Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Hillbury House Care Home

2 Hillbury Road
Wrexham
LL13 7ET

Date Inspection Completed

07/05/2024

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About Hillbury House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pendine Park Care Organisation Ltd
Registered places	64
Language of the service	English
Previous Care Inspectorate Wales inspection	08 June 2021
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

The home is warm, comfortable, and well maintained. People are supported by appropriate numbers of kind, respectful, trained, and skilled staff. Care staff know people well and provide support in line with personalised plans for people's care and support. We saw staff and residents have good friendly relationships with each other. The manager ensures good care and support in the home through routine audits of every aspect of care provided. Feedback from people, relatives, and professionals is positive.

The provider has good governance processes in place including a comprehensive set of policies and procedures to guide staff. The Responsible Individual (RI) ensures robust quality of care review processes are followed which analyse feedback from people, staff, and relatives, and outcomes of external inspections, audits, and monitoring by professionals. The RI's findings are reported to the provider and inform developments in the home. Staff receive good training and feel well supported by management and the provider.

Well-being

People living in the home have control over their day to day lives and a say in how their care is delivered. Personal plans for people's care highlight their preferences, what they are able to do for themselves, and when they might want support. We saw people can move about the home throughout the day; we saw people relaxing in their rooms, having afternoon tea in the dining area, and watching television in a communal lounge during our visit. People's opinions about the home and experiences of living there are sought and valued by the provider. There is a four-week rotating menu providing variety of choice and options people can choose from at each mealtime, and other alternatives can be made if required.

People are supported to maintain and promote their physical and mental health and well-being. People receive timely care and support in line with their personal plans from kind and attentive care staff. Feedback from professionals about the quality of care in the home is good; this was reflected in what we saw and what people and relatives told us. We saw warm and friendly interactions between care staff and people they were supporting. Records of compliments and feedback from relatives show care staff smile all the time. There is a programme of planned events and enrichment activities for people including music and singing, guided art sessions, cooking activities, and sensory sessions. Records show people engage with and enjoy the variety on offer; one person told us they found the guided art sessions in particular "*very satisfying*". The provider encourages staff to use their Welsh language skills where possible. Language preference is highlighted in personal plans and there are common Welsh phrases and terminology guides for care staff to use. Welsh culture and national events are celebrated.

People live in accommodation that meets their needs and protects them from abuse and neglect. The provider ensures staff receive training in protecting vulnerable adults and has policies and procedures in place to support this. Records show best interest processes are followed and Deprivation of Liberty Safeguards authorisations (DOLS) are in place where needed. People told us they feel safe in the home and relatives we spoke to told us their loved one "*is safe and I can't fault the home*". The provider ensures the home is warm and secure, and comfortable. People have access to the equipment and facilities they need and these are maintained, serviced, and tested to ensure people are safe.

Care and Support

People can be assured information from a range of sources is considered before the provider confirms the service can meet their needs. Using this information the manager ensures individualised assessments of possible risks to people's well-being and written personal plans for people's individual care and support needs are in place prior to admission. Personal plans focus on people's strengths but highlight where they need support or additional help to reduce risks and enhance well-being. They contain good information about people's preferred routines, work and family history, and hobbies and interests. Plans are regularly reviewed, along with the risk assessments, to ensure they continue to reflect people's current needs. The plans provide instruction for care staff about how people like to be supported, and the manager is working to enhance the detail further to include, for example, certain activities or conversations people like to enjoy, or the memories or meaning behind certain routines they have.

People are supported by good numbers of trained and skilled care staff who know them well. People told us they are well looked after and described care staff as "*marvellous*". This was supported by relatives who told us their loved ones were "*happy living here"* and "*so well looked after*". We saw care staff and people chatting and laughing together, and care staff supporting people to join in with planned activities in the home. Care staff were smiling throughout the day and had a kind, respectful and caring manner towards people. We saw staff follow medication management, administration, and storage policies to keep people safe. They receive appropriate training and competency checks to ensure they are safe, skilled, and knowledgeable when administering medication. The manager ensures regular internal audits of medication management and is responsive to the findings of external audits of all aspects of care and support.

