



## Inspection Report on

**Hillside Care Home**

**Hillside Carehome  
Ffynone Road  
Swansea  
SA1 6DE**

**Date Inspection Completed**

24/03/2023

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## About Hillside Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Jupiter Care Ltd
Registered places	58
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">23 November 2021</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Hillside is a welcoming and well-presented service that is set on a hill with beautiful views over Swansea Bay. The service provides care and support to adults who have nursing care and/or personal care support needs.

People are happy in the service and are supported by a dedicated staff team. People have well written support plans in place that reflect them well. However improvements are required to ensure all personal care tasks and support given to people is documented more effectively. Care workers in the service are recruited appropriately and there is a good training programme in place to ensure they have the necessary skills to carry out their roles. Improvements are required to ensure that quarterly supervisions and annual appraisals are carried under regulatory timescales.

The service is very homely with lots of communal space available for people to choose where to spend their time. There is a safe outdoor space available on all floors of the service so people can enjoy the fresh air.

There is an active and visible Responsible individual (RI) in the service who visits the service weekly. Feedback is obtained from people, staff, and relatives to inform improvements to the service. The RI has systems in place to oversee the service and carries out monthly quality of care audits which are discussed at length in management meetings.

### Well-being

People have a voice and are encouraged to make choices and are treated with dignity and respect. Wherever possible people and or their representatives are encouraged to participate in the assessment process and planning of care. There is an electronic care planning system in place to ensure people's care needs are up to date and support required is easily accessible to care staff. Improvements are required to ensure that all care provided to people including nutritional intake and weight records is recorded appropriately. The RI engages with people and their families routinely to obtain feedback about the service to drive improvements.

People are protected from harm and neglect. All care staff undertake safeguarding training. Those spoken with know the procedures to follow to report any concerns they have about people. There is a safeguarding policy in place which is reviewed as required. There are arrangements in place for entry to the building and a signing in book for visitors. Hillside is a homely and well-maintained service and there are good checks in place to ensure it is safe for people. The service is clean and there are good infection control procedures in place to minimise the risk of cross infection.

People's emotional, physical and mental health is maintained. Management of medication in the service is good and there are good links with the local pharmacy for ordering medications. Some care staff have been in post several years and can recognise signs of ill health in people and report any concerns. There are good systems in place to monitor people's health and these are easily accessible on the electronic care management system. People engage in planned activities in the service and on the day of the inspection some people went to a local pub for lunch in the service's minibus.

People are supported by dedicated care staff who are valued and trained in their roles. Improvements are needed to ensure all care staff receive routine quarterly supervisions and annual appraisals. Despite this those spoken with feel supported in their roles and the majority feel able to raise any concerns they have with the management team.

People are supported in a service where there is good oversight. The RI is very dedicated and is always looking at ways to improve the service. They visit the service every week and engage with people, staff, and management during these visits. There is a respected management team in the service who are visible and accessible to the care team. Audits and reviews are carried out routinely. The quality of the service is reviewed monthly by the RI and management team and feedback from people is recorded to inform improvements needed in the service.

## Care and Support

The service ensures that care plan documentation in place is reviewed routinely to ensure it consistently reflects the needs of people. We looked at six personal plans and saw that they are written from the individual's perspective and reflect current needs well. The initial profile page gives a good overview of the person's needs, however some information here should be updated to reflect the person's current status. One of the managers spoken with assured us that this would be reviewed immediately. We saw that regular reviews take place of personal plans, and these are updated as required. We noted some gaps in records of weight, food and nutrition and personal care logs. Although this did not appear to be impacting on people's well-being at the time of the inspection, improvements are needed to ensure that these records are more robust. This is an action for improvement, and we expect the provider to take action, this will be followed up at the next inspection.

There are good systems in place to manage medication at the service. We saw that medication records are kept electronically, and these are linked directly with the pharmacy which improves the system of ordering medication. Medication administration records (MAR) charts seen were completed accurately, and any gaps had clear reasons why medication was not given. Medication is stored in locked trolleys in designated locked rooms on each floor. Records of room and fridge temperature are in place to ensure medication is stored within the correct temperature ranges. There are several staff in the service who have been in post a long time and know the people they support very well. They are able to recognise any signs of ill health to seek timely medical support or intervention as required.

People are protected from harm and neglect. Care workers spoken with are aware of their responsibilities to report any concerns they have about the individuals they support. We saw care staff receive safeguarding training as part of their mandatory training requirements. There is a safeguarding policy in place which care workers have access to in the service. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make their own decisions about aspects of their care and support and accommodation. These are in place to keep people safe. We saw these are reviewed and updated as and when required.

