



# Inspection Report on

**Hillsboro Residential Care Home**

**Tywyn**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date Inspection Completed**

29 September 2022

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## About Hillsboro Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Megan Bartlett
Registered places	5
Language of the service	Both
Previous Care Inspectorate Wales inspection	04 June 2019
Does this service provide the Welsh Language active offer?	This service does provide an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the care and support they receive at Hillsboro. They told us care workers are kind, friendly and helpful. Care workers support people to engage in activities, hobbies, and interests. Personal plans should be improved to include specific details for staff to support people with their care needs. Risk assessments are in place to safeguard both people and staff. Safe systems for medicines management should be improved.

Staff feel supported by the provider. An established staff team support people with training provided in mandatory and specific areas. Formal staff supervision and appraisal are being redeveloped. Improvements are needed in the frequency of formal supervision.

The premises are located within their own grounds and near local facilities. The home is clean and tidy. All areas of the home are decorated to a good standard. All infection control procedures have ensured people have been safeguarded from risk of infection.

### Well-being

People have choice and control over their day-to-day lives. Staff treat them with respect and their views are important. We saw staff respond promptly to individuals' needs and preferences. It is clear staff know people well and they communicate in the person's language of choice. People are relaxed and comfortable in the presence of staff who converse in a friendly, caring, and respectful way. People's choice to stay in their bedrooms or join others in the lounge are respected by staff. One person said, *"Love the food here, all staff are nice and approachable."* Another person told us *"All very satisfactory here, food not gourmet but good."* Staff encourage people to express themselves and make choices such as daily routines. We saw a selection of thank you cards from relatives whose family members have stayed at the service.

People do things that matter to them and experience new activities. A selection of books and games are readily available around the home and one person said they enjoyed reading the daily newspaper. People told us they enjoyed the company of fellow people living at the service and shared how they teach each other board and card games. One person shared the importance of going out in the community and how staff respect this.

People feel safe and staff protect them from harm. Staff and the provider have followed government guidance through the recent pandemic. We saw staff keep information stored securely to ensure confidentiality.

The environment of the home supports people to achieve a good standard of well-being. Bedrooms are personalised with people's own possessions and there are communal areas for people to sit and chat or join in activities.

## Care and Support

People are involved in developing their own personal plans. New personal plans and risk assessments have been implemented to reflect how people would like to be supported. The personal plans include each area of personal care required. More detail should be included where the person has been assessed as requiring assistance with personal care. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Regular, appropriate activities and opportunities for people to pursue interests or hobbies are provided. Staff interact with people in a meaningful way and are aware of individuals' preferences in relation to recreation. People can choose how they spend their days, either in one of the communal areas around the home or within the comfort of their own rooms. Staff support people to go out into the community.

The health and well-being of people is promoted. Individual risk assessments are in place and staff are aware of the importance of making the relevant referral to the local authority if they have any concerns about the people they support. People have access to various health and social care services whenever it is required. Records relating to any actions required are recorded on the relevant documentation.

Safe systems for medicines management should be improved. Medication is stored securely on the premises and staff administering medication have received training. Where self-medication is supported, there is no audit for staff to be satisfied that the person is taking their prescribed medication. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

## Environment

The service provider ensures the service is provided in an environment, which promotes people's well-being. All areas of the home are decorated and furnished to a good standard. People's rooms are personalised, personal equipment includes mobile phones and items of memorabilia. People told us they are happy with their bedrooms. There are sufficient aids and adaptations to promote independence. A stair lift is provided for people accommodating the first floor. Any repairs required are acted upon promptly.

There is spacious outdoor space for people to sit outside during fine weather. The grounds to the rear of the property are being redeveloped to create additional recreational areas.

People can be confident there are infection control arrangements in place in the main. The home is clean with no odours and there are infection control protocols, which are followed. There continues to be sufficient personal protective equipment (PPE) around the home for people, visitors, and staff to access.

Risks to people's health and safety are reduced. Refrigerator and freezer temperatures are recorded as taken daily. The weekly fire safety checks are recorded as checked weekly. The home has a five-star rating for food hygiene standards.

## Leadership and Management

Hillsboro is a family run business. The registered provider is also the responsible individual and manager of the service. The provider works alongside staff on a daily basis. The service has a statement of purpose, which clearly describes who the service is for and how it will be delivered. People are given information that describes the service and how to make a complaint.

Policies and procedures are in place, such as complaints, safeguarding and medication. We were told by the provider that the policies would be reviewed in consultation with their professional advisers. The provider told us of events at the service which are notifiable to Care Inspectorate Wales (CIW), however these have not been formally reported. Statutory guidance requires the provider to have appropriate arrangements in place to notify the service regulator (CIW) of significant events. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported by a service that has enough staff who are suitably fit and have the knowledge, competency, and skills to meet their needs. Staff are registered with Social Care Wales (SCW). Staff told us they are supported by the provider, and are part of a staff development programme, which includes training. Evidence was seen of forthcoming training schedules for staff. Formal supervision has not been provided. The management is in the process of redeveloping formal supervision and appraisals to include staff well-being, performance, and development. Statutory guidance requires formal one-to-one staff supervision takes place no less than quarterly. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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60	The provider has not submitted notifications to the regulator (CIW) following the death of people at the service.	New
15	The personal plans do not include detailed actions required to meet individual's well-being, care and support on a day to day basis.	New
36	Staff are not provided with one to one supervision on a quarterly basis.	New
58	There is no systems in place to ensure the oversight and audit of people who self administration their medication.	New

**Date Published 22/11/2022**