



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

# Inspection Report on

## Hillcroft Residential Care Home

**Hillcroft Residential Home  
11 Howells Crescent  
Llandaff  
Cardiff  
CF5 2AJ**

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## **Description of the service**

Hillcroft Residential Care Home is located in the residential area of Llandaff in Cardiff. The home is registered with the Care & Social Services Inspectorate Wales (CSSIW) to provide accommodation together with personal care for up to 25 people. Included in the 25 places the home may provide personal care for 24 people who are over the age of 65 with dementia care needs, and for one person who is under the age of 65 who has an acquired brain injury. On the day of our visit we were told that 22 people were in residence.

Hillcroft Residential Care Home is operated by Farrington Care Homes Ltd. The company has a nominated responsible individual who oversees the management of the home. At the time of the inspection, there was no registered manager in post at the home. An acting manager had been appointed at the home who was present throughout the inspection visit.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found that residents at Hillcroft Residential Care Home are content with the care and services they receive. Care workers are friendly, caring and provide supportive interactions. Written care plans detail how people's needs are to be met and are person centered.

The home has not benefited from a consistent managerial presence since January 2015. The home has not had a registered manager since October 2016. Prior to this time successive individuals who have been appointed to manage the home have left after a short period of time. This failing has impacted on the daily running of the home.

### **2. Improvements**

We did not note any improvements since the last inspection.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. This includes the following:

- Management: The provider is required to appoint and register a manager.
- Staff recruitment: Staff documentation required for employment is not always present and requires completion.
- Quality assurance: The registered provider is required to have robust, transparent systems in place to assess the quality of the service people receive.
- The home's Statement of Purpose needs to be revised and amended.

## **1. Well-being**

## Summary

Overall people are satisfied with the care and support they receive at Hillcroft Residential Care Home. We found that people relate well and have good relationships with the staff that care for them. We saw care workers interacting with residents with warmth and kindness.

## Our findings

People are able to exercise choice and control over their everyday lives. We observed people getting up at various times during the morning and moving freely throughout the home. There was a quiet lounge available for residents which provided a more peaceful environment. One person told us that they like to stay in their bedroom, whilst another told us that they preferred to sit in the quiet lounge and another told us that they enjoyed helping care workers prepare for planned activities. We observed care workers asking people how they wished their individual care needs to be addressed. For example during the morning we saw one person being offered choice over how and when they wanted to wash and get up. People are able to express their individual views and opinions which are valued by people caring for them.

People relate well and have good relationships with staff who look after them, and can generally feel safe and protected. We saw that at regular intervals staff checked on, and interacted with people who chose to stay in their bedrooms, and this was documented. However, one person who preferred to sleep until late morning did not appear to have been checked on until lunchtime when we informed a member of staff that the person was now awake and in need of assistance. Whilst the care worker told us that the person had been checked on throughout the morning, and had been sleeping, there was no documentary evidence to support this. We saw that interactions between care workers and residents were consistently warm and kind, and for the most part meaningful. We saw one care worker sitting with a resident chatting warmly, over a cup of tea. We saw another care worker reassuring and supporting the other resident. During our visit we observed residents interacting with care workers and with fellow residents in a friendly manner. This indicates people are, for the most part, content, happy and safe living in the home.

People are stimulated and are encouraged to participate in activities. Care plans we examined clearly documented residents' likes and preferences. One plan reflected that the resident liked to look nice, and have their hair done. The home's designated activities coordinator, who is also a member of the care worker team, has regular sessions dedicated to activities three hours a day, three times a week. We were told that during the group activities people are actively involved in planning future activities and events. People are able to choose to participate in a wide range of activities. This included group activities such as quizzes or one-to-one sessions. The home has participated in activities with other homes such making a blanket which was displayed in St Fagan's Museum and Debenhams, and a quiz competition during which the home's quiz team attended another care home. The home has also arranged visits to a local school to watch a show, and the school's pupils regularly visit the home. Photographs chronicling activities were displayed on the walls of the home, and attendance at group activities was documented in the homes activities log, and individual resident's records. The activities coordinator spent time 'one-to-one' with residents who chose not to participate in group activities. One person told us how much they enjoyed being part of the activities, and helping to arrange activities. We observed people actively engaged and clearly enjoying a group quiz. The hairdresser and

pupils from a local school visited the home on the day of our visit too. Individuals can therefore do things that matter to them and have opportunities to feel involved in life at the home.

