

Hillgreen Care Ltd

Hillgreen Care Ltd - 13 Ruskin Road

Inspection report

13 Ruskin Road N17 8ND
Tel: 020 8880 9494

Date of inspection visit: 19th December 2014
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected 13 Ruskin Road on 19 December 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting.

Before we visited the home we checked the information that we held about the service and the service provider. This included statutory notifications and safeguarding alerts. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 20 December 2013.

13 Ruskin road is a six bed care home for people with learning disabilities. It is registered for the regulated activity, accommodation for persons who require nursing or personal care

On the day of our visit there were 5 people living in the home.

People who used the service were supported by staff that were kind, caring and respectful of their privacy. One person told us: "Staff are lovely." Another person said: "Staff are always kind."

Summary of findings

People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Medicines were not always managed safely for people. There were discrepancies in the dosage for one person and out of date medicines were not always disposed of safely. We found that the service's arrangements for the management of medicines did not protect people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff spoke positively about the culture and management of the service. One staff member told us, "We are encouraged to discuss any issues." Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed.

The registered manager had been in place since April 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager provided good leadership and people using the service; their relatives and staff told us the manager promoted high standards of care. One member of staff said, "He is one of the best managers I've ever had, he really knows what he's doing."

A relative told us, "The staff all seem to get on well together and work as a team, they are all very kind."

There were safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and the staff listened to them and knew their needs well. The staff had the training and support they needed. Relatives of people living at the home were happy with the service. There was evidence that the staff and manager at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if

there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Medicines were not always managed safely for people and records had not been completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Requires Improvement



Is the service effective?

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were encouraged to have a balanced diet and the provider supported people to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards

Good



Is the service caring?

The service was caring.

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well.

Good



Is the service responsive?

The service was responsive

Good



Summary of findings

People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views. People were confident to discuss their care and raise any concerns.

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff demonstrated a commitment to supporting people to live as full a life as possible.

Is the service well-led?

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected 13 Ruskin Road on 19 December 2014. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. .

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with three people who use the service and two relatives. We also spoke with three support staff and the registered manager.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at three people's care records, staff duty rosters, three staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the Business Continuity Plan, the accidents and incidents book and policies and procedures for the service.

Is the service safe?

Our findings

The people using the service told us they felt safe. One person said, "It feel very safe here." We spoke with one of the relatives using the service who told us, "I have not had any issues about my son's safety; they appear to be on the ball."

We spoke with three members of staff about their understanding of safeguarding. One person told us, "There is always something behind a change in behaviour, and I would need to find what that is." Another care worker told us, "safeguarding is not just about one simple thing; abuse covers a diverse range, including physical, sexual, emotional and financial." The care workers we spoke with were able to tell us the procedure for reporting any safeguarding concerns, in line with company policy. They were also able to tell us where the policy was kept (in the office).

One member of staff told us how "we do not use restraint" and how they had done training in a technique designed to avoid conflict with those who used the service. The manager told us how staff was trained by the provider's consultant behavioural psychologist in the use of an intervention designed to "safely support people using non-restrictive restraint."

We found some concerns with medicines. We saw how medicines were kept in a locked cabinet in the office. We saw there was a locked fridge for the storage of medicines needing refrigeration which was not plugged in at the time of our inspection. The Registered Manager told us there were no medicines requiring refrigeration at that time and it would be plugged in in response to such drugs being prescribed.

There was no Controlled Drug storage facility; the manager told us there were no Controlled Drugs prescribed at the time of our inspection. However, he acknowledged that should this situation change, then the provider would not be adequately prepared to safely store such drugs.

We looked at the prescribed medicines for one person using the service. . Their medication was in tablet form in a dosage system supplied by pharmacist and also included two prescribed liquid medications. We noted how there were 7 bottles of liquid medication in the cabinet and that

the one in current use was dated 14.06.2014. However there were a number of other bottles that had been half used and some of the liquid medication that had not yet been opened.

