



Inspection Report on

Hillstone House

**59 Colcot Road
Barry
CF62 8HL**

Date Inspection Completed

25/07/2023

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About Hillstone House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Amethyst Healthcare Ltd
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	6 June 2022
Does this service promote Welsh language and culture?	The service does not provide an 'Active Offer' of the Welsh Language. Currently there are no people living in the home that communicates in the Welsh language.

Summary

People are happy with the care and support they receive at Hillstone House. Personal plans and risk assessments are in place and are mostly reflective of people's needs and preferences. Since the last inspection the provider has improved the range of training available to staff to enable them to meet people's needs. People access regular health services to remain healthy and have contact with other professionals involved in their care and support. People are mostly supported to do the things they enjoy but frequent staff changes impact on the consistency of people's outcomes. This is an area of improvement and will be considered at the next inspection. The home is comfortable, well maintained and people like living there. The service has made significant improvements to governance arrangements with the appointment of a responsible individual (RI). The service understands the need to continue to embed the improvements made since the last inspection.

Well-being

People receive up to date information about the service. Service agreements inform people and their representatives of their rights and outline the terms and conditions of the service. Regular house meetings enable people to share their views, discuss any concerns and share ideas for activities. The RI visits the home to speak with people about their experiences and the quality of care they receive.

People are settled living in the home, and we saw they have developed positive relationships with staff. Established care staff know people very well. People living together get along and like each other, creating a pleasant atmosphere in the communal areas. Most outcomes for people are met but some such as social activities, attending appointments and enjoying the local amenities are missed. People's well-being is impacted when the staff team is inconsistent.

When we visited the home, we saw people getting up in the morning at times that suited them. People are supported to make day-to-day choices about their care and support and the care staff are encouraging of people to do so. There is opportunity for people to take part in household tasks and maintain their skills. Some people enjoy daytime activities outside of the home. Records of activities being offered to people on a day-to-day basis is limited and the provider is making immediate changes to ensure all people are being offered things they like to do.

There are appropriate safeguards in place for people who require additional support. All staff receive safeguarding training and are aware of their responsibilities to keep people safe. The service completes a thorough assessment to ensure they can safely provide people with a service before agreeing to offer care and support. Risk assessments are in place and behaviour management plans assist with people's emotional well-being and safety.

People are supported to maintain relationships that are important to them, and some have access to advocacy services. Professionals involved in people's care are frequent visitors to the home and receive timely updates about those living at the service.

Care and Support

During the inspection we found people receive support to follow their personal care routines, their clothes are well laundered and suitable for their planned day. Staff provide sensitive and caring assistance and reassurance to people in need of additional support.

People are supported to make daily food choices. Staff use picture menus to further help people communicate their preferences. On the day of the inspection fresh produce was available to people. Some representatives told us they would like healthier meal options being a consistent focus of the service. We observed staff being attentive and kind to people, and sensitive support being provided during mealtimes for those who need it.

Personal plans and risk assessments are in place, and most are reflective of people's needs. Care documentation informs staff of people's likes/dislikes, their life history, and things that are important to them. Personal plans are regularly reviewed with people. We saw records where professionals attended the review. Some representatives told us they are not always made aware of review meetings. People receive access to health services and are supported to attend appointments and to maintain their physical health. Referrals are made for people as and when needed and specialist advice from health professionals is obtained.

Medication administration systems are effective. Records show people receive the right medication at the right time. Medication administration record (MAR) charts are consistently completed. The service completes regular medication audits, and the provider understands the need to capture further information to monitor safe storage and records relating to some medications. Improvements in the medication policy fully informs staff of what to do and follows current guidelines. Staff complete on-line medication training and annual competencies are up to date for staff who administer medication.

Care staff complete daily records to detail the care and support people receive. Most aspects of people's daily routines are documented, and well-being is monitored. Care staff record weights for some people. The RI recognises the importance of care staff capturing and monitoring all essential information for people on a day-to-day basis to enable the staff to act promptly when needed. This will be followed up at the next inspection.

Environment

The home is bright, welcoming, and pleasantly decorated. Refurbishment is ongoing in some en-suite bathrooms. People's bedrooms vary in personalisation, in their colour schemes and fittings which are unique to their needs and preferences. Communal areas provide opportunities for people to socialise and dine with others. We saw people enjoying board games, puzzles and listening to music together in most communal areas. There is a comfortable room for people to receive visitors and have private meetings. People have access to a pleasant outdoor area that offers ample seating and shade.