## 2. Care and Support

### Summary

Overall, people benefit from care that is planned and delivered in a person centred manner by caring and familiar care workers. People's needs are anticipated and they get help when they need it. People benefit from healthy food options, and have a generally positive dining experience.

### Our findings

Generally people are as well as they can be, because their individual needs and preferences are understood and their care needs are anticipated. We found that residents appeared well dressed and were predominantly relaxed. We examined three residents' care files and found updated and reviewed documentation on each file. We saw that care files detailed essential information in relation to people's preferences, personal care needs, medical conditions and medication requirements. A written plan of care provided guidance on relationships, personal likes and dislikes, social interests, daily routines, as well as all the aspects of life the person needed support with. One plan documented information about the person's sleep pattern and what they liked to do at night if awake and disorientated. Another plan provided detailed information about how to care for a person to allay agitation, which we observed care workers undertaking during our visit, and the person responding positively. We saw that people were referred to health professionals for treatment when required such as optician, podiatrist, and dietician. We saw that care reviews were carried out on a regular basis. Therefore, people receive person centered care focused on individual preferences and wishes which is responsive to their changing needs.

People and their representatives, where appropriate, do not always have involvement in the updating of their plans and reviews. We saw that the care records we examined were reviewed and updated regularly. However, we found that although it was apparent that people and/or their representatives had some involvement in the care documentation, there were no signatures on peoples' documentation to evidence that either they or their representative had been involved in the writing of the assessments, plans and reviews. This shows that people cannot always be sure that they are actively engaged in the way their care is being delivered. The acting manager assured us that they would address this immediately.

We found that medication is managed safely. We reviewed people's medication administration records and controlled drug records which had been completed correctly. We saw that medications are stored safely and securely.

People are generally satisfied with the care and support they receive at Hillcroft Residential Care Home and experience warmth and belonging. Care is delivered by care workers who have an understanding of what is important to people living at the home. We saw staff interact with people with warmth and familiarity and residents responded positively. We saw that care was delivered promptly and in an unrushed manner. People we spoke to indicated that they liked living at the home providing comments such as, *'I love it here, I have everything I need, the food here is great, I like to help out'*, *'they (care workers) are nice they help me'*. This led us to determine that people have good relationships with care workers at the home.

People enjoy a healthy and nutritious diet. We observed lunch being served and found it to be a calm, relaxed occasion with music playing quietly in the background which added to the pleasant

atmosphere. We observed that residents were supported according to their needs in a dignified manner. We saw that most people were encouraged to eat in the dining room where tables were set out to promote conversations and laid with cutlery. We saw that residents were chatting to each other and staff during lunch. Comments from residents included; '*food is great*', '*food is okay*', '*food is of a good standard*'. We observed that lunch appeared appetizing and appeared to be enjoyed by most people. We saw that hot and cold drinks and snacks were offered and enjoyed throughout the visit. One person told us that they would like to have fresh fruit. We spoke to the kitchen staff who told us that fresh fruit and vegetables were delivered every Thursday (the day of the visit). We observed that there were fruit bowls containing apples and bananas available throughout the home during the afternoon, and saw one person enjoying a banana. The home had been inspected in October 2016 by the Food Standards Agency and had been awarded a food hygiene rating of 3 which is 'generally satisfactory'. Actions to improve this rating were agreed with the home. This included providing meal choices for residents, and food hygiene training for staff. Residents now have some meal choice; however food hygiene training has not yet been fully completed. We concluded overall that mealtimes are a positive experience, and that peoples' nutritional needs are being met.

