told us, "I'm included in everything that I wish to be included in here and the staff are good at information-giving." A Relative told us, "The staff are aware that relatives can worry about their loved ones and go out of the way to make me feel welcomed and take on board anything I've mentioned."