



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Hillcroft Residential Care Home

11 Howells Crescent
Llandaff
Cardiff
CF5 2AJ

Type of Inspection – Focused
Date of inspection – Tuesday, 17 May 2016
Date of publication – Friday, 15 July 2016

Welsh Government © Crown copyright 2016.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Summary

About the service

Hillcroft Residential Care Home is located in Llandaff, Cardiff and is operated by Farrington Care Homes Ltd. It is registered with Care & Social Services Inspectorate Wales (CSSIW) to provide accommodation together with personal care for up to 25 people over the age of 65 who have a diagnosis of dementia. The company has nominated a responsible individual but the home does not currently have a registered manager. However a manager has been appointed and they have applied to register with CSSIW.

What type of inspection was carried out?

We (CSSIW) carried out a focussed inspection of this care home to check whether the service had addressed areas of regulatory non-compliance that we identified during our last inspection visits to the home made on 14 and 31 March 2016. (The report of these visits was published on 29 April 2016).

We made an unannounced visit to Hillcroft on 17 May 2016. To check the home's compliance with the regulations we:-

- met with the manager and deputy manager
- examined the care and support records of three of the home's residents
- examined information about staff training
- considered the staffing rotas for two weeks chosen at random
- carried out a visual inspection of the premises
- reviewed an action plan that was sent to us by the service provider on 28 April 2016 addressing the areas of non-compliance that we had identified

At the time of this inspection the home was under scrutiny by Cardiff Council because of performance issues. The local authority's contract monitoring team were making regular visits to the home.

What does the service do well?

The purpose of this inspection was to check whether the home was compliant with the Care Homes (Wales) Regulations 2002. We did not identify any areas of significant good practice.

What has improved since the last inspection?

- the home has appointed a manager who is eligible to register with CSSIW. The person has the required qualifications and is registered with the Care Council for Wales. This person has submitted to CSSIW an application to register
- people living at the home have had their care needs reviewed and where required care plans and risk assessments had been updated and in some cases rewritten
- the manager of the home has identified with individual members of staff their training needs and begun the process of ensuring that they are able to access and complete the training they require
- the staff rotas we examined demonstrated that sufficient staff had been on duty to meet the needs of people living at the home
- we observed that the arrangements for the control of infection had improved. This included training for staff, the purchase of new waste bins and soap and paper towel dispensers

- during our inspection visit we observed that the laundry was being kept locked and that cleaning chemicals were stored securely
- repairs had been made to the electrical sockets that we identified as being damaged and a visual check made of all electrical sockets around the home
- we observed that pressure relieving equipment such as mattresses were properly inflated and functioning correctly. We also found that this equipment was now being checked daily
- waterproof mattress covers had been purchased and fitted
- measures had been taken to ensure the privacy of a service user where we had identified that the persons en-suite bathroom was overlooked by another service user's room
- the home's manager and handyman had identified required maintenance and improvement works. Some areas of the home had been repainted. A date has been scheduled for the replacement of carpets in the communal areas of the care home
- the manager had begun to arrange and complete staff supervision sessions with individual members of the team
- there are now schedules in place to ensure that all parts of the home are cleaned appropriately

What needs to be done to improve the service?

People using the service should live in a safe and pleasant environment and be supported by a trained and competent staff team. It is important that the home sustains the progress made in recent months to improve the service provided to residents.

Work is required to ensure that the home is fully compliant with food hygiene regulations.

Quality Of Life

Since our last inspection of the service, we observed that people's care needs were now being more thoroughly identified and addressed. The home had begun the process of reviewing every resident's care plan ensuring that people's health and care needs were clearly identified.

The sample of files we examined demonstrated an improvement in terms of people's care needs being reviewed and actions being taken to address identified care needs. For example, we noted that one person's skin integrity was now being regularly assessed to reduce the risk of the resident suffering pressure sores.