### **3. Environment**

#### **Summary**

Hillcroft Residential Care Home provides a warm and comfortable environment for people and the home is generally clean. However there are some areas of the home that require maintenance and updating. Whilst the general ambience of the home is welcoming, the décor could be more homely. There is an outside area for use in warmer weather.

#### **Our findings**

People benefit from a mostly clean and comfortable environment. We saw that the home was generally clean and tidy, and no unpleasant odours were noted. At the time of our visit a new fire alarm system was being installed at the home causing dust in some of the corridors. However, we observed daily cleaning being undertaken, and communal areas were kept hazard-free to maintain residents' safety. People's rooms contained personal items of their own choosing. However, throughout the home there are areas in need of decoration, and flooring which needs to be replaced. We saw that the corridors were painted white with an occasional picture. The corridors were not uplifting or homely and provide very little interesting features for people living at the home. We saw residents using the communal areas of the home freely according to their wishes and needs to either sit quietly or be part of a group or an activity. We heard gentle music being played in the background through the communal areas of the home which provided atmosphere. The home has an outside area for use in warmer weather. However we saw that a wheelchair had been discarded in this area. The acting manager was advised to ensure that this is removed. Overall, the environment suits people's needs, however improvements are necessary to make the home more uplifting and homely.

People are protected and their safety is maintained. We found the entrance to the home was secure but accessible by a call bell entry system. Visitor identity was checked before entering the property along with signing of the visitor book. We saw that safety checks of manual handling equipment, such as hoists, were undertaken. We saw that the medications room, sluice room, and laundry room were secure. Therefore, people are protected from exposure from hazardous substances. All confidential files including care and staff files were stored securely in lockable cupboards. People's right to privacy is therefore respected within a secure environment.



## 4. Leadership and Management

### Summary

The home does not have a history of stable and consistent leadership which benefits residents and staff. The service has no registered manager in post at the time of our inspection. An acting manager, who has previously worked at the home, has been appointed and is responsible for the day to day running of the home. This person demonstrated a positive approach to the management of the home.

### Our findings

The home does not have a registered manager in post and has not benefited from a consistent managerial presence since January 2015. The acting manager, who has been in post since October 2016, is visible, approachable and appeared responsive to concerns. The acting manager had worked at the home previously. Generally staff spoke positively about the acting manager. One member of staff told us that there had been instability but that they knew and trusted the acting manager. We found the acting manager demonstrated a good level of understanding of the responsibility involved to ensure regulatory compliance and we found them to have an insight into the improvements and developments that are needed within the home, in order to improve outcomes for people living there. However, the acting manager is not registered with the CSSIW. Therefore the registered provider has failed to meet the statutory requirements to appoint a registered manager.

People cannot always be sure that there are robust, transparent systems in place to assess the quality of the service they receive. We were told by the acting manager that in January 2017 the home reintroduced resident/ resident's representative engagement meetings. Prior to this, residents' meetings had not been held on a regular basis. We were told by the manager that questionnaires completed by representatives of people living the home had been received in preparation for the home's annual Review of Quality of Care, which has yet to be completed. We saw that three monthly quality monitoring visits were undertaken by a competent person appointed by the responsible individual, and we saw that a report followed each visit. However the reports did not demonstrate that the opinion of residents and/ or their representative, and people working at the home was sought with regard to the standard of care provided at the home in accordance with regulatory requirements. People must be provided with opportunities to be consulted about the service, and be actively involved in developing of the service in order for them to feel valued and listened to.

