Mrs Jean Miles

Hillingdon House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Hillingdon House is a care home that provides nursing and personal care for older people, some of whom are living with dementia. At the time of the inspection, 21 people lived at the service. The home is established over three floors, with a range of communal areas included dining spaces, a garden and a large lounge. There is also an annexe next door to the main property with six bedrooms and a small lounge.

People's experience of using this service:
There had been a number of improvements in the home since the last inspection. People were now safer as they were now being moved safely and staffing levels had increased. The provider was now notifying us of all incidents as required and people's dignity and privacy was consistently respected.

Some improvements had been made to the management of medicines but records showed that some people had not been given their medications as prescribed. The provider gave us assurances that further improvements would be made.

People told us they felt safe and well looked after in the home and this was supported by the views of relatives. Checks were made to ensure staff were suitable to work in the home and they received regular training and support to ensure they could deliver effective care.

People were supported in line with the Mental Capacity Act 2005 and consent was obtained, where possible before care and support was given. People enjoyed the food on offer and had access to health care services when needed. Improvements had been made to the layout of communal areas and people enjoyed siting in spacious and comfortable rooms.

Staff treated people with kindness and respect and were patient when people became anxious or upset. People were supported to do things for themselves where possible and relatives told us they were made to feel welcome in the home.

People's needs and preferences were assessed and catered for by staff who knew people well. There was a range of activities on offer which people could choose to take part in. Further improvements had been planned to ensure activities were provided in line with people's wishes.

People, relatives and staff were happy with the way the service was led and managed. The registered and manager were both visible and demonstrated to the staff team how people should be treated with care and compassion. Audits and checks were effective in identifying areas for improvement and prompt action was taken as a result.

More information is in the detailed findings below.

Rating at last inspection: Requires improvement (report published 13 January 2018). The overall rating has now improved to Good.

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Enforcement:
No enforcement action was required.

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

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

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 consistently safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Hillingdon House

Detailed findings

Background to this inspection

The 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.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Hillingdon House is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service us run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with five people and three relatives to ask about their experience of the care provided. We also spoke with two members of care staff, the activities coordinator, the chef, the provider

and the registered manager. During the inspection we also spoke with two visiting professionals.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at two staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Requires Improvement

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 08 November 2017. At the last inspection, we asked the provider to ensure there were increased staffing levels, improvements to moving and handling processes and the management of medicines. Most actions had been completed but some improvements are still required to the management of medicines.

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People did not always receive their medicines as prescribed. For example, one person had missed a dose of medication as they had been out for the day with relatives. Another person had missed a dose as they had chosen to stay in bed longer than usual. We spoke to the registered manager about this who acknowledged these errors and assured us that improvements would be made to practices.

● Some people required medication 'as and when' required and we observed staff offering these to people. If people could not consent or understand, there were clear protocols in place for staff to use when deciding if medicines should be given. These had been drawn up with people's GPs.

● Medicines were stored and disposed of correctly and staff received training in how to give medicines safely.

Staffing and recruitment

● People and relatives told us they thought there were enough staff on duty to meet people's needs and keep people safe.

● Staffing levels had increased since the last inspection and there were now three staff on duty overnight, including one member of night staff allocated to the Annexe. The registered manager carried out random checks to see how long it took staff to respond to call bells and these showed that people did not have to wait long for assistance.

● The registered manager was now using a dependency tool which was reviewed every month to ensure staffing levels were sufficient to meet people's needs. Staff told us they were happy with the number of staff on duty. The activities co-ordinator told us, "It feels like carers have enough time to spend with people as they join in with the activities and I don't feel like I am left on my own."

● Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from risk of abuse

● People and their relatives told us that staff kept people safe in the home.

● The provider had effective safeguarding systems in place. Staff knew how to recognise abuse to protect people from harm and were able to tell us who they would report concerns to.

● One member of staff told us, "I had a concern about one of the residents and their friend so I raised this

and was asked to report it to the local authority." Records that showed this had been done.
Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment and we saw the environment was free from clutter to reduce the risk of trips and falls.
● Risk assessments were in place to reduce the risks to people and staff understood how to reduce these risks. For example, we saw people using pressure cushions where they had been assessed to be at risk of sore skin.
● Incidents and accidents were investigated and actions were taken to reduce the risk of re-occurrence. For example, referrals had been made to the local falls team following falls and risk assessments had been updated accordingly. Some people who were at risk of falls at night, had lasers fitted in their bedrooms which alerted staff if they got out of bed at night.
● We saw that people had access to mobility aids to help them move safely around the home and we observed staff moving people safely in line with their care and support plans.