The home maintains good standards of hygiene and infection control to keep people safe from harm. There are sufficient supplies of personal protective equipment (PPE) available throughout the home. Records show staff are up to date with infection control training. There are hygiene routines in place and the home was clean during our visit. Household cleaning materials are stored appropriately to keep people safe. A separate utility room is available for staff to appropriately complete people's laundry on an individual basis.

People live in a safe home. Equipment and service checks are carried out to ensure their safety. There is equipment available that is suitable for people's needs to promote safe movement. Facilities for people are good with ample space provided for wheelchairs. We note repairs are undertaken promptly and the provider plans to complete weekly audits of wheelchairs to ensure their continued safety for people. We saw proactive and appropriate alternatives being planned for people experiencing mobility difficulties around the home. The home is free from hazards and clutter. Monitoring and oversight of the environment is consistently good.

The provider has upgraded the window restrictors to comply with current guidance. People have a personal emergency evacuation plan (PEEP's) specific to their individual support needs in case of an emergency. We found records relating to fire drills incomplete. The RI understands the importance of ensuring fire drills are carried out and recorded in accordance with current guidance. All staff receive fire safety training.

Some rooms in the home are restricted to keep people safe, such as a medication storage room and cupboards containing cleaning equipment.

Leadership and Management

There are improved governance arrangements in place to ensure the service operates safely and effectively. We found better systems for policies and procedures that fully inform staff, improved engagement with people, and increased quality monitoring of the care people receive. The RI is accountable in the event of a concern, or complaint arising, and they have committed to ensuring this information is sufficiently captured and informs service improvement. The RI regularly visits the home to speak with people and staff. The manager has consistent and valued support from the RI. The RI completes the quality care review which includes the views of people and measures the quality of the service which informs the provider of improvements needed. There is increased auditing in place to monitor some aspects of the service. The RI understands the need for further development of all auditing activities to fully explore outcomes and lessons learnt to improve quality monitoring and to include oversight of safeguarding matters. Staff told us they would feel confident to raise concerns to the RI and senior staff members in the home.

Safe recruitment procedures are in place and all relevant pre-employment checks for new staff are well documented. However, the service experiences challenges with recruitment and staff retention, and as a result not all outcomes are being met for people. As such, we saw a direct impact on people and staff. Some staff told us they feel unable to meet people's needs safely and consistently. The RI has been informed this is an area of improvement, and we will follow this up at next inspection.

Care staff are given the opportunity to seek advice and support through regular supervision and annual appraisals are planned for all staff to reflect on performance and their personal development. However, not all staff feel valued and sufficiently supported in their role. We will follow this up at the next inspection. Care staff attend meetings to keep them fully informed of updated work practices. Staff receive on-line and classroom training to enable them to understand the needs of the people they support. Most staff are completing relevant qualifications, and some are registered with Social Care Wales, the workforce regulator.

The service has made significant progress in all previous areas of improvement since the last inspection. During this inspection the RI and management showed a commitment to effective quality monitoring and further improving the service people receive.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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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34	The service has been unable to provide consistency of care to people and maintain a stable workforce to support people to achieve their personal outcomes.	New
6	The service is not operating in accordance with the regulatory requirements. We cannot be fully assured that the service provider has put sound governance arrangements in place to ensure the service operates safely and effectively.	Achieved
15	A few care plans should be updated to accurately reflect people's care and support needs and mitigate risk	Achieved
16	People or their representatives should be given the opportunity to be involved in their review to seek their views and preferences	Achieved
58	There should be robust medication audits to maintain oversight of the management of medicines. The medication policy to be revised in accordance with current guidance	Achieved
20	People to have a signed copy of a service agreement to inform them of the terms and conditions of the placement	Achieved
36	Although staff are trained for their role this must also include other areas to understand the needs of people they currently support	Achieved
44	The window restrictors to be replaced in accordance with current Health and Safety Guidance	Achieved
80	Quality care reports should consider the outcome of engagement with people, analyse data, and consider the outcome of audits to ensure improvements are made	Achieved
70	CIW have not been informed of the appointment of the manager even though they were registered with Social Care Wales on 04.10.2021	Achieved

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