



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

26/03/2024

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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	29/9/2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are happy and content living at Hillsboro Residential Home. They told us care staff are wonderful, friendly, and helpful. Care staff are well trained and experienced. People are supported to be active and keep busy through the day. Care records are detailed, and person centred, showing people take part in the assessment and review process. Medication is managed safely within the home.

The environment is well maintained, and all areas of health and safety are regularly reviewed. Any maintenance issues are addressed quickly. The home is clean and free from unpleasant odours.

People's health and wellbeing needs are met and there are procedures in place to keep people safe from the risk of abuse and neglect.

There is good oversight of the daily running of the service by the responsible individual (RI) who is also the manager. Improvements are needed to the recruitment process, staffing provision and supervision of care staff.

Well-being

People have choice and control over their day to day lives. People can choose how to spend their time, where and who with. Care staff are kind and patient towards people, and we saw many fun and caring interactions during the inspection. People are asked about their communication preferences, and we heard people conversing in Welsh. People have access to Welsh newspapers and can watch Welsh TV. People have formed friendships within the home and spend time together in the communal lounge and dining area or in the privacy of their bedrooms. People are supported to maintain family connections and friendships. Visitors are welcomed to the home and people also use technology to stay connected with friends and family, supported by care staff.

People spend time doing things which are important to them. We saw one person going out to attend a day class and were told by other people they often go out with family or for walks and picnics with the care staff. People keep busy by playing games, reading books, flower arranging and taking part in other activities. People are asked about activities they would like to do.

People enjoy the food provided at the home. People can choose to have meals in the dining room together or in their bedrooms. We were told the food is good and saw people enjoying fish and chips on the day of inspection, where people requested an alternative, this request was met. We saw hot and cold drinks, snacks, and cakes available through the day.

People are protected from harm and abuse. Care staff complete safeguarding training and there are policies in place to further support them in this area. The home is secure with only authorised access permitted; however, people can leave the home freely if they choose to.

Improvements are needed to the overall staffing within the service to ensure recruitment procedures are fully completed, care staff receive regular one to one supervision, and there are arrangements in place to ensure sufficient staffing levels in the event of unexpected staff absence or illness.

Care and Support

People receive care and support which meets their individual needs and personal preferences, designed in consultation with them or their representative. Care records have detailed information about peoples likes, dislikes and what is important to them. We saw pre assessments are carried out with people before they move into the home. Provider assessments are updated showing care needs are reviewed regularly. Personal plans tell care staff about peoples care needs, what their personal outcomes are and what support is needed to meet these. Consideration is given to risks and any action to take is recorded within the personal plans.

The health and wellbeing of people is supported. We saw evidence of involvement from external health and social care professionals and guidance around specific health conditions. People told us if they are unwell or have a concern, the care staff ensure they are seen by medical professionals as soon as possible. People are supported to maintain their independence and mobility because they have specialist equipment in place which care staff are trained to support appropriate and safe use of.

Medication is managed safely within the service. We found medication to be stored, dispensed, and recorded appropriately. Care staff complete medication training and were able to tell us about the correct procedures for ordering, receiving, and auditing medications within the home. We saw people have medication reviews to ensure this is still the right course of treatment for them. The provider supports people to attend appointments if needed and people can receive services such as chiropody within the home.

Effective infection prevention and control (IPC) procedures are in place in the home. Care staff complete training around IPC and have access to personal protective equipment (PPE) which is stored safely. The provider has ensured additional guidance from the local health board has been applied within the service.

Environment

People live in a home which is safe, clean, and comfortable. We found all areas of the home to be decorated and furnished to a good standard and the provider has a maintenance plan in place to redecorate some areas of the home. People told us they like their bedrooms which have ensuite facilities and we saw they are personalise with photos, soft furnishings, and personal items. People can choose to spend time in their room with access to television and internet or in the communal lounge and dining areas. Ground floor bedrooms have patio access which people said they enjoy in the summer.

The provider is proactive in relation to Health and Safety within the home, ensuring people living there and care staff working in the home are safe. We saw regular audits of the environment are conducted and any identified actions are addressed quickly. Fire safety is well managed with all regular tests, fire drills and servicing of fire equipment carried out as needed. Actions from a recent fire inspection report had been addressed quickly and the report noted a 'high level of fire safety management and awareness.'

We found all routine safety checks of gas safety and electrical safety are carried out as required. Where people have specialist equipment in place such as profiling beds or mobility aids, this is serviced in line with requirements and any relevant risk or support around use of these is documented within care files.

Food is managed safely within the home. Care staff have the required qualifications around food management, and we saw daily checks of fridge and freezer temperatures are carried out. Guidance from the Food Standards Agency is present, and the home have been awarded a level 5 rating at the most recent food safety inspection.

Leadership and Management

Hillsboro is a small, independent, family run residential home. The registered provider is also the responsible individual (RI) and manager of the service. The provider is present in the service on a daily basis and works alongside staff, delivering care and support to people who live there. The provider is committed to providing a safe and high-quality home which meets peoples needs and wishes. Audits of areas such as health and safety and medication, along with actions from quality monitoring feedback from the local authority means people can be assured there is effective oversight of the service being provided. People living at the home are asked about their views through daily conversation and formal feedback surveys. This ensures peoples voices are heard and views considered. The service statement of purpose tells people about the home and provides information about how to make a complaint. A guide to the service is in the process of being reviewed to ensure it contains all the information required under Regulation 19. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are supported by care staff who are suitably qualified and experienced to deliver care and support. Care staff hold QCF qualifications and complete a comprehensive list of training, they are further supported by policies and procedures. We found all staff have the required disclosure and barring service (DBS) checks in place, however not all recruitment documentation was in place as required under Regulation 35. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

At the last inspection, an area for improvement was raised because staff were not receiving formal one to one supervision, at least quarterly as required by the Regulations. At this inspection we found one staff member had received an annual appraisal of their work, however there was still no process in place to ensure regular supervision of staff. This remains an area for improvement. The provider informed us the recent appointment of an administrative assistant would help with meeting this area of improvement.

On the day of inspection, we found people were being supported by the manager and lead care worker. We were informed this is the safe staffing level for the service and saw people received care and support as they needed it, without delay. We discussed with the provider about the risk posed if there was to be any unexpected absence or illness of a staff member. The Regulations require there to be arrangements in place to cover staff sickness or absence to ensure care and support needs are met and individuals are supported to achieve their personal outcomes. The current staffing arrangements are not sufficient to ensure this requirement is met. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action. The provider informed us they will take action to actively recruit additional care staff for the home.

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

19	The provider does not have an up to date, written guide to the service in place which contains all of the information required under Regulation 19.	New
35	Whilst care staff hold the required qualifications to deliver care and support and have the required Disclosure and Barring Service (DBS) checks in place, the provider has not ensured full and satisfactory information or documentation required as part of the recruitment process is available at the service.	New
34	The provider must ensure that at all times there are a sufficient number of care staff deployed at the service, making sure there are appropriate arrangements in place to cover staff sickness or absence.	New
36	Staff are not provided with one to one supervision on a quarterly basis.	Not Achieved
60	The provider has not submitted notifications to the regulator (CIW) following the death of people at the service.	Achieved
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.	Achieved
58	There is no systems in place to ensure the oversight and audit of people who self administration their medication.	Achieved

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