Preventing and controlling infection
● The home was clean and staff used personal protective equipment to reduce the risk of infection. People and their relatives were happy with the standards of cleanliness. One person told us, "The cleanliness is absolutely brilliant – the staff are doing very well."
● We saw that the home had recently improved hygiene standards in the kitchen and had been awarded a five star food hygiene rating

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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
- People's needs were assessed prior to admission and were reviewed every month.
- The visiting professionals told us that the management team made referrals to healthcare professionals appropriately in order to deliver care in line with best practice guidelines.

Staff support; induction skills, knowledge and experience
- People were supported by staff who had received appropriate training to enable them to deliver effective care. One member of staff told us, "The dementia training was great. It helped me understand how people living with dementia think". The registered manager had a system in place to monitor and ensure that staff training was up to date, and refresher training was completed.
- New staff completed an induction and mandatory training when they first started work in the home.
- Staff received face to face training which was supported by regular 1:1 supervision with the registered manager. Staff felt well supported; one member of staff told us, "The manager has given me additional training and has encouraged me to do more."

Supporting people to eat and drink enough to maintain a balanced diet
- People told us they enjoyed the food and that they were given a choice at meal times. One person told us, "The food is what I like best here." Drinks and snacks were also provided throughout the day.
- We observed lunch and we saw that staff took care to create an enjoyable and relaxed dining experience. People were offered wine, beer or soft drinks with their meal and there were condiments for people to use.
- People were assisted when required at mealtimes and people were supported to eat in the lounge or in their rooms if they wished to do so.

Adapting service, design, decoration to meet people's needs
- Communal areas were spacious and well laid out. One relative told us how the home had recently swapped the dining room and lounge over and that this had made a huge difference. We saw that people enjoyed sitting in the new lounge which was a bright and airy space.
- People could choose to spend time in their rooms or in communal rooms. This enabled people to have some privacy when family and friends visited. Bedrooms were personalised and people were able to have their personal belongings with them.
- There was a tidy and private accessible garden with ramps and handrails for people to enjoy in warmer weather and a lift to help people move safely around the home.

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

● People had access to visits from external healthcare professionals such as GPs, community nurses, chiropodists and opticians. They were also supported to attend health appointments. One person told us, " I had a cough last week, so [carer's name] sent for the doctor and they gave me some antibiotics."

● Staff were vigilant and monitored people's health closely, including checking people's weight and skin when required. One visiting professional told us that the pressure care had improved in the home in recent months.

● There were effective systems in place to ensure staff knew about changes to people's care and support. These included handover meetings and communication books.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, lasers had been fitted in some bedrooms to monitor people's movement where they were at risk of falls. This was seen to be less restrictive than having bed rails.

● We saw that where people had capacity, they were supported to make decisions and choices. One person had expressed a wish to use a standing hoist against the advice of healthcare professionals. This decision had been discussed fully with the person to ensure they were aware of the risks and their wishes were clearly stated in their care plan.

● Mental Capacity assessments had been completed appropriately and DoLS applications had been made when people did not have the capacity to consent to receiving care and treatment.

● Family members, advocates and staff were involved in making best interests decisions where appropriate. For example, a DoLS had been applied for one person but had not yet been granted. The registered manager was concerned that the person may not have been able to consent to their care and support at Hillingdon House so relatives had been involved in a best interests meeting.

Good

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 08 November 2017. At the last inspection, we asked the provider to make ensure people's dignity and privacy was respected. These actions have been completed.

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

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 and their relatives were positive about the staff's caring attitude. One person said, "The staff talk to you like you are a human being here. It's much better than other places I have been in". Another person told us, "I have been treated well. Everything is done for me – my food, my hair, my nails".
- We observed staff supporting people with dignity and patience. For example, one person became distressed during lunch and a member of staff supported the person to leave the room for a while to help them recover.
- Staff enjoyed working in the home and were motivated to provide high-quality care. For example, one member of staff told us, I think the care here is amazing; we are all really caring."
- Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Care files contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when delivering their care. For example, we saw that people received visits from local churches in line with their religion. Staff respected people's individuality and diversity and understood how people's past experiences could affect their responses now.

