



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 situated in the residential area of Llandaff in Cardiff and is close to local amenities and public transport links. The home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation and personal care for 25 people over the age of 65 years, who may have dementia care needs.

Hillcroft Residential Care Home is owned and operated by Farrington Care Homes Ltd. The company has a person to take responsibility for overseeing the operation of the home. Currently there is no registered manager for this service. The service last had a registered manager in February 2015. Since our last inspection in May 2017, a manager has left and a new manager has been appointed. The new manager intends to register with CSSIW and has provided written assurances to this effect.

Summary of our findings

1. Overall assessment

People told us they are happy with the care and support they receive from staff at Hillcroft Residential Care Home. Interactions between staff and residents are positive; staff are thoughtful about, and responsive to the residents and their needs. People benefit from a clean and pleasant environment; they have choice of meals and some activities. People's preferences are beginning to be documented more clearly in care records and people are increasingly being involved in informing how their care is provided. People are consulted by the management of the home on the quality of the care and support they receive. Improvements since our last inspection have enabled the service to achieve compliance with the Care Homes Regulations.

2. Improvements

Since our last inspection we have identified improvements in the following:

- the detail and quality of the records relating to residents' care and support needs,
- recruitment procedures and practice,
- systems and practices for the safe keeping of residents' property,
- detail included in the home's statement of purpose document,
- protecting residents from risks to their health and safety and from harm and abuse,
- monitoring the quality of care provided to people,
- staff supervision and training, and
- the leadership and management of the service.

3. Requirements and recommendations

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

1. Well-being

Summary

We found that Hillcroft Residential Home provides people with good support which promotes their choices. People are treated kindly and respectfully. People's well-being is supported by staff who are warm and friendly in their interactions. Residents are supported by familiar staff, who understand them and their needs. Progress has been made, and further plans are in place to develop and improve both the range of activities available to residents, and the home's environment.

Our findings

People benefit from positive relationships with the staff. We observed staff engaging people in a warm, relaxed manner. We saw, for example, staff chatting with people on topics that were meaningful to them, they offered people food and drinks and shared laughter and appropriate tactile interactions. We observed, during a SOFI2 observation, a staff member who was sat reminiscing with a resident, then moving on to discuss their plans for later that day. Their body language was open, their tone of voice was gentle and encouraging and the resident appeared to be in good spirits following their exchange.

We spoke with four residents. They spoke positively about their lives and their experiences living at Hillcroft Residential home. Their comments included:

*"plenty to do, good food, activities are good; choices, happy on the whole",
"very happy", and
"[I'm] very happy here, I'm lucky, [it's] really lovely".*

Additionally, we spoke with an independent advocate who visited the home who had spoken with residents. We were advised that the advocate will be making regular visits to the home in the future and that residents had said they were quite happy with the care and support they received from staff at the home.

People have some opportunities to do things that are of interest to them. We saw, displayed on the notice board for residents, information about a daily programme of activities. A variety of occupational interests were detailed and people told us of their interests and preferences. One person told us, through their questionnaire response, that they chose not to participate in activities and another commented that family members take them out into the community. We heard from two residents that they would welcome more opportunities to go out. When asked a question about what improvements they would wish to see to the activities on offer, their questionnaires stated: *'more trips out'* and *'outings to places of interest'*. One staff questionnaire also commented that more activities are needed for residents. The manager advised us progress on the support for, and therefore the

development of activities, is imminent. Some people living at Hillcroft residential home are able to engage in things that are important to them. The planned increase in resources to support the development of meaningful engagement and occupation for residents should be introduced at the earliest opportunity to enhance people's well-being. This will be considered further at our next inspection.

People's safety is protected. A number of unnecessary environmental risks have been identified and removed. At our previous inspection we noted several areas of potential risk to residents due to environmental considerations. These will be commented on further in the environmental section of this report below. However, it can be concluded that people's health and safety needs are being addressed which will contribute positively to their well-being.