We looked at the Medication Administration Record sheet [MARs] for the previous two months and saw on record that this medication was signed as administered each day and there were no gaps during this period. We spoke to the senior care worker who had responsibility for this area and asked for an explanation of how there was a surplus of medication, despite the MARs having been signed each day as given. They agreed that the prescribed amount to be given, (prescription was for 5mls per day and the bottle contained 150mls = 30 doses) did not equate with the excess amount of medication remaining in the cupboard. They also acknowledged that the excess amounts needed to be returned to the pharmacy and the most recently dated bottle should be used. We later spoke to the manager who acknowledged that this situation was of concern and he would "immediately seek to rectify the situation."

We spoke to the senior care worker who had responsibility for medication and asked about the system for returning drugs to the pharmacy. They told us they "lumped medicines for return all into one month." We looked at the Drugs Return book and noted how drugs were last returned in May, with a new entry begun at the beginning of December. Those drugs for return were kept in an unlocked crate on the floor underneath the medicines cabinet. We showed this to the manager, who agreed that these drugs should be kept securely in a locked cupboard. He told us he would make space in a locked cupboard for this to happen with immediate effect.

We found that the service's arrangements for the management of medicines did not protect people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at staffing levels. The registered manager told us, "there are set hours, but shifts are flexible and responsive to the needs of service users." He told us, "I always make sure there are plenty of staff around during peak hours," and "I also need to be able to respond to the unexpected, for example, I have altered a care worker's hours this morning in order to respond to a last minute request to accompany a service user to see their relative". We observed how activity happened during the course of

Is the service safe?

our inspection. We also saw how there were sufficient staff on duty to accompany a person, whose behaviours were escalating, out into the community as a means of calming them. One care worker we spoke with told us, “the service users do a lot of going out and there is never a problem getting staff to cover this.” Another told us, “there is plenty of staff around, especially when the behaviours of the service users become more challenging” and “I never feel pressured because there is plenty of staff on hand to assist when things get a bit difficult.”

A relative told us “There are always quite a few staff whenever I visit” and, “There are always a lot of staff”.

We looked at staff rotas for the four weeks preceding our inspection. The registered manager told us these rotas were a true reflection of staff on duty and included any additional hours or staff sickness and annual leave. He told us there were 465 staff hours available on the rota each week. We saw how this was met, and on occasion, exceeded. For example, in two out of the four weeks, the hours on the rota were 476 and 480 in total. We saw how in general the manager’s hours (40 hours per week) were in addition to these shifts, except for two weeks where he was included for 14 and 23 hours respectively. He told us, “This frees me up to be able to respond to anything which arises and enables me to be around to do my job of managing.” He told us how the most recent week’s rotas reflected the

provider’s response to a new person coming into the service. We saw how this included the introduction of a sleep-in member of staff, in addition to the waking night staff.

We looked at three staff records and saw how recruitment was done in a safe manner. For example, there were two current references on file and no unexplained gaps in employment. Disclosure and Barring Service [DBS] certificates on file were in date.

Individual risks had been assessed and recorded. These assessments stated how risks to people’s wellbeing could be minimised and care had been planned so that people’s freedom was not restricted. For example, people were encouraged to be independent where possible and additional staff /equipment to keep them safe was in place rather than restrictions to their freedom of movement and mobility.

There were detailed emergency plans instructing staff on how to respond to a number of different emergency events. The staff had received fire safety training. Equipment at the home had been appropriately tested, This included fire safety equipment and electrical and security equipment. We saw evidence that this and other equipment, had been regularly serviced and checked.

Is the service effective?

Our findings

We asked the registered manager about their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). He told us some of the people using the service lacked some decision-making abilities and needed continuous supervision when going out to keep them safe. He told us staff had recently received some training in this area. We saw some of the staff had records confirming they had recently completed this training.

The registered manager had requested a formal mental capacity and DoLS assessment from the local authority (Haringey) in relation to all of the people using the service. We saw some email correspondence confirming this was the case. However, the local authority had yet to take any action in relation to this.

