Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report on

**Hillstone House**

**59 Colcot Road**
**Barry**
**CF62 8HL**

## Date Inspection Completed

24/02/2025

# About Hillstone House

| | |
|---|---|
| Type of care provided | Care Home Service<br>Adults Without Nursing |
| Registered Provider | Amethyst Healthcare Ltd |
| Registered places | 8 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 06 March 2024 |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |


## Summary

People are content with the care and support they receive. Care staff complete a range of training topics to meet the current needs of people living at the service. Care staff complete competency checks to evaluate their skills, knowledge and understanding, which has greatly improved since the last inspection. People receive support to do things they enjoy. Opportunities and activities for people are increasing with the service delivering a person-centred approach to daily planning. Representatives are complimentary about the friendly and welcoming care staff.

Changes in leadership and management means improved governance and oversight arrangements are beginning to positively impact on the service people receive. New systems of daily checks and well-managed auditing provide reassurance the provider is effectively monitoring the service. Therefore, the service is better prepared to act in areas such as health, the environment, staffing, record keeping, administration of medication, and the sufficiency of supplies. The provider is delivering a service in line with regulatory requirements and the statement of purpose (SoP). Leadership and management is working well to deliver the necessary changes required at the last inspection. They have the skills, knowledge and competency to embed the good work seen at this inspection.

## Well-being

People remain settled living at the service and have sound friendships with those they live with. All living in the home receive support from friendly, genuine and kind care staff. Representatives told us they receive a warm welcome and people have regular visitors from those who are important to them. The service ensures key events are celebrated, such as birthdays, which is highly valued by close representatives. People's day-to-day outcomes are met in-line with their personal plan, and they are happy with the care and support they receive. People develop strong bonds with care staff which is important to their well-being. The service has seen a more stabilised workforce in recent months and sustainable staff numbers ensure people are no longer missing social opportunities whenever possible.

People make choices about what they want to do to keep active. The operational routines of the service work in harmony around what people want to do, rather than being a barrier to people accessing fulfilling pastimes. This is an improvement since the last inspection and people told us they are doing more they enjoy. Care staff are enthusiastic to further develop in-house hobbies and activities to keep everyone busy doing things they like. People look forward to cinema trips, days out, meals, social groups and some are planning a city theatre break supported by care staff.

People live in an environment in which they are protected from harm. We found improved day-to-day oversight of health and safety, infection prevention control, fire safety, food safety and controls of substances hazardous to health (COSHH). People have supplies of essentials to continue to meet their needs and maintain the home to a safe standard.

People's physical well-being is observed. We found recent changes to daily records, and the oversight of care documentation better managed. This means people will receive timely interventions and care and support from suitably competent professionals. Care staff told us of their increased confidence and competency in key areas, this means people receive the right care at the right time, including accessing medication from fully trained care staff 24-hours a day.

## Care and Support

People have control over their day-to-day life, and care staff involve them to make decisions. People told us they are happy and settled in the home and are doing more things they enjoy. The service considers how it meets people's wishes to take part in hobbies, interests and social events. We found an increase in opportunities for people to experience fulfilling and meaningful past-times in-line with their personal plan.

People receive the right care and support. We found sufficient care staff are available to people and the service considers the skills mix of those on duty. This means people can access the right support at the right time. The service ensures they are providing people with enough care staff who are qualified, skilled, trained and competent 24 hours a day. We saw the service has been prompt to ensure all care staff are sufficiently trained, which is an improvement since the last inspection. This includes ensuring people can access medication 24-hours a day from appropriately skilled and competent care staff.

People access health services and receive support to attend appointments. Referrals are made for people as and when needed and specialist advice from health professionals is sought. We saw an improvement in records relating to referrals, health appointment outcomes, and implementation of health professional guidance being followed. The service is working well to promote people's independence to self-manage some aspects of their health and well-being. Management and monitoring of care records is better, meaning people will receive timely interventions to improve their health and well-being, such as medication reviews. The service is responsible for the safe management of medication. We found medication auditing is better and effective in identifying where improvements can be made.

Care staff receive infection prevention control training, and a policy is in place to protect people from harm. We found good supplies of personal protective equipment (PPE) to effectively safeguard people from cross contamination during personal care routines. There is daily oversight of care staff practice to ensure good infection prevention control measures are followed.