The home's statement of purpose does not fully meet regulatory requirements. We reviewed the home's statement of purpose which had been updated in October 2016. This is an important document which should provide people with information about the service, including the facilities available at the home. We saw that the values and principles of care provided were clearly documented. However this document needed to be reviewed and updated to include specific information regarding the number, relevant qualifications, and experience of staff working at the home, and regarding the age-range of residents and the range of needs the home is intended to meet. The appointed manager assured us that the statement of purpose will be reviewed and amended. We concluded that people are generally informed of their rights and services available to them.

People do not consistently receive care and support from staff who are appropriately appointed and trained. We examined three staff files. Two of the three staff files contained most of the required information to ensure their suitability and fitness. The third staff file did not contain a reference from

a previous employer, a full employment history, proof of identification or an up to date disclosure and barring check. We spoke to the acting manager who told us that they were reviewing all staff files, and had started by ensuring that all staff had satisfactorily completed the induction process. They gave assurance that deficits would be addressed so that staff files satisfied the regulations. We found the home does not have a proactive approach to the learning and development of staff. We saw from the home's training matrix that some care workers had not received all training relevant to the individual needs of the people they care for. For example only seven members of staff had received dementia awareness training in 2016. The acting manager told us that dementia awareness training should be undertaken annually by all staff. The acting manager told us that annual mandatory training planned to take place before Christmas was cancelled. We concluded that there is not a robust process in place which ensures staff are recruited, and sufficiently vetted, and trained in a way that improves outcomes for people.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

There were no areas of non compliance identified at the last inspection.

### **5.2 Areas of non compliance identified at this inspection**

At this inspection the following areas of non compliance were identified:

- We found the registered persons were not compliant with Section 11 of The Care Standards Act Wales (2000) because there was not a manager in post who was registered.
- We found that the registered persons were not fully compliant with Regulation 19 (2)(d), of the Care Homes (Wales) Regulations 2002. This is because not all information and documents listed in Schedule 2 were available in respect of people working at the home.
- We found that the registered persons were not fully compliant with Regulation 4 (1) (c) of the Care Homes (Wales) Regulations 2002. This is because the Statement of Purpose does not contain all the matters listed in Schedule 1.
- We found that the registered persons were not fully compliant with Regulation 27 (4)(a) of the Care Homes (Wales) Regulations 2002. This is because the opinion of residents, their representatives and persons working at the home, is not sought during visits by the registered provider.

Immediate and effective action must be taken to address the above matters to ensure that the service is compliant with regulations. We have not issued non-compliance notices as we did not identify any adverse impact on the health and welfare of people using the service, and we have received assurances that priority would be given to remedy identified deficits.

These areas will be considered at the next inspection

### **5.3 Recommendations for improvement**

- Consideration should to be given to upgrading the décor of the home's corridors so that they are more homely.
- The home's garden should be tidied and discarded equipment disposed of correctly.
- Staff training needs should be reviewed and any gaps identified in training addressed.

**6. How we undertook this inspection** This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 5 January 2017 between 10.00 and 17.00.

We used the following sources of information to formulate our report:

- Observations of daily routines, care practices, and activities at the home.
- Conversations with residents.
- Observations using the Short Observational Framework for Inspection (SOFI 2) tool. This tool enables inspectors to observe and record life from a service user's perspective; we consider how they spend their time, their activities, interactions with others and the type of support received.
- Discussion with the acting manager and other members of staff.
- Examination the care documentation of relating to three residents.
- Observation of the lunch service, and time spent in the home's communal areas.
- Consideration of the home's quality assurance systems
- Examination of the personnel files of three members of staff, in order to consider the recruitment process in place.
- Review of staff training matrix.
- Visual inspection of the building's interior and exterior.
- Review of three staff rotas.
- Review of the previous inspection reports.
- Review of the home's Statement of Purpose.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home – Older
Registered Person	Farrington Care Homes Ltd
Registered Manager(s)	No Registered Manager in post
Registered maximum number of places	25
Date of previous CSSIW inspection	18/08/2016
Dates of this Inspection visit(s)	05/01/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	