Kher Khulpateea

Hill View Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 23rd November 2016. The inspection visit was announced. The service combines a care home and a Domiciliary Care Agency (DCA).

The care home provides care and support for one person living with autism. The DCA service supports two people with learning disabilities and autism in a supported living environment. Supported living means people have their own tenancy and can choose who supports them.

The provider also managed the service. Registered providers are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations.

We last inspected the service on 9 November 2015 where concerns identified. The provider had implemented an action plan to improve the service. We found improvements in most of the highlighted areas including, as required medicines protocols, risk assessments, staff training and ensuring that they were meeting the requirements of being a DCA. Despite this the provider did not have robust quality assurance systems, which led to them failing to pick up on an area of concern including shortfalls with the implementation of the Mental Capacity Act 2005 (MCA).

We have recommended that the provider implement quality assurance systems that aid continuous improvement.

Although the staff had good knowledge of consent the provider was not meeting the requirements of the Mental Capacity Act 2005 (MCA). The provider informed us that people did not have capacity in certain areas but had failed to assess this capacity in line with legalisation. The registered provider said they will ensure they understand their responsibility when it comes to the MCA. Although the registered provider needs to make changes in this area we found the impact on people was low.

People told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. Recruitment practices were followed that helped ensure only suitable staff were employed at the service.

Risks of harm to people were identified and their care plans included the actions staff would take to minimise the risks. Staff understood people's needs and abilities because they had the opportunity to get to know people well through shadowing experienced staff during induction before working with them independently.

People were supported by regular members of staff who supported people in a timely manner. Staff were trained in medicines management, to ensure they knew how to support people to take their medicines safely to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. The provider had implemented a robust training matrix to ensure they were on top of staff training and when it required updating. Staff felt supported by management team and were encouraged to consider their own personal development.

People were supported to eat meals of their choice and staff understood the importance of people being involved in preparing their meals. Staff referred people to healthcare professionals for advice and support when their health needs changed.

People told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's wishes and preferences.

People and relatives said that the service was responsive to their needs. The service assessed people's needs so they received support when they needed it. Peoples wishes were respected. When people did not want relatives involved in the care planning process this was respected.

People knew how to complain and were confident any complaints would be listened to and action taken to resolve them. When areas of improvement were recognised plans were put in place to resolve them.

People and relatives agreed that the service was managed well. The provider had implemented an action plan to improve the service for people. Management understood the service being provided and staff shared the provider's values. Staff and management talked about the open door policy in place, which made the management team approachable. The service had supported a person to make meaningful links with the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm. Staff could identify and minimise risks to people's health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse.

Medicines were managed and administered safely.

The service had arrangements in place to ensure people would be safe in an emergency.

People were support by sufficient number of staff who supported people regularly and who were recruited safely.

Is the service effective?

Good

The service was effective.

Although staff had good knowledge of consent the requirements of the Mental capacity Act (MCA) were not being met.

People received support from staff who were sufficiently trained to meet their needs.

People's nutritional needs were met.

People had access to health and social care professionals who helped them to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

The service understood what is important to people and took this into account when requests were made to change support times.

People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed to ensure they received appropriate support.

People's care was person centred and care planning involved people and those close to them.

Staff were responsive to the needs and wishes of people.

People and relatives knew how to make a complaint and were confident any concerns they had would be acted on.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider failed to pick up on shortfalls as they did not have robust quality assurance systems in place.

The service ensured there was a positive culture that was person centred, open, inclusive and empowering for people who used the service.

Staff knew and understood the organisational values which were reflected in the support we observed.

Hill View Care Home

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 was 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.

The inspection took place on 23 November 2016 and was announced. The provider was given 24 hours' notice because we needed to be sure someone would be available to meet with us. This inspection was carried out by one Inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, social workers and commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we spoke with three people, the provider, two members of staff and two relatives. We reviewed one person's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All people receiving care from the provider said they felt safe. One person said, "They do look after me." Relatives agreed that their loved ones were safe. One relative said, "Safety was our number one concern when (name of person) moved from the family home. We have had no cause for concern. Not even a sniff."

When we last inspected the service we found that some aspects required improvement. During this inspection we saw that the needed improvements in terms of the safety have been made.

During the last inspection we found that risk assessments failed to provide clear guidance to staff and did not identify control measures to mitigate risks. We also found that not all areas of risk had been identified. During this inspection we saw that staff had identified a variety of risks to people that included access to the community, choking, and behaviours that may challenge. These risk assessments covered all areas highlighted in people's needs assessments. Staff had identified ways to minimise the risk to people and had a good working knowledge of these measures. The provider took their responsibility to manage risk with appropriately trained staff seriously. A member of staff said that one of the people had an allergy, "I couldn't be alone with them until I was trained in the area needed."

People were supported by staff who understood how to reduce the risk of harm whilst not restricting freedom. A person was encouraged to be as independent as possible by walking to the local shop and taking bus journeys on their own. Their relative said that, "It's good for (name of person) as they enjoy doing things by themselves." The provider had taken appropriate steps to manage known risks, such as creating links with the local community, including staff at the local shop, to ensure this person was as safe as possible while out in the community on their own.

During the last inspection we found that one person did not have clear guidance for staff to follow for an 'as needed' (PRN) medicine. During this inspection we saw that people received their medicines in a safe way. There was clear guidance for staff to follow for all prescribed medicines and there were 'as required' protocols in place for all PRN medicines.