## Environment

People live in an environment which meets their needs, and they told us they are happy. The home is bright, neutrally decorated and free from trip or fall hazards. The occupied bedrooms are individualised, in styles and colour schemes of the person's preference. The communal areas are sufficient for people to socialise together. The home offers an additional lounge for people to receive visitors, as an alternative to meeting in a person's bedroom.

We found the appearance of the home to be clean and hygienic. Care staff access plenty of cleaning products and equipment to maintain all areas of the home. Cleaning records are in order. Daily safety checks of the home considers hygiene and availability of PPE to sufficiently monitor infection prevention control practices. We observed areas of the home which should be locked to keep people safe are secure, such as access to cleaning materials, storage rooms, and the medication room.

Records relating to food safety during inspection of the kitchen area were available and complete. This includes safe storage and safe food temperatures for cooked items. We found improved chilled storage practices. Some supplies of fresh produce and healthy snacks were low on the day of the inspection. However, we discussed this with the manager who explained the shopping routines of the home, which we were satisfied with. On the day of inspection people were enjoying lunch at a local restaurant. The service keeps a stock of staple food items like bread and cereals. The Foods Standards Agency found the home to be meeting their regulatory requirements and gives the service a rating of 5, which is 'very good'.

People access equipment to help them to achieve their daily outcomes. Firefighting equipment is in order and an improved fire risk assessment is in place. We found internal checks of fire safety systems complete; fire drills are up to date and records are better. New systems are in place for auditing of the environment which is enabling the manager to address any issues promptly.

## Leadership and Management

We observed changes to the organisational structure since the last inspection. The provider is implementing a service action plan in response to the findings of the previous inspection. This means we found positive developments in quality monitoring, auditing and oversight of the service. Quality monitoring and auditing activities are better at identifying key areas, such as the environment, care and support and ultimately the well-being of people and care staff. The responsible individual (RI) produces a quality-of-care review which partly meets the regulatory requirement to report on how the service is performing. The service action plan explains the provider is updating how they produce and present the report, as they recognise it requires strengthening. The RI visits the service to speak with people and care staff, and sample records across the service. We found leadership and management to be knowledgeable. They understand their regulatory duties in relation to quality monitoring and their aims to deliver the service in-line with the statement of purpose, which is a legal requirement.

The service follows appropriate recruitment processes. Care staff hold disclosure and barring certificates (DBS). Those who are eligible are registered with Social Care Wales, the workforce regulator. Most care staff hold a relevant social care qualification. We observed care staff retention is improving, and most told us they feel valued and well supported by management. Nearly all care staff were keen to tell us about the positive work culture and a renewed enjoyment of their role. Supervision records evidence care staff receive regular supervision and most told us they receive the right level of support and guidance. The provider is developing the supervision record to better capture the learning, development and support of care staff.  We found improved oversight of care staff practice and competencies. Training compliance is mostly good with some minor gaps in records. Some care staff we spoke to, told us requests for training are listened to.

Care staff receive training to understand their roles and responsibilities to safeguard people from harm and abuse. All staff we spoke with are confident to raise concerns about people’s well-being. We found an increased trust amongst care staff in the provider to take appropriate effective action in matters of concern. Records relating to significant events are complete and the service is operating in an open and transparent way with the regulator and other stakeholders. The provider continues to meet the objectives of their action plan to further strengthen 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 |
| 34 | The service is unable to ensure sufficiency of qualified, skilled and competent staff at all times to support people to safely achieve their personal outcomes. | Achieved |
| 57 | The provider has failed to have suitable arrangements in place to reduce and manage risks to health and safety. | Achieved |
| 6 | We cannot be fully assured the service is provided with sufficient care, competence and skill, having regard to the statement of purpose to ensure the service operates safely and effectively. | Achieved |

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.

| Area(s) for Improvement | | |
|---|---|---|
| Regulation | Summary | Status |
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 55 | The service provider has failed to ensure sufficient supplies are available of a suitable type to deliver the service effectively to meet the needs of people. | Achieved |
| 58 | People are at risk of not receiving their medication correctly and safely by trained and competent staff, and ineffective auditing of medications placing people's health and well-being at risk. | Achieved |
| 59 | The service provider has failed to maintain accurate and up to date records which could impact on their ability to keep people safe from harm. | Achieved |

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