

Hillcrest Community Ltd

Hillcrest COMMUNITY

Inspection report

12 Hill Top Road
Leeds
West Yorkshire
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11 November 2019

14 November 2019

19 November 2019

27 November 2019

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19 December 2019

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 ●

Summary of findings

Overall summary

Hillcrest Community is a domiciliary care agency providing personal care to 23 people aged 18 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe and were supported by staff who were trained and knowledgeable. Staff were able to recognise concerns and confident they would be investigated. Risks were managed in a person-centred way. Medicines and infection control practice were in line with good practice. We found some issues with call times and punctuality. These were raised with the provider who acted immediately to address these issues.

The provider demonstrated knowledge around current best practice and staff had received supervision and training. Regular spot checks provided quality assurance of care delivery. People were supported with eating and drinking where this was a defined need, and assisted to access other services as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke well of the staff and appreciated the time staff spent chatting. They said staff were considerate and caring. People were involved in planning how they would like their support delivered and this was evidenced in their care documentation. There was strong evidence of the service responding promptly to people's changing needs.

The quality assurance systems needed further development, but this was in progress. The service had been through a few difficult months due to management issues, but these had been addressed and outstanding actions were being completed. People's views and experiences were well reflected, and the service was striving hard to promote partnership working in the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 November 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of first registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had recently left the service and a new one was in the process of being appointed. There was an acting manager on the day of the site visit.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 November 2019 and ended on 27 November 2019. We visited the office location on 11 November 2019 and made calls to people using the service and staff on the other days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We also spoke with one person's advocate. We spoke with seven members of staff including the provider, acting manager, and five care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

- We found some issues with rotas. Staff told us travel time between calls was not always sufficient and some people said staff were occasionally late. We looked at staffing rotas and saw not all times were consistent. The provider agreed to look at these issues and ensure travel time was adequately scheduled. However, this needed embedding in to practice.
- Due to the small number of staff, colleagues sometimes had to cover calls at short notice and felt communication regarding this could be better. The provider agreed to remedy this immediately.
- People who needed two staff to assist always had two staff to support them. If staff had concerns about people's changing needs, they said managers took these seriously and undertook urgent reviews.
- People said they saw the same staff and this promoted the building of relationships. If new staff became involved, they always introduced themselves.
- Staff were recruited safely with necessary checks being completed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person said, "I can trust them."
- Staff recognised and knew how to report possible safeguarding concerns and were confident action would be taken. Staff had received training and appropriate referrals had been made.

Assessing risk, safety monitoring and management

- Risk reduction plans were in place for people to ensure the likelihood of harm was minimised, such as the use of equipment to lessen the chance of falling when outside.
- Staff were aware of how to assess risk and were pro-active in reporting any concerns. Environmental risk assessments were in place for people's home to minimise risks to people and staff during visits.
- There had been no accidents since the service had been registered but clear procedures were in place to manage such events.

Using medicines safely

- Staff explained how to safely administer medicines and what action they would take in the event of an issue. Medicine records were completed properly including times of administration where required. Audits were conducted each month and any issues addressed.
- People's allergies were clearly recorded in their care and medicine records. Additional guidance for staff on side effects and how to recognise an allergic reaction were given.
- Staff had been subject to competency checks when they first started, and these were undertaken as part

of the spot checks and ongoing quality monitoring.

Preventing and controlling infection

- Staff understood and explained the principles of good infection control practice.

Learning lessons when things go wrong

- The service had only had minor issues raised which they dealt with quickly. Previous concerns had been raised and discussed openly with relevant bodies. Appropriate action had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a sound knowledge of key legislation and guidance, and also utilised a range of professional contacts if advice was needed. They attended the local authority's registered managers' and provider meetings to ensure practice was current.
- One social worker we spoke with said the provider and management team were very clear about who they could support and how, which ensured people received appropriate support. They ensured they completed full assessments which were focused on the person and their specific needs.

Staff support: induction, training, skills and experience

- Staff told us they received regular support from the management team and could raise any concerns. They said they were listened to. All had received an induction and undertaken shadowing visits prior to working alone.
- Staff had supervision where a range of topics were discussed including changes to any people or procedures.
- All staff had completed all necessary training and were observed by the management team at regular intervals during visits to ensure they were competent in their tasks. The spot checks also fed back on the relationship between staff member and person which was always positive.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their eating and drinking, this was clearly detailed in their care records.

