

Care Network Solutions Limited

Hillside House

Inspection report

15 Wood Lane
Headingley
Leeds
LS6 2AY
Tel: 07712306968
Website: n/a

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection took place on 08 December 2015 and was unannounced and on 14 December 2015 which was announced. This was the services first inspection.

Hillside House is situated in the Headingley area of Leeds and is close to local amenities. The home has a mix of flats and bedrooms. There is a communal kitchen/diner and lounge area. There is a car park to the rear of the home and a garden to the front.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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 2008 and associated Regulations about how the service is run.

Staff had an understanding of safeguarding vulnerable adults; however, the registered manager had not reported two safeguarding incidents to the Care Quality Commission. There was a risk to people's safety because medicines were not always managed consistently and safely.

Summary of findings

Mental capacity assessments had not been completed and the service had made Deprivation of Liberty Safeguards applications inappropriately. People's care plans contained sufficient and relevant information to provide consistent care and support. However, the care provided was not always person centred or inclusive and did not take into account people's preferences.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

There were opportunities for people to be involved in a range of activities within the home and/or the local community. People had access to plenty of food and drinks. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The service did have good management and leadership. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately.

You can see what action we told the provider to take at the back of the full version of the report.

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 managed safely. Staff sometimes failed to follow the prescribers' direction fully and people were not given their medicines correctly.

Staff knew what to do if abuse or harm happened or if they witnessed it. However, the registered manager had not reported two safeguarding incidents to the Care Quality Commission.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place. Individual risks had been assessed and identified as part of the support and care planning process.

Requires improvement



Is the service effective?

The service was not always effective in meeting people's needs.

Mental capacity assessments had not been completed and the service had made Deprivation of Liberty Safeguards applications inappropriately.

People's needs were met by staff who had the right skills, competencies and knowledge and staff had the opportunity to attend supervision.

People's nutritional needs were met and people attended regular healthcare appointments.

Requires improvement



Is the service caring?

The service was caring.

Everyone who lived at the home told us they were happy with the care they received.

Staff were confident people received good care.

Staff knew people's preferences, abilities and skills and were able to describe how they maintained people's dignity and privacy.

Good



Is the service responsive?

The service was not always responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent care and support. However, the care provided was not always person centred or inclusive and did not take into account people's preferences.

There was opportunity for people to be involved in a range of activities within the home and the local community.

Requires improvement



Summary of findings

There was a complaints policy in place.

Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up.

Accidents and incidents were reported.

People living at the home and relevant others were asked for their opinions and views about the service.

Good



Hillside House

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 was planned to check 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.

This inspection took place on 08 December 2015 and was unannounced and on 14 December 2015 which was announced. The inspection team consisted of one adult social care inspector.

At the time of this inspection there were four people living at Hillside House. We spoke with one person who used the service, four staff, the deputy manager, new manager and registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People's medicines were stored securely in locked cabinets in their rooms. The Medication Administration Records (MAR) showed staff were signing for the medication they were giving. The MAR contained detailed medicines and allergy information but not all MAR's contained a photographic record for each person. One person we spoke with told us, "I get my medication when I need it."

We checked the medicines for two people and found the number of medicines stored did not match with the number recorded on the MAR. For example, one person's MAR stated they had been prescribed paracetamol four times per day, however, the deputy manager told us the person was no longer taking paracetamol and said staff should have asked the GP to remove this from the MAR. We noted from the person's medication stock control sheet they had not received paracetamol since 11 November 2015. We also noted the medication sheet in the person's care plan stated 'paracetamol 500gm when required'. However, this had not been prescribed as 'as and when required' medicine.

Medicines were not always managed consistently and safely. We saw from one person's MAR they had been prescribed a cream to be applied daily. We noted one week on the MAR the person had not had the cream applied. The deputy manager told us they ran out of stock and they did not submit the prescription to be renewed prior to the cream running out. We also noted information was not recorded on a body map about how often a cream was to be applied and to which parts of the body.

We saw one person's MAR showed clotrimazole had been administered on the 06 December 2015, however, the stock balance sheet stated this had been administered on the 05 December 2015. The deputy manager was not able to advise us which date was correct.

We found the home had a 'homely remedies stock control sheet' which showed two people who used the service had been given paracetamol. The home's medication policy stated 'agreement should be reached between the doctor and the home manager as to the appropriate products to be made available for the individual service user'. The manager told us this had not happened prior to the paracetamol being administered.

There were no controlled drugs or 'as and when required' medication administered at the time of our inspection.

We concluded that appropriate arrangements were not fully in place in relation to the recording and administration of medicines. It is important this information is recorded to ensure people are given their medicines safely and consistently at all times. This is a breach of Regulation 12(g) (safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the senior or the deputy manager. Staff said they were confident the deputy manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this.