People are better supported with regard to the safety of their finances and other valuable property. We reviewed the policy and procedure documents for the 'management of service users' money and financial affairs', and 'handling residents' valuables and personal belongings'. We also looked at records detailing people's cash expenditures and handling of bank cards which are administrated by the home. We were assured bank cards and valuables are all now held securely and saw no evidence to the contrary. We queried some variations in costs of hairdressing, chiropody and newspapers detailed on the records of residents' financial log sheets we sampled. Whilst these were explained, it would be helpful to have clearer details in any variation of costs relating to these regular expenditures. People are experiencing improved security arrangements for their finance and items of valuable property.

2. Care and Support

Summary

Overall, residents are supported by a group of staff who understand them and their needs. People's care documentation - assessments, care plans, risk assessments and reviews of care plans are becoming more detailed; they are beginning to include information that demonstrates that the person is central to the assessment and care planning process. Staff training needs are identified and their development is being progressed.

Our findings

People's needs and preferences are understood and anticipated. We sampled care documentation in relation to four residents. We noted an improvement in the extent to which people are involved in the assessment and review of their care needs. The detail included in the pre-admission assessments of residents was much improved and demonstrated people, and the people important to them, had informed the assessment. We saw that care plans were being regularly reviewed. These reviews also demonstrated person centred approaches were being used to inform how they were completed and recorded.

For example, we sampled one file which included information about the things that were of importance to the resident. Specific details relating to their communication style and needs, and a carefully detailed record of this person's morning routine was included. It was important that the morning routine was followed to assist this person with their communication and understanding, and therefore their sense of calm and well-being. Not all files included this level of involvement of people in the development of their care plans. It was noted however, that an emerging practice of inclusion of the resident, and their family/representative, in the assessment of new residents, and in the reviews of existing residents, was apparent. Details of individual needs, preferences and things of importance to residents are increasingly being sought and documented.

The service demonstrated a commitment to the learning and development of staff. Staff advised us they receive training and we saw a range of training certificates held in staff personnel files. Additionally, we reviewed the staff training matrix and noted that the appointed manager had a good overview of the training completed, planned and needed. We saw that classroom based training had been, and is due to be, delivered to staff in small groups. Where gaps in staff training records were evident, training sessions had been scheduled for staff to complete the training and therefore ensure their training portfolio is up to date and includes all mandatory training e.g. to include, first aid, fire safety, and food hygiene training. Mandatory training should be completed during the induction period following the appointment of a new staff member and then updated at regular intervals as required for the duration of the staff member's employment at the care home. We will clarify that all scheduled training has been completed and staff training records are complete and up to date at our next inspection.

3. Environment

Summary

The home's environment meets the needs of the people living at Hillcroft residential home and contributes to their sense of well-being. The home is clean, comfortable and has a garden area for people to use. Our inspection identified that many improvements had been made to the environmental safety concerns identified at our last inspection. However some attention is still required to the outdoor space. A programme of decoration and refurbishment is ongoing.

Our findings

People's well-being is supported within a clean, pleasant living environment. Our observations of the environment assured us that areas of concern for residents' safety had, on the whole, been addressed. These included the storage of items such as safe storage of hand sanitizer, files containing personal information and maintenance to ramps and areas on a staircase. We saw a few items which required improved security of storage which we discussed with the manager, these included fortisp medicated food supplements which were seen in an unlocked larder cupboard, items of moving and handling equipment in the garden area and safe storage of residents personal details and information relating to their medication in a communal area. We were assured by the manager that these would be attended to immediately.

The manager advised us that areas of the home, including individual bedrooms, were being decorated to update and improve the environment for the residents. We meet and briefly spoke with a maintenance staff member who was engaged in refurbishment work on the day of our inspection. The manager felt this work was adding to the overall experience of residents enabling them to have a safer and more pleasant living environment.

The South Wales Fire and Rescue Service (SWFRS) issued an Enforcement Notice on 16 May 2017 detailing deficits in the home's fire safety arrangements; the home failed to comply with requirements imposed by The Fire Safety Order 2005. On 15 September 2017 we received a copy of a letter sent to the company operating the home, advising them that the SWFRS are considering legal action as a result of the failure to comply with the requirements of the notice. Based on the above we conclude that people are generally cared for in clean and comfortable surroundings, however non compliance with the fire safety order is a concern and any works must be completed as a priority to ensure residents' safety.