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

- People were asked to make choices about everyday life in the home such as what they wanted to wear and where they wanted to sit. For example, we saw people being asked if they wanted to wear an apron whilst they were eating to keep their clothes clean.
- One person told us how they liked to get up at 5am each morning and staff supported them to do this. One relative told us, "We know that [person's name] goes to bed at 6.30pm; it's what she likes."

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. Staff supported to people to do things for themselves where possible. For example, people were mobilising independently with mobility aids where possible.
- People's dignity and privacy was respected. For example, we saw that staff always knocked on their bedroom doors before entering.
- People were supported to maintain and develop relationships with those close to them. For example, we saw that the provider was re-decorating and refurnishing some rooms in the Annexe so that a married couple could have a shared bedroom and a lounge to themselves.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them control

- Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. Care plans were personalised and contained good detail about how people wanted to be supported.
- Care plans were reviewed and amended when peoples' needs changed. For example, we saw one care plan had been amended recently after the person had started to use hearing aids.
- Staff were knowledgeable about people and their needs and how individuals preferred to communicate. For example, people's communication needs were identified, recorded and highlighted in care plans. We also saw that information, such as the menu for the day was displayed in an easy read format with pictures. This helped people to know what was happening.
- There were activities organised on the day of inspection that people enjoyed and we saw that people had a choice of whether to join in. One person told us, "We have entertainment on a regular basis here." The provider had recently employed an activities co-ordinator who had spent time talking to people about what they liked to do. They told us this information would be used to plan individual and group trips and activities.
- Relatives told us they were kept informed of any changes to people's support or health needs. Records showed that one family was kept informed of their relatives well-being via a weekly email as they did not live close to the home.

Improving care quality in response to complaints or concerns

- Relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. There was a complaints policy available in the home for people and their relatives to use.
- We saw that the provider had received five formal complaints in the previous 12 months. These had been investigated promptly and outcomes shared with the person concerned and their family.

End of life care and support

- Care plans contained information in relation to people's individual wishes regarding end of life care, including religious preferences and who they wanted to arrange their funeral. No-one in the home was currently receiving end of life care.

Good

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 08 November 2017. At the last inspection, we asked the provider to make ensure that we were notified of certain incidents as required. These actions have been completed.

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

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

- The provider had notified us of various incidents and events as they are required to do.
- A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on falls, medication, health and safety and care plans.
- We saw that action was taken as a result of audits; for example, medication audits had highlighted some recording errors which had then been corrected.
- We saw that the provider took an active interest in the running of the home and was in daily contact to check if any support was needed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager led by example and had created a culture where there was a focus on people's needs and a commitment to provide high-quality care. Staff and relatives spoke positively about the registered manager. Comments included "[Registered manager's name] is a smasher" and "lovely manager".
- Records showed that relatives were promptly informed if anyone had a fall or accident in the home. The provider was open and transparent during the inspection and demonstrated a willingness to listen and improve.

Continuous learning and improving care

- There were systems in place for staff to discuss standards and quality of care and identify areas for improvement. Staff told us that the registered manager would challenge staff and address areas of underperformance. We saw this reflected in supervision records.
- One member of staff told us, "The manager is always observing us and trying to improve the home. They will tell us if things aren't good".

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

- The registered manager and the provider were visible throughout the day and took time to speak to people, their relatives and the staff team.

● People and staff had been asked what improvements they wanted to see in the home via surveys which had been completed in the last two months. We saw that responses to these surveys were generally positive and any actions had been put into an action plan which was in progress.
● One member of staff told us how flexible managers were in ensuring their shifts fitted around their family commitments.

Working in partnership with others
● The service had good links with the local community and the provider worked in partnership for people's benefit. The registered manager reported that working relationships were good with other partners such as the local GP, dentist and pharmacy.
● The registered manager and the provider told us they attended a number of local events and conferences to develop good working partnerships and to ensure they kept up to date with best practice.