The care files we examined were more "person centred", specific to the individual resident and provided staff with useful information that would help them support the person. A document titled "This is Me" has been introduced and this gives clear information about the person's preferences and wishes. One entry on a file noted that the person preferred to take tablets from a spoon. Another that a resident used adapted cutlery because of a health condition. This information is very useful in ensuring that people receive the assistance that they want.

We noted that generally care plans reflected people's care needs and provided staff with sufficient information how to meet those needs. Risk assessments had been reviewed and in some instances written and developed following reviews of care. When reviewing risk assessments care needs to be taken to ensure that the information written down is accurate. We found one example where a falls risk assessment stated that a person had "nil" falls over the last twelve months but other records showed that the person had a serious fall about 5 months ago that resulted in a visit to hospital. This information would obviously affect the outcome of the risk assessment. We also noted that advice from health professionals recorded in a letter in January 2016 had not been incorporated into the relevant care plan.

Daily records of the care provided and monitoring charts demonstrated that generally people were receiving the support and assistance they required. The records for a resident with particularly high care needs showed that they were being assisted to eat and drink and were being repositioned at regular intervals. We saw evidence of the staff liaising with other professionals to ensure that the person's health needs were addressed and they were as comfortable as possible.

We observed that the home is now routinely monitoring people's level of need. This information helps to ensure that calculating the number of staff required at the home can be based on the needs of the people living there and the amount of assistance they require.

We learnt that the home is now routinely ensuring that pressure relieving equipment is checked to ensure that it is functioning correctly. A daily check is made and any concerns reported to the manager.

The manager of the service had reviewed the arrangements for the provision of meals. Menus are now under review with the aim of offering residents greater choice and variety.

Quality Of Staffing

We did not consider the theme of Quality of Staffing in depth on this occasion. However we noted that the manager of the home had identified with individual members of staff their training needs and we saw evidence that demonstrated that staff were booked onto training courses.

The home manager reported that she had begun to arrange staff supervision sessions. This is important as it gives staff the opportunity to discuss the work they do and their training and development needs

We examined staff rotas for the weeks commencing 18th and 25th April 2016 and 2nd May 2016. We noted that during those weeks there had been sufficient staff on duty to meet the needs of the people living at the home.

Quality Of Leadership and Management

The home has a new manager who has been in post for just a few months. The manager has submitted an application to register with CSSIW.

In our discussions with the manager we learned that they had developed an action plan to address the areas of concern raised by CSSIW and the local authority. We found that the manager had prioritised the review of resident's care and the updating of care files and was working with the providers to address issues about infection control, the care home environment, staff training and staffing levels. We also found that they had spent time observing day to day practice in the home and introduced a number of measures that could offer an immediate benefit to residents. For example the introduction of hot food at breakfast time.

Quality Of The Environment

People living at Hillcroft can be assured that efforts have been made to improve the quality of the environment. We observed that some areas of the home had been redecorated and looked cleaner and fresher. The home had been tidied and old and unused equipment had been placed outside ready for disposal.

We observed that the arrangements for the control of infection had been improved. New soap and paper towel dispensers and pedal bins had been purchased for each bedroom and hand gel dispensers removed from corridors. One of the staff team had been identified as “leading” this area of work and an infection control audit carried out. We noted that members of the staff team had either completed infection control training or were booked to attend the course. With regards to the cleaning of the home we found that there was now a daily cleaning schedule in place and that a “deep clean” of the home was scheduled monthly. A deep clean of the kitchen is also now scheduled weekly.

We observed that the temperature of the conservatory is now being monitored to help ensure that people are able to sit in this area at a comfortable temperature.

We observed that the home had not replaced the carpets in the ground floor communal areas or on the staircases but a date for the commencement of this work had been planned.

We did not inspect the kitchen on this occasion but a colleague from the local authority inspected the kitchen on 5 April 2016 and again on 13 June 2016. They noted some work was required to comply with food hygiene regulations. This included the storage and labelling of food in the refrigerator, uniforms for catering staff and the monitoring of the delivery of food obtained from local shops. Work was also required around the storage of fresh vegetables and the organisation of the freezer. Food hygiene training had been booked for both of the home’s cooks to update their knowledge.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