The service had policies and procedures for safeguarding vulnerable adults along with the children's act and we saw these were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. However, the registered manager was not aware of their responsibility to report any safeguarding issues to the Care Quality Commission. We noted on 15 and 16 November 2015 two incidents had taken place between two people who used the service. These had been reported to the local authority but not to the Care Quality Commission. This is a breach of Regulation 13 (safeguarding service users from abuse and improper treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at two care and support plans and saw risk assessments had been carried out to cover activities and health and safety issues and to maintain people's independence. The risk assessments included wearing glasses, finances, car safety and friendships. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire

Is the service safe?

evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Environmental risk assessments were carried out, which included dangerous areas, hot surfaces, slips and trips, kitchen areas and window safety. The deputy manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home.

The deputy manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. The deputy manager told us staffing levels were assessed depending on people's need and occupancy levels. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked

additional hours. Staff we spoke with confirmed this and stated that agency staff were never used. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We observed staff working in the home. There were sufficient numbers of staff and they acted appropriately when undertaking their roles and responsibilities. Staff we spoke with told us there were enough staff to meet people's care needs. One member of staff told us, "We have enough staff to manage at the moment. We are able to share staff from other services."

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references and a Disclosure and Barring Service check had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The care and support plans we looked at did not contain mental capacity assessments and the deputy manager told us these had not been completed.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. We saw from the staff training certificates staff had completed Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training, however, some staff did not fully understand their responsibilities or the implications for people who lived at the home in regards to the MCA and DoLS.

The deputy manager told us they had submitted a DoLS application to the local authority for two people who lived at the home. However, it was not always evident that best interest meetings involving family, advocates and other health and social care professionals had taken place.

During our inspection we observed people who used the service were involved in making decisions about their care and what they wanted to do. One person told us they could make their own decision about what they wanted to buy at the supermarket and if they wanted to take part in any group activities. We also saw from people's care plans they had signed some documents consenting to specific activities in the home.

The applications for the Deprivation of Liberty Safeguards had been carried out; however, people had their liberty

deprived illegally. This is a breach of Regulation 13 (safeguarding service users from abuse and improper treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us they had completed or were still completing an induction programme which included reading the care and support plans, a brief introduction to the company and training. Staff told us they had also completed management of actual or potential aggression (MAPA) as part of the induction programme. We could see from the records we looked at an induction programme was in place for new staff members.

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included first aid, medication, safeguarding, health and safety and food hygiene. The registered manager told us the company's training manager had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We saw staff also completed specific training which helped support people living at the home, which included epilepsy awareness. We saw staff were in progress of obtaining or had obtained National Vocational Qualifications. Staff told us they had completed mandatory updates in relation to medication and fire safety. This ensured people continued to be cared for by staff who had maintained their skills.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision. The new manager told us they were in the progress of putting together a supervision schedule. We also saw staff completed mentoring sessions as part of the supervision process. These included sessions on food temperatures, working documentation, deep cleaning, handovers and health and safety checks within the home. The registered manager told us all staff were due an annual appraisal for 2015/2016 but these had not been completed as yet due to the home only been operational since August 2015.

Staff we spoke with told us people were able to choose what they wanted to eat each day and what items they wanted to buy from the supermarket. Staff told us there

Is the service effective?

was always plenty of fresh fruit available for people to help themselves. People, where appropriate, were assisted to maintain their nutritional and fluid intake and support was provided at mealtimes for people to make meals for themselves. The deputy manager told us all the people in the home liked to cook. One person who used the service told us, "I do my own shopping and staff help me cook."

There were separate areas within the care and support plan, which showed specialists had been consulted about people's care and welfare which included health professionals, GP and communication records. We saw one person had recently attended an optician's appointment.

Members of staff told us people living at the home had regular health appointments and their healthcare needs

were carefully monitored. We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists and opticians. One staff member told us 111 was called recently due to a person not feeling very well.

People had 'my health booklets' which contained information about support people required with their health care needs. We noted these were not always reviewed in a timely way. We saw people had 'hospital passports' which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital. However, these were not always fully completed.

Is the service caring?

Our findings

The staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. One staff member we spoke with told us, “We bend over backwards for people. People are happy living here.” One person we spoke with said, “Staff are really nice.”

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

People were very comfortable in their home and decided where to spend their time. People had their own flat or room which was their own personal space and staff respected this. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from those discussions they knew the people they supported very well. Staff spoke clearly and calmly when communicating with people.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished.

People living in the home were given appropriate information and support regarding their care or support. We saw there was documented evidence in the care and support plans we looked at the person had contributed to the development of their support and care needs.

The home operated a key worker system for the people who used the service. When asked, the care staff explained the role, it involved mainly ensuring a person’s personal care and effects were appropriate and in order and liaising with their relatives and health professionals.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people’s dignity, privacy and independence. One staff member said, “I always knock on the doors and make sure personal hygiene is managed and people are dressed well.”

We saw there were no visiting restrictions and people could visit when they wanted to.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Information was gathered from a variety of sources, for example, any information the person could provide and any health and social care professional involved in their life. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. We found care and support plans were developed, with the person, to agree how they would like their care and support to be provided. Care and support plans contained details of people's routines and information about people's health and support needs.