4. Leadership and Management

Summary

Overall, we found improvements in the oversight and management of the home; the responsible person and newly appointed manager have been proactive in making improvements to ensure the home meets its legal requirements and provides a good service to residents. The manager in post has provided evidence of completion of the relevant qualification to register with Social Care Wales. CSSIW has received communication from the manager to commence the registered manager application process.

Our findings

People experience an improving service. We identified a number of improvements which demonstrated the home is satisfying regulatory requirements and, thereby, providing an improved service. This was demonstrated by the responsible person taking action to appoint a new manager who shared with us evidence of completion of the level 5 management qualification. This qualification is required to be able to complete an application with Social Care Wales, and CSSIW, to become the registered manager of the home.

Additionally, the audit we completed of four staff personnel files demonstrated an improved understanding of the reasons behind the regulatory requirements relating to recruitment and, whilst further work is required to continue to tighten the recruitment practice, processes/systems are in place to facilitate a more robust and informed approach to recruitment. For example we saw a new system on file to record Disclosure and Barring Service (DBS) information. However, while one file we reviewed included the expected information, further work will be required to maintain standards of recruitment and this will involve, amongst other things, a full employment history whereby any gaps in employment will be discussed with the staff member and reasons recorded. References must be sought and authenticated, dates of employment detailed on references should be cross referenced with the employment history provided and any discrepancies must be accounted for and documented.

Staff are receiving supervision. From the staff personnel records we reviewed, and a supervision matrix provided by the manager, a commitment to staff supervision is evident. Supervision enables staff to meet regularly with their line manager on a one to one basis, to discuss their performance, training needs or any concerns they may have. This enables residents to receive the best possible care from a knowledgeable, motivated staff group. We saw that staff had access to formal supervision and that a schedule was in place to complete supervision and annual staff appraisals. The appointed manager told us that she

received support from the registered provider. We received three staff responses to our questionnaires which all indicated that they feel valued and supported by the manager, one commented *“my current manager is very supportive and appreciates everything we do”*. We discussed supervision and staff support with the manager and signposted her to the Social Care Wales (formally known as the Care Council for Wales) website with regard to supervision and other areas of information to support the manager in her role. Based on the above, we concluded that people are cared for by staff who are motivated and supported by the management team at the home; however a clearer record of regular supervision sessions that are planned, as well as those completed, would be beneficial.

We viewed copies of two quality monitoring reports dated 25 May 2017 and 18 July 2017. Additionally we reviewed an improvement action plan developed from the inspection findings; these were considered by the responsible person at a visit to the home on 09 August 2017. We received written information that residents had been consulted about their care; however this was not documented in the subsequent report. Whilst the visits were deemed to have been completed in line with Regulation 27 requirements, the responsible person is reminded to include details of the interviews held with people in accordance with Regulation 27 (4)(a) in the written report of the visits. We conclude that people receive care from a service which is generally committed to quality assurance and improvement.

We viewed the home’s statement of purpose. This is an important document which should provide people with information about the service, including the facilities available at the home. This document included clear and consistent information about the home in line with its registration conditions. We saw that the values and principles of care provided were clearly documented with emphasis placed on the rights of people using the service. The document had been reviewed and updated, however minor additions continue to be needed as detailed in section 5 below. Our findings indicate that people are informed of the services available to them.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At our inspection on 09 May 2017 we issued non compliance notices because the home did not meet their legal requirements in relation to:

- the fitness of the manager - Regulation 9(1),
- safe keeping of people's property – ensuring people are protected from harm/abuse - Regulation 13(6),
- risks to people's health and safety – Regulation 13 (4)(c), and
- full and satisfactory documentation being available concerning the recruitment of staff – Regulation 19(2) (d) (i).