The provider ensures hygienic practices are followed in the home supported by appropriate training, policies, and procedures. There are regular internal audits of hygienic practices, and a recent audit by external professionals was positive. We saw the home is clean throughout and personal protective equipment (PPE) is available to staff and visitors and used appropriately. Records show domestic staff are in the home daily and follow a daily cleaning plan to ensure the whole home is cleaned during a shift.

Environment

The home is set in large well-maintained grounds and has wheelchair accessible and step free access to patio seating areas from multiple communal spaces in the home. We saw people socialising with visitors and each other in these areas during our visit. The provider ensures people's rooms contain the furniture and equipment they need. People's rooms are well-maintained and decorated to their tastes; they are personalised with objects and pictures that are important to them. People can have visitors in their rooms if they prefer some privacy, but we saw quieter areas of lounges are also used.

Communal areas are decorated in a homely way and are bright and spacious. They provide ample seating and flexible spaces for people socialising together in large or small groups, to watch tv, chat, or participate in planned activities and events. Dining areas include enough dining tables and chairs for the majority of people to socialise at mealtimes if they prefer. People can entertain relatives and visitors in the communal areas; we saw visitors enjoying tea, cakes, and biscuits with their loved one in one of the lounges. The home is in a good state of repair and we saw work being completed to upgrade the main entrance foyer during our inspection. Records show good systems are in place to monitor the decoration and repair of all rooms, facilities and furnishings, and timely action is taken to address issues as they arise.

There are good health and safety monitoring procedures and systems in place and the provider promptly addresses any issues identified. The service has a level five rating for food hygiene, the highest rating achievable. Routine health and safety audits and checks are completed, as well as routine testing and servicing of equipment and facilities in the home. All staff receive health and safety, and fire safety and drills training. There are appropriate health and safety risk assessments in place for the home and these are reviewed regularly and updated as required. People have individualised floor plans for the furniture and equipment layout in their rooms. The plans are completed with people incorporating their preferences and are linked to relevant personal plans and risk assessments for their support. There are Personal Emergency Evacuations Plans (PEEPs) in place for people to guide emergency services personnel in the event of an evacuation.

Leadership and Management

The provider has robust systems and processes in place for the governance and oversight of the smooth running of the service. There is a comprehensive set of policies and toolkits in place to guide care staff in how care should be delivered. Monthly and quarterly management reports cover all aspects of the service delivered and include analysis of outcomes of internal management audits and external professional audits of every aspect of care and support. The report findings are discussed at monthly meetings between the home manager, senior managers in the service, and the RI. Actions identified in the meetings are allocated to named staff with clear timescales for completion. The RI and senior manager monitor progress towards completing these actions during their frequent visits to the home. The provider gathers feedback from people, their relatives, and staff about their experiences in the home. The RI considers this feedback when reporting to the provider about the findings of their quality of care review and what developments are required as a result.

The provider ensures appropriate pre-employment checks, a thorough induction and training, and appropriate risk assessments are completed for all new staff. This includes shadowing more experienced staff for as long as needed, until they and the manager are confident in their skill and competence. Once they have completed their induction all staff receive regular training updates to maintain their skills and knowledge. The provider has a rolling training plan for all staff working in the home. Records show the training meets the needs of people living in the home. Examples of topics covered by care staff include moving and handling, infection prevention, dementia, diabetes, diet and nutrition, and care planning. Staff receive regular supervision one-to-one with management level staff. Care staff told us they feel well supported by the manager and RI. Many of the staff we spoke to have worked in the home for many years. They describe management as caring and supportive. This was reflected in records we saw of supervision meetings, team meetings, and compliments from visitors and relatives.

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

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

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