There was a key pad on the front door. We asked a member of staff whether people using the service were able to use the key pad to leave the premises as they chose and were told how none of the people using the service were able to use it. One member of staff told us this was because “the service users cannot go out alone, they are too vulnerable.” We spoke with the Registered Manager about the use of a key pad which restricted the free movement of those service users in the home. The registered manager told us all the people using the service needed one to one staffing in the community (and one needed two to one) and therefore it would be unsafe for them to exit the home unaccompanied by staff. The key pad ensured they did not leave the premises without a member of staff.

The kitchen door was locked, and each member of staff had a key to it. One care worker told us the door was kept locked as a result of one service’s habit of throwing all foodstuffs out. We asked how other people managed to access the kitchen and were told “staff always respond to requests, we can open the kitchen hundreds of times a day; we just cannot leave it unlocked at all times.” We later saw , staff responding to requests to open the kitchen door, and assisting people to , make drinks and snacks. We spoke with the Manager about the impact this had on other people who used the service. He told us how the local authority would be asked to explore this when they considered the DoLS applications.

We looked at the record of staff training, we saw how most staff had received training in core areas such as Safeguarding; DoLS and MCA; Medication administration; Autism Awareness; Challenging behaviours (done as PRO act Skipr course, a method of safely diffusing challenging behaviours); Epilepsy; Food and Nutrition and First Aid

We saw how care workers were supported through the induction process, which was over the course of one month. Each part of the process was signed off by the manager as proof of completion. We spoke to three care workers about their experience of supervision. One told us “the manager will accommodate me and make sure we have supervision at a convenient time.” Another told us “I have had regular supervision and the manager always makes a point of asking me how I am doing.” The manager told us “I like to do supervision every 4-6 weeks; it has been busy recently but I grab staff and make sure I have a regular chat with them.” Records confirmed that supervision was taking place on a regular basis.

We checked the fridge and noted how none of the open foodstuffs had a label on them indicating when they had been opened. There was an unlabelled piece of cooked chicken loosely covered in a bowl. There was no weekly menu to view. The registered manager told us the menu file had been misplaced some weeks ago and as a result, no menus were written out. He told us how meals were done in response to the requests of those who used the service, and included taking people out for meals. During our inspection, we observed one person who used the service being accompanied to a local café of his choice for lunch. We also how a care worker responded to a request for cheese salad.

The manager told us that a hot meal was prepared every evening for those who chose to eat it, but most people preferred to cook their own food with support, meal choices were discussed in residents meetings and people were supported to do their own food shopping were encouraged to eat healthy balanced meals.

Relatives told us they were happy with the food provided they told us “nourishing and healthy food is provided”. and “ the food is usually good and my daughter gets to choose”

People’s healthcare needs were monitored daily. Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such

Is the service effective?

as dentists, doctors and specialists. Concerns about people's health had been followed up immediately and

there was evidence of this. Relatives also confirmed this and told us the staff were very attentive in making sure people stayed healthy. Therefore the service was effective at meeting the needs of people who lived at the home.

Is the service caring?

Our findings

People who used the service were supported by staff that were kind, caring and respectful of their privacy. One person told us: "Staff are lovely." Another person said: "Staff are always kind."

During the inspection we saw staff at the care home were extremely patient in their interactions and took time to listen and observe people's verbal and non-verbal communication. We saw one person took a member of staff by the hand and led them to their room. The staff member told us this meant that the person was distressed due to our arrival and required re-assurance. When the person came out of their room we saw that they were calmer and happier. Throughout the inspection we saw staff interacted with people in a friendly, warm, professional manner. One relative commented: "They deal nicely with my son. His hearing is very sensitive – the noise of the trains upsets him but nothing can be done about it."

Another relative said: "The staff all seem to get on well together and work as a team, they are all very kind." There was on-going interaction between people who used the service and staff. People were very comfortable and relaxed with the staff that supported them. We saw people laughing and joking with staff and people with limited verbal communication made physical contact with staff members.