We saw staff had a communication book to inform each staff shift of the care provided, and had a handover between staff shifts to ensure care staff remained up-to-date with people's care needs and of the care which had been provided. They told us this worked well and was informative.

Although we found good information was provided in people's care and support plans, we noted that some documents had not been fully completed or were blank. For example, one person's self-medication assessment had not been fully completed with only two out of 17 questions been answered. The blank documents we found included, incident reports, debriefing reports and wound charts. We also noted in one person's care and support plan a blank epilepsy monitoring form, however, the person did not have epilepsy.

We also noted all the documentation in the care and support plans had a different provider name. The deputy manager explained the other provider name was within the same provider group and they did not have any headed paper with the current provider's name on.

We spoke with the deputy manager and manager who said they had a set of generic documents which were added to the care and support plans. They agreed the care and support plans needed to be reviewed and some documentation that was not required needed to be removed. They said this was an area that they would start working on to make sure the care and support plans were accurate and agreed to monitor these more closely.

The deputy manager and staff members we spoke with told us they had 'house rules'. These included people having to be in their room or flat by 10:30pm on a weekday and 11:00pm on a weekend. People handed their flat or room keys and mobiles phone to the staff at 09:00pm and got them back the next morning. When we asked why this was, the deputy manager was not able to provide an answer and one staff member said, "It's just a rule." We asked if the 'house rules' were documented or agreed by the people who used the service and the deputy manager told us it had not been agreed with people. We looked in people's care plan and even though we saw people had signed 'infringement of rights' documents for safety reasons, there was nothing documented about the 'house rules'. We looked at the 'service user charter' which stated, 'you will choose what you want to do each day, for example, when to go to bed.'

The care provided was not person centred or inclusive and did not take into account people's preferences. This is a breach of Regulation 9; (person-centred care) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported in promoting their independence and community involvement. Staff and people told us they took part in a range of activities which included accessing the local and wider community. One staff member told us the different homes within the provider group held talent competitions and football tournaments. They also said they held DVD nights, had games and takeaway nights in the home. On the day of our inspection three people attended a Christmas party. We also saw people attended college during the week. One person we spoke with told us, "I like to join in with the activities and I played a game with [name of person] last night."

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the senior or deputy manager. The deputy manager told us they had not received any complaints but if they did they would be fully investigated and resolved where possible to the person's satisfaction.

We saw the home had a complaints procedure in place and the complaint forms were available on the notice board in the entrance to the home. We also saw comments and suggestions forms were located in the same area for people to use if they so wished.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager had responsibility for several services and did not attend Hillside House every day. Therefore, the day to day running of the home was done by the deputy manager who worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. The deputy manager also had some management responsibilities at another home within the provider group. Hillside House had recently appointed a new manager who was in the processes of becoming registered with the Care Quality Commission and would take over the day to day running of the home.

Staff spoke positively about the deputy manager and the new manager and said they were happy working at the home. One member of staff said, "I feel the managers listen and the new manager has come with fresh eyes and has made an impact."

We saw a schedule of audits were in place which included medication, health and safety and operations. The deputy manager told us they had not completed some of the audits as yet. They said they submitted a weekly return to the regional manager which included incidents, accidents, care plans and staffing. However, no action plans were created as a result of the weekly return. The new manager had completed a medication audit the day before our inspection. We saw the registered manager (who was also the regional manager) had completed a monthly operations audit, which included person centred care planning, promoting health, finances, risk taking, housekeeping and meal service. We saw evidence which showed that any actions resulting from the audit were acted upon in a timely manner.

Staff meetings had been held in August and November 2015. We saw discussions included training packs, mobile phones, on call and clothing. The minutes for the November 2015 meeting were still to be typed up and circulated to all staff. One staff member we spoke with told us they had attended a meeting in November 2015 and had talked about Christmas, DoLS and rotas.

We saw the home held house meetings in November and December 2015 and discussions included group activities, communal areas and Christmas. One person we spoke with told us they had attended the house meeting and could discuss problems and what could be done to make the home better. The registered manager told us resident questionnaires had not been sent out as yet due to the home only been open a short time but were due to be sent out towards the end of December 2015.

Records showed the deputy manager sent accidents and incidents information in the weekly report. However, since the service opened they had not had many accidents but the deputy manager said they would review the accident and try to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

Staff told us they had daily handover meetings, were able to discuss any issues with the management team at any time and had no difficulty in raising any concerns they might have.

On the second day of our inspection the deputy manager told us they had addressed some of the concerns we raised on the first inspection day. For example, people's care and support plan documentation had been reviewed and irrelevant forms had been removed, some documents within the care and support plans had been reviewed and were now fully completed and the home remedies had been discussed and agreed with the individual person's GP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

There was a risk to people's safety because medicines were not always managed consistently and safely.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered manager was unaware safeguarding incidents should be reported to the Care Quality Commission and the applications for the Deprivation of Liberty Safeguards had been carried out; however, people had their liberty deprived illegally.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care provided was not person centred or inclusive and did not take into account people's preferences.