At this inspection we were satisfied the regulations were complied with as a new manager has been appointed who has set out their intention to registered with CCSIW; new systems and practices are in place to safeguard people's property; unnecessary risks to people's health and safety were seen to have been addressed and staff personnel files contained the required information and documentation to provide assurances about safe recruitment practices.

In addition to the above, we previously identified that improvements were needed in relation to:

- Preparation of a written plan of how a person's health and care needs are to be met following consultation with the service user / their representative - Regulation 15(1).
- Regular review of care plans and/or review following a change in need - Regulation 15(2).
- Revision of care plans after consultation with the service user - Regulation 15(2)(d).
- Staff should receive training appropriate to their work – Regulation 18(1)(c)(i).
- Appropriate supervision is provided to staff – Regulation 18(2).
- The Statement of Purpose document includes reference to all matters listed in Schedule 1 – Regulation 4(1) (c).

We were satisfied at this inspection that the above regulations were complied with as a result of the improvements made since our May 2017 inspection visit. However, points documented in sections 5.2 and 5.3 below should be addressed to ensure continued progress and therefore continued compliance with the regulations.

5.2 Areas of non compliance identified at this inspection

We identified that the following actions are required:

- The appointed manager completes registration with Social Care Wales and CCSIW.

- The statement of purpose is updated to include and/or clarify information concerning Schedule 1 points: 2, 19, and 20.

Compliance notices have not been issued. This is because improvements have been achieved and people are not adversely affected by these issues at this time. These will be followed up at the next inspection.

5.3 Recommendations for improvement

We also made the following recommendations to further improve the service:

- Continue to identify resources to extend opportunities for activity sessions in the community.
- Records of financial transactions for residents are clearer and any variations in costs for what would appear to be regular 'same' services (i.e. hairdressing/chiropractic) are documented in full.
- Ensure staff attend training as scheduled, and therefore that they have complete and up to date training portfolios.
- Continue to develop person centred practices to enable residents to inform their assessments, care plans and reviews, and to ensure their individual needs and preferences are sought and accurately documented.
- Staff supervision is prioritised, documented and occurs at least once in every two months, for all members of staff.
- Regulation 27 visit reports must document details of interviews with people using and working at the service (Regulation 27 (4) (a)).
- Further develop and maintain robust recruitment practices.
- Compliance must be achieved with the Fire Safety Order issued by SWFRS.
- Review of the arrangements for storing equipment.
- Maintain safe and confidential storage of residents' personal data at all times.
- Welsh Language Active Offer: People should have access to the service through the medium of Welsh, if they so wish. This should then be reflected in the statement of purpose and service user guide.

6. How we undertook this inspection

We undertook a full, unannounced inspection on 18 September 2017 to follow up areas of non-compliance identified at our previous inspection visit. We also received a concern prior to our visit which we considered as part of the inspection. The following sources of information were used to inform our report:

- Information held by CSSIW about the service. This included notifications, concerns and our previous inspection reports.
- Discussions with four residents. We also left questionnaires for people and their representatives. We received five replies which were considered to inform our inspection. We also considered the five completed questionnaires received from residents' family/representatives.
- Discussions with three members of staff. We also left staff questionnaires and considered the three replies we received.
- Discussions with the appointed manager and subsequent correspondence regarding her fitness.
- Observations of care practices and interactions between staff and residents.
- A tour of the home to consider the environment.
- Review of care documentation relating to four residents.
- Review of documentation relating to four members of staff, including their recruitment, training and supervision records.
- The staff training and supervision matrices.
- Use of a Short Observation for Inspection Tool (SOFI2). This is used by inspectors to observe life from the perspective of residents, taking into account their mood and the level and quality of staff interaction.
- The home's Statement of purpose.
- Quarterly quality assurance reports dated 25 May 2017 and 18 July 2017 and an improvement action plan dated 08 August 2017.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Farrington Care Homes Ltd
Registered Manager	No Registered Manager
Registered maximum number of places	25
Date of previous CSSIW inspection	09/05/2017
Dates of this Inspection visit	18/09/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Not at present.
Additional Information:	