Staff working with other agencies to provide consistent, effective, timely care

- Staff spoke highly of their colleagues who said everyone supported each other and strove to provide the best care for people.
- We spoke with a social worker who said people experienced very person-centred care and the service was flexible to meet people's needs. They said they were responsive to requests for short term and emergency support as well.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access these services if needed although most had family or friends support to do this.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People said their wishes and preferences were respected. One person said, "Yes, they always ask if I'm OK with what they're doing." Signed consent agreements were in place for risk and care assessments and reviews, the provision of care and quality assurance processes.
- Where people lacked capacity, mental capacity assessments evidenced who would be making decisions in their best interests and in line with their wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff were kind, caring and considerate. Many spoke fondly of their care worker and how much they enjoyed their friendship alongside the practical support they received. One person said, "Yes, they do have time to talk to me. They talk to me about everything." Another said, "They are honestly lovely people. They come, they are caring, and they do that little bit of extra if they can. Nothing is too much trouble for them."
- One relative said, "They are very good. They don't rush. If they finish in half an hour [was a 45 minute call], they sit and have a chat with [name]. It shows they care about people." Another relative told us, "Yes, they go above and beyond. They will stay a bit longer if my [relation] is not settling. They will make sure my [relative] is in a comfortable place before they leave."
- Staff frequently offered support outside of their usual tasks such as fetching people's newspapers or fish and chips.
- One spot check read, "[Name of care worker] has good relationship with [name of person] which is evident in the way [name of person] responds to [care worker]."
- People's specific cultural or religious needs were respected as staff had been supported in understanding key factors they needed to consider.

Supporting people to express their views and be involved in making decisions about their care

- People and their chosen representatives had been part of their initial care planning discussions. Where people had been receiving a service for long enough, they had also attended a review meeting. One comment read, "I'm very happy with the help I receive. The carers are very supportive."
- One relative said, "They asked us about even the little things – such as breakfast preferences – and this was put into [name's] care plan."

Respecting and promoting people's privacy, dignity and independence

- People said they were encouraged to do as much for themselves as possible. One relative said, "I didn't want them to come in and take over everything. They help [name] shower – they shower themselves and they will assist if they're not feeling good. They listen to [name]."
- Spot check visits also considered whether staff were promoting people's independence, and this was reflected in the comments we read.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care documentation was personalised and reflected people's needs well. Care plans provided staff with detailed guidance to follow for each specific support need. This guidance reflected people's preferences and wishes.
- Daily records evidenced people were receiving care in line with their support plans.
- Reviews of care delivery took place at regular intervals or if a person's needs changed. Where there were issues, these were actioned immediately, and more care hours sought from commissioners of services as needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people were able to communicate their needs clearly, but some people did not have English as their first language. Staff used translating applications on their mobile phones to assist in promoting communication and ensure people fully understood what support was being offered.
- Staff understood the importance of speaking in simple sentences or offering just two choices to aid decision-making. They were also prompted to ensure people wore their hearing aids or glasses if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported, where it was part of their care package, with visits out and keeping in touch with family and friends. One person received support every week to access shops to enable them to do their own shopping.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns and were happy these were responded to promptly and effectively. One relative said a couple of calls had been missed over the weekends, but this had now all been resolved.
- Of the issues raised we saw robust responses including meeting with people face to face to acknowledge their concerns and try and ensure swift and agreed resolutions. This had proved to be effective for people and the service.
- We read positive comments about the service in people's reviews. One read, "[Name] is thrilled with the care her [relative] receives and that we could not improve with the care we give to her [relative]."

End of life care and support

- People had been asked their wishes in regard to end of life support but very few had chosen to share with the service. Staff understood the principles of end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All managers assisted with care delivery and so all people we spoke with knew every member of the team. This assisted in completing reviews of people's experiences at regular intervals through observation and checking of records during calls.
- The provider had a clear vision for the service which was to promote independence and be person-centred. We found this was the case in our feedback from people about their experiences. The provider said, "We are aware one size does not fit all. We aim to provide care around people's needs, not around what we provide."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been issues with the previous registered manager which had left the service in a bit of disarray, but the new management team had made significant progress in trying to address the shortfalls. This was still a work in progress at the time of the inspection.
- All staff felt able to raise any issues with the provider and current management team and confirmed they would always receive a response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were provided with updates of policy and procedures through staff meetings.
- There were some quality assurance processes in place. The audits we saw completed did not always identify issues and this needed a more robust approach. However, we were aware the service was in the process of sorting other key tasks and were confident this would be addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All staff we spoke with said they enjoyed working for the service. The provider was keen for staff to shape the service and valued their input and ideas. They ensured meetings reflected on what the service was doing well and any areas for improvement.
- As many people had not been receiving care for long, surveys were inappropriate. However, their views were sought through the spot checks conducted by the management team and any changes required actioned quickly.

Continuous learning and improving care

- Staff felt the service worked well and were happy. None said anything could be done better apart from increased travel time between calls which was actioned immediately upon feedback to the provider.
- The provider was keen to expand the service but very aware not to do this at a cost to the standards they were achieving. They were keen to ensure attention was paid to the detail.

Working in partnership with others

- The provider had a care home which interacted well with the domiciliary service to provide wrap-around care. If people required respite, then this would be offered in the home and likewise a return back home was supported by staff who knew the person well. This was also mirrored where people accessed the care home for day care support or to use the services such as the hairdresser.
- We saw evidence from care reviews how much the service worked in partnership with occupational therapists and other health professionals to ensure appropriate equipment was in place and consideration of different techniques to support people to keep independent.