## Environment

The provider ensures that individuals care, and support is provided in a location and environment with facilities and equipment that can meet their needs. Hillside is set on the hill with lovely views of Swansea Bay. The service is set over several floors with each floor having choices of communal areas and outdoor space. There are two lifts in place so that all areas within the service are accessible. Since the last inspection there has been new carpet fitted in all communal areas and hallways. Each of the communal areas seen are homely, comfortable, and welcoming and people appeared comfortable in them. Furniture seen was in a good state of repair and the RI told us that there were plans to purchase a large quantity of new furniture for the service also. Bedrooms seen are personalised with peoples own pictures and other items providing a very homely and comfortable environment. People spoken with told us they like the service and *“the views are wonderful”* and *“there is nowhere better than this is there”*.

The service provider has procedures in place to identify and mitigate risks to health and safety. On entry to the service, we were required to show our identification badges and sign the visitors' book. We looked at the service maintenance file and routine environmental checks are carried out by the maintenance team to ensure the service remains safe for people, these included: fire alarm, lighting, window, and water temperature checks. Required certificates are in place and up to date for all services within the home, such as annual gas service, Portable Appliance Testing (PAT), electricity and lifting equipment servicing. Cleaning substances hazard to health are locked away appropriately. The service was inspected by Environmental Health in November 2022 and scored a 5, the maximum score 'very good' in the food hygiene ratings.

The service promotes hygienic practices and manages the risk of cross infection. At the time of this inspection the restrictions in place due to the Covid -19 pandemic have been lifted. We found the service very clean, people appearing clean and comfortable. Care workers were seen wearing personal protective equipment (PPE) when assisting people into the bathroom or before carrying out personal care. There is an infection control policy in place that is updated as and when required by legislation changes. There are no longer restrictions on visitors entering the service and we saw and spoke to several relatives during the inspection where feedback about the quality of care in the service was mainly positive.

## Leadership and Management

There are arrangements in place for the effective oversight of the service through ongoing quality assurance processes. We spoke with the managers at the service who confirmed that the RI visits the service every week and spends two days there. Monthly management meetings are held and in these meetings the performance of the service is discussed at length using the services electronic care monitoring software. Detailed reports are then printed with actions taken and required noted. These reports are detailed and give statistics on many aspects of the service. We saw that the RI regularly speaks with people and/ or their families and this feedback is documented as required by the regulations. This feedback also contributes to actions required as detected in the monthly reports produced by the RI to drive improvements. The service is delivered in accordance with the statement of purpose (SOP) and the sample of policies and procedures seen were reviewed routinely as required and reflect changes in legislation.

People have a dedicated care team who are recruited appropriately and feel supported in their roles. We looked at eight personnel files and found the required documentation for pre-employment, and recruitment checks in place. This includes up to date Disclosure and Barring Service (DBS) checks. We looked at the service's training records and saw that staff are encouraged to undertake training and refresher training routinely, with weekly sessions taking place in house within the service. These are logged on the electronic system and on attendance sheets signed by attendees. A certificate of the modules covered during these training sessions would be beneficial in personnel files to confirm the elements of training attended. We obtained feedback from care staff, and all said that they feel valued and appreciated in their roles, almost all felt that the training they receive is good or excellent. Care staff feel supported in their role. However, evidence of care staff receiving quarterly supervision and annual appraisals was not available. Whilst this has no impact on the well-being of people receiving the service, supervision and appraisals are a regulatory requirement therefore this is an action for improvement, and we expect the provider to address this by the next inspection. Despite this, care workers are generally happy in their roles and comments included: *"Our management team are easy to approach with any concerns we need to raise"* and *"I enjoy working here it's nice happy home"*.

There is good oversight of financial arrangements and investment in the service. The service is well maintained, and since the last inspection new carpet has been laid through communal areas and new furniture is being ordered. Observed staffing levels appear appropriate to meet the needs of people, and we saw that people can go out on trips with care staff for lunches out etc. Ongoing investment to improve the environment is also evident as discussions with the RI determined that a bulk order of new furniture for the service is currently being undertaken.

### 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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36	We looked at 8 staff files and there was no evidence of consistent quarterly supervisions or annual appraisals taking place.	New
59	There were gaps in records of weight, food and fluid intake and personal care tasks seen. We were assured through observations that these are carried out, however this needs to be recorded accurately.	New
36	we looked at six files and none had evidence of completed quarterly supervision and annual appraisals.	Achieved

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