



Inspection Report on

Hillstone House

**59 COLCOT ROAD
BARRY
CF62 8HL**

Date Inspection Completed

07 June 2022

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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	23 February 2021
Does this service provide the Welsh Language active offer?	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 and relaxed in the company of staff and we saw positive interactions. Most personal care plans and risk assessments are in place, but they are not all fully reflective of people's needs and preferences. People are being cared for by a staff team that feel supported and trained. However, some additional training areas should be arranged. People access regular health services to remain healthy. People are supported to do the things they enjoy. The home is secure and comfortable. Overall, infection control is good, and staff are trained in the management of infection control to keep people as safe as possible. There have been unnecessary delays for ten months in the submission of the appropriate application for a replacement Responsible Individual to be properly determined by CIW. The governance arrangements require improvement to monitor and review the quality and safety of care being provided by the service.

Well-being

People's personal outcomes are being met. People are happy and relaxed living in the home. They appear to have developed positive relationships with staff and we saw some meaningful interactions between people. Most personal care plans and risk assessments are in place, but they are not all fully reflective of people's needs. Most people have behaviour management plans to assist them with emotional health and to stay safe. We saw people are actively encouraged in the running of the home and regularly access the community. People are supported do the things they enjoy. There is specialist equipment available in the home to safely meet people's needs.

People receive support to remain healthy. People access regular health care services and appropriate referrals are made when needed. Records indicate people are supported to take their medication safely, but audits do not include enough detail to maintain good oversight. People are given a varied menu which can be flexible to meet people's preferences. This does not always include using fresh produce to make home cooked meals.

The governance and oversight of the home is not formalised. The service provider has failed to nominate someone to CIW to act as the responsible individual that has been appropriately determined by CIW. The home manager is knowledgeable and experienced in the service and staff told us that they feel supported. The service provider has not formally notified CIW of the appointment of the manager. People are being cared for by staff that are supported and trained for their role, but they have not completed all necessary training. People receive information which informs them about the service, but this is inaccurate and requires revision.

Care and Support

People receive information to inform them about what they can expect from the service, but this document is inaccurate in terms of the management structure and requires updating. Currently, people are not given a service agreement which outlines the terms and conditions of the service, but the RI assured us this will be addressed. There is a concerns process in place and people can raise concerns. There are regular house meetings to seek people's views, discuss any concerns and plan future events.

We saw people relaxed, comfortable and actively encouraged to make choices and decisions. The food menu shows lots of variety and indicative of personal preference. However, fresh produce is not always readily available to prepare fresh cooked meals that would promote nutritional intake and sensory stimulation. We observed staff being attentive and kind to people. Care staff respond with warmth to their needs, and we saw staff use friendly interaction and humour when supporting people. People are given regular opportunities to participate in household chores, activities of interest and social opportunities, which we saw people enjoyed.

Most personal care plans and risk assessments are in place, but they are not all fully reflective of people's needs. We found one instance when a risk assessment was not in place to inform staff how to effectively support a person showing signs of distress. In the absence of such plans this can increase the risk of harm as the individual may receive incorrect approaches and support from care staff. Personal plans are reflective of people's likes/dislikes, their life history, and aspirations for the future. Personal care plans are regularly reviewed but this does not always include the person or their representative to seek their views. People receive good access to health services and are supported to attend appointments. We found that prompt referrals are made when appropriate to seek specialist advice from health professionals.

Medication systems are effective to support people in the administration of medication. Records show people receive the right medication at the right time. Medication administration charts are generally complete. Although regular medication audits take place, they are not detailed enough to maintain sufficient oversight. The medication policy is not in line with current guidance. Staff complete the on-line medication training, however, annual competencies are not being completed for several practical skills including medication administration.

Environment

The home is bright, airy and refurbishment is ongoing of some en-suite bathrooms. Bedrooms viewed vary in personalisation in their colour schemes and fittings which was personal to people's needs and preferences. Communal areas provide opportunities to socialise and dine with others.

The home maintains good standards of hygiene and infection control to keep people safe from harm. We were asked for our lateral flow result to ensure the visit is safe. There are sufficient supplies of personal protective equipment (PPE) available throughout the home. Records show staff are up to date with infection control training. We observed staff appropriately wearing personal protective equipment and disposing of the items. There are cleaning arrangements in place and the home was clean during our visit. Cleaning materials are stored appropriately to keep people safe.

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. The home was free from hazards for people. Although window restrictors are in place, they do not comply with current guidance. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency. Fire drills should also consider the evacuation of people when there are the lowest number of staff available.

Leadership and Management

The service provider has not put sound governance arrangements in place to ensure the service operates safely and effectively. There has been an absent nominated RI for ten months, who has not been properly determined by CIW. This is concerning as there should be an approved arrangement to hold accountable in the event of concern, or complaints arising. During this period, the service provider regularly visited the service and produced a six-monthly report. The report does not include the views of people and analyse information to measure the quality of the service to inform them of improvements needed. The manager assures us they intend to consult with people using the service, their representatives, staff, and other agencies in the next few weeks. There are regular auditing systems in place to monitor aspects of the service, but these could be strengthened. The statement of purpose is inaccurate in terms of the management structure and also the service providers failure to inform CIW of the appointment of the manager. The manager is experienced and knowledgeable and has an open door to encourage people to raise any issues.

Staff are given the opportunity to seek advice and support through regular supervision but are not provided with annual appraisals to reflect on performance and discuss their personal development. Staff told us they feel supported, and the manager is approachable. Staff receive regular training to enable them to understand the needs of people they support. However, most staff require additional training in line with the statement of purpose for example, practical moving and handling, practical first aid, practical positive behavioural support, and skin integrity, but the staff are expected to support people with specific needs.

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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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.	New
15	A few care plans should be updated to accurately reflect people's care and support needs and mitigate risk	New
16	People or their representatives should be given the opportunity to be involved in their review to seek their views and preferences	New
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	New
20	People to have a signed copy of a service agreement to inform them of the terms and conditions of the placement	New
36	Although staff are trained for their role this must also include other areas to understand the needs of people they currently support	New
44	The window restrictors to be replaced in accordance with current Health and Safety Guidance	New
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	New
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	New

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