Most people who lived at the home were unable to fully express their views verbally. The staff used pictures, signs and objects to assist people to make choices and express their views. We saw that staff used pictorial questionnaires on a regular basis to ask individuals for their views.

There were questions about food, individual rooms, and activities and how happy people were with the other people they lived with. This enabled people to spend time with a member of staff and express their views about the care and support they received.

People's preferences were recorded in their care plans. They had personalised the home and in particular their bedrooms. The staff had discussed people's likes and dislikes with relatives so they could make sure they provided care which met individual needs.

People were supported to maintain contact with friends and family. Visitors told us they were able to visit at any time and were always made welcome. "There is no restriction as to when I visit. I just arrive unannounced and I am usually welcomed with a cup of tea. I think of them as professional people and they do whatever is necessary."

Staff also provided additional support to relatives when people using the service visited their homes

During our visit we so saw people being treated with dignity and respect, for example we saw that when a female resident took her top off in the lounge, the manager ensured that the lounge was vacated and that a female member of staff was immediately available to support her.

Is the service responsive?

Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received, the social activities they took part in and the food they ate. We saw that their levels of satisfaction had been recorded and the staff had used these records to review and improve personalised care for each person. People's relatives told us they were consulted and involved in planning care.

People had participated in a range of different social activities individually and as a group and were supported to use the local community. Activities included drumming, cycling and going to discos and the gym. They also participated in shopping for the home and their own needs and some people had recently been on holiday together with staff support. A relative told us, "The staff take my son to activities like swimming and going to see football matches."

Satisfaction levels of activities were monitored by 'Activity Reflection sheets' after each activity took place. We saw that on one accession an activity had been increased as a result of positive feedback from a person using the service.

All of the care records we looked at showed that people's needs were assessed before they had moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Relatives told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their

preferences in pictorial format where required. People and their families and friends completed a life story with information about what was important to them. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "we know each person's family life very well, it helps us to understand them."

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were reasonably well maintained, clean and personalised. One person told us "My room is great."

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls and text messages or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. There was also detailed information about the care each person had received each day and night.

There was a clear complaints procedure and relatives we spoke to told us they knew what to do if they were unhappy about anything. Comments included "I am confident about raising concerns or complaints as I know I can go directly to the manager," and "I have not had any complaints to rise." People said they felt listened to and the relatives told us concerns were addressed quickly and appropriately. There had been no complaints since our last inspection.

Is the service well-led?

Our findings

Relatives we spoke with gave positive feedback about the service. For example, one relative told us “the home is dealing with people with very complex needs and “the staff manages them extremely well” There was no particular concern of quality of care and governance People and their relatives who used the service praised the registered manager and said they were approachable and visible.

The registered manager had been in post since April 2012. He told us, “We really care about people here.” Observations and feedback from staff and relatives showed us that he had an open leadership style and that the home had a positive and open culture. The manager told us “We adopt the “can do” attitude and everyone has the right to express their views and ideas.” Staff spoke positively about the culture and management of the service. One staff member told us, “We are encouraged to discuss any issues.” Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed. Staff also told us that they were supported to go for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, “He is one of the best managers I’ve ever had, he really knows what he’s doing” and “he has been very supportive of my career.”

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident meetings were held. One person told us, “We have meetings to talk about things.” Regular contact was made to get feedback and regular visits were made by the ‘Management Development Team’ to carry out quality audits. Quality assurance assessments were carried out on a monthly basis and we saw that actions arising from these had been carried out for example the introduction of ‘positive behaviour support plans’.

The registered manager told us that he would be organising a team away day to boost staff morale and improve service quality..

The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with him and our observations it was clear that he was familiar with all of the people in the home and was very ‘hands on’ in his interactions with the people who used the service.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The manager told us that a handyman had recently been appointed in order to improve response times to maintenance issues.

The registered manager told us he was supported by the provider with regular management meetings and one to one sessions and that the location had been accredited to the ‘challenging behaviour charter’ an independent accreditation scheme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, and using, of medicines used for the purposes of the regulated activity.</p>