



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

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Care Standards Act 2000

Inspection Report

Hillcroft Residential Care Home

11 Howells Crescent
Llandaff
Cardiff
CF5 2AJ

Type of Inspection – Focused

Date of inspection – Thursday, 22 October 2015

Date of publication – Tuesday, 24 November 2015

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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 home does not currently have a registered manager and the home is being run by an interim manager who has been at the home for around one month.

What type of inspection was carried out?

We (CSSIW) carried out a focussed inspection of this service in response to concerns we had received about the cleanliness of the care home. We also took the opportunity to consider the care of a resident that we were aware of who has ongoing tissue viability issues. Finally we considered information shared in an adult protection strategy meeting relating to the care of two residents.

What does the service do well?

As the inspection was in response to concerns raised about the service we did not focus on this area.

What has improved since the last inspection?

We were made aware of some improvements to the building including repairs to the roof and on the day of our inspection visit, new carpets were being laid on the ground floor of the home.

A small lounge on the ground floor of the home has been made into an additional dining area. This has meant there is more space in the main dining room and offers people a quieter area to eat their meals.

What needs to be done to improve the service?

The home is in breach of regulation 13(4)(c). This is because people cannot be sure that they will be cared for safely. We are not issuing a non-compliance notice on this occasion because we are aware that an action plan has been drawn up to address the issue of a service user leaving the home without the knowledge of the staff team. We would advise that the action plan is used to consider the needs of everyone living at the home.

The home has been without a registered manager since 15 January 2015. It is important that a suitable manager is appointed and applies to register with CSSIW as soon as possible.

We recommend that assessments carried out with regard to potential service users are robust and information obtained and used to make a determination of whether the home can meet all of the individual's needs.

Care plans written for people living at the home should be reviewed to ensure that people's identified needs are documented and the staff clear about the support they are to provide.

We recommend that clear information is provided to people considering moving into the home, including for respite care, so that they are made aware of the home's registration

categories. Potential service users need to be aware that the home is solely registered to support people with a diagnosis of a dementia related illness.

Quality of Life

Overall we found that that people are generally well cared for by a reliable and consistent staff team who form good relationships with the people they support. However we have concerns that people are not always supervised appropriately and that the staff do not always work in a consistent manner with people who have behaviours that challenge.

There have been five instances since May 2015 of service users being able to leave the building without being observed by staff. Fortunately the service users concerned were found and returned to the home safely. It is difficult to determine precisely whether people have not been supervised appropriately or whether the security of the building is the issue. We feel that it is probably a combination of these two factors. The manager told us that an action plan had been drawn up following the latest incident which addressed the security of the building and the supervision of one of the home's residents. We would advise that the action plan is extended to all residents.

We examined the care records of one service user that we knew had health related issues. We firstly looked at a pre-admission assessment that had been carried out by the home when the person had been in hospital. This was brief and only covered some very broad areas of need. There was no written assessment regarding the person's diagnosis of dementia and the care and support needs associated with this illness. There was reference to an assessment that the hospital had completed. However, the home cannot rely solely on other people's assessments when they are deciding whether their home is suitable and can meet all of the person's needs.

We learnt that a person who had been admitted for a period of respite did not enjoy their brief stay at the home. This was because the person did not have a diagnosis of dementia and did not enjoy the company of some fellow residents who were confused and agitated. Apart from the lack of provision of suitable information to the person that we have mentioned earlier in this report, the assessment carried out should have identified some of the potential difficulties in offering a placement to this individual.

The home's care plans that we examined were written in a manner that was quite personalised and reflected the preferences and choices of the person. We also noted that the information encouraged staff to promote people's independence. For example, a care plan describing the assistance the person required with dressing discussed what they could do for themselves and the help staff would need to provide.

However, a care plan dealing with the person's diagnosis of dementia lacked any information about how staff should support the person. We saw evidence in daily records and other documents that the person could be verbally and physically challenging, was restless at night and would remove any dressings applied to help with wounds. This particular plan should be updated to include guidance for staff on dealing with all of the issues relating to this person's care. When resident's care plans are next reviewed the manager should ensure that people's identified care needs have been fully documented and that there is clear guidance for staff to follow.

A care plan considering the same person's nutritional status stated that they should be weighed weekly because there were concerns about the person's intake of food and the effects of poor nutrition on skin condition. We could only find evidence of two occasions the person had been weighed since their admission to the home. This is not satisfactory. Any difficulties in obtaining the cooperation of the individual should have been noted when reviewing the person's care and advice sought.

We noted that the actions arising from the review of a falls risk assessment had been addressed and that the home had reviewed the person's medicines and care with a GP.

It was drawn to our attention by the local authority that they had observed that the home lacked risk assessments and care plans for a resident that they had placed at the home. They also noted that behaviour monitoring charts had not been fully completed or properly evaluated. The lack of this information resulted in staff working in inconsistent and inappropriate manner with a resident and also in ways which would not address or resolve on-going issues.

The manager told us that they were in the process of trying to standardise the assessment and care planning documentation used within the home - as they also felt that this had led to some confusion among staff and gaps in care plans. This piece of work should help to ensure that all identified needs are addressed and there is clarity regarding the support people require.

During the time we spent in the home we observed that the interaction between care staff and residents was supportive, warm and friendly. The majority of the staff team have worked at the home for some time and it is evident that having a consistent staff team benefits the residents. The staff have received enhanced dementia care training. However we think that the staff require on-going support and guidance to work effectively both as individuals and as a team with residents that have challenging behaviours.

Quality of Staffing

We did not consider the theme of Quality of Staffing on this occasion.

Quality of Leadership and Management

The home has been without a registered manager since 16 January 2015. Since this date a manager applied to register with CSSIW but withdrew their application in September 2015 and no longer works at the home. There is an experienced interim manager on site however we understand that they do not intend to register. It is important that the company finds a suitable manager and that they apply to register with CSSIW as soon as possible. CSSIW guidance suggests that 3 months is a reasonable length of time for the registered provider to appoint a suitable manager.

Information supplied to potential residents and their families needs to be clear so that people can make an informed choice about whether they want to move into the home. We learnt of a person who had planned to stay at the home for a short period of respite. When they moved into the home they were upset to find that a majority of the residents at the home had a diagnosis of dementia and they found that they had little in common with them. The home's statement of purpose and service user guide should be readily available for all potential residents. Similarly when the home tenders with the local authority to provide a service, they should ensure that they are only considering offering a place to people that fall within their registration category.

Quality of The Environment

Hillcroft is situated in the residential area of Llandaff in Cardiff. The building provides quite a homely environment that is reasonably well maintained and furnished.

We inspected the communal areas of the home and some of the bedrooms. We observed that people's bedrooms were personalised in terms of furnishings and décor. People moving into the home are encouraged to bring with them personal items to help them feel more comfortable in their surroundings.

Some measures have been put in place to make the home secure so that residents cannot easily walk out of the home unobserved. However the measures in place require reviewing. For example the home's car park can be accessed from the garden via a gate that should be kept secured with a padlock. We were made aware that occasionally the padlock is not properly locked and this means people can easily walk out of the garden into the car park and then onto the street. It had been reported to us that people had left the home through doors which were fitted with alarms. Clearly the alarms did not fulfil their function and alert staff. The manager reported that door alarms were to be checked to ensure they were working properly.

We found the home's communal areas and resident's bedrooms to be to be clean and tidy. We examined people's beds and found that where used mattresses were inflated appropriately and that bed linen and pillow were clean. Generally the home was odour free.

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.