People were involved in the administration of their medicines. They were supported with their medicines by staff who had received medicine training and an annual medicine competency assessment. One person said, "We always get our medicines on time." Staff had knowledge about people's medicines and what they were prescribed for.

Medicines were stored and disposed of in a safe way. Medicines were locked in a secure cupboard. Regular stock takes of medicines were undertaken. The medicines administration (MAR) charts showed all prescribed medicines were signed as being taken by staff trained to do so. A relative said that when their loved one comes home their medicines are well organised and labelled, they said, "They are very well managed."

People were supported by staff who had received safeguarding training and were able to describe how to

report suspected abuse. A staff member said, "I have to report abuse to a senior carer or manager." The registered manager had raised safeguarding alerts with the local authority when abuse was suspected and had notified CQC when appropriate.

Staff reported accidents, incidents and concerns in a timely manner. There had been two incidents in the last 12 months. When an incident occurred people received safe care following them. For example when a person fell off a chair staff ensured they were not injured and the person was reassured. These incidents had been analysed by management so that the risk of similar incidents occurring in the future was reduced.

Risk assessments, checks and tests had been undertaken on the home to ensure it was safe for people, staff and visitors; this included fire safety risk assessment and testing and Legionella testing. Generic risk assessments were in place that covered areas such as infection control, first aid and manual handling.

People's care and support would not be compromised in the event of an emergency because there were suitable arrangements in place to keep them safe. These arrangements included a contingency plan that detailed what the provider would do in an emergency situation to ensure support for people continued.

People were supported by sufficient numbers of staff to meet their individual needs. A person said, "There is enough staff." A relative said, "There has never been an incident when they have been left by themselves." A member of staff said, "We have enough staff day and night." Our observations on the day of inspection indicated there were sufficient staffing to meet the needs of the people. We saw the staffing rota, which confirmed sufficient staffing levels. Staffing levels were based around the assessment of people's needs, which were regularly reviewed.

Safe recruitment practices were followed. Staff files included application forms, records of interview and appropriate references. There had been checks carried out with the Disclosure and Barring Services (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People were not always able to make their own choices and decisions about their care. We looked to see if the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 lacked capacity to make certain decisions for themselves. Care staff had a good understanding of consent and we saw people were able to make decisions and were offered choices about what they could do on a daily basis. Despite this some mental capacity assessments had not been completed appropriately to obtain consent in relation to the care and treatment provided by staff. This meant decisions and support were not recorded in line with the MCA. When asked if people's capacity had been assessed the registered provider said, "I assume they have through social services." The provider however had no further information and there was nothing in people's care files to indicate capacity had been assessed for everyone that needed it. We were told by the registered provider that people lacked capacity to make decisions with regards to personal safety and managing finance. We did not see appropriate mental capacity assessments relating to these needs.

We found one person's capacity had been assessed by a health professional in relation to their health needs. At our last inspection we found there to be a lack of information on how this person's capacity had been assessed and what steps had been taken to reach a decision with regards to this in the person's best interest. During this inspection we found this still to be the case.

Despite the provider saying people lacked capacity in other areas no other mental capacity assessments had been completed. The provider said they would immediately book themselves on appropriate training to understanding their responsibilities regarding the MCA so the Act could be implemented appropriately. Despite this we saw that the day to day impact for people was minimal as consent for care was always being sought and people were not being deprived of their liberty.

At the time of inspection no one's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to understand why they needed to be kept safe the registered provider would need to make the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

During the last inspection we found there were short falls in the administration of staff training records. At the time it was difficult for the provider to determine when staff required updates in their training. Since the last inspection the provider had implemented a comprehensive training matrix that indicated when

required training had been completed and when refresher training was needed. A member of staff said, "We have all the training we need. Recently I have had, epilepsy, allergy, safeguarding and manual handling training." This information reflected what was on the training matrix. Both people and relatives agreed that staff were well trained. A person said, "The staff are very well trained." A relative said, "The output of the service suggest adequate training."

During our last inspection we found there was limited evidence of what staff inductions covered. Changes have been made in this area including introducing a seven shift shadowing session for all new staff. The induction also covered areas such as fire safety, health and safety, incident and accident reporting, communication and abuse.

The last inspection also highlighted that staff supervision notes were brief and provided limited feedback on performance. During this inspection we found people were supported by staff who had regular supervisions (one to one meeting) with the registered provider. The supervisions gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. Supervisions were used as time to reflect on practice and knowledge of social care. A member of staff said, "I feel supported."

People's nutritional needs were met. A person said, "Staff cook me nice food." People were encouraged to learn new skills including making hot drinks and preparing meals. People had a meal of their choice at a time that suited them. Staff were aware of people's dietary needs and preferences. For example one of the people had an allergy, which everyone was aware of. The person's relative said staff, "Manage this well." A relative explained that due to the food on offer their family member had been effectively supported to reduce their weight. The relative said this had an impact on their overall health and wellbeing.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, opticians or doctor. A relative explained that one day their loved one was supported to the GP twice, which they thought was the best support for them. People with more specialised health needs had been referred to appropriate health care professionals. For example, a person had input from a consultant psychiatrist. People had clear records of when they had medical appointments, which helped monitor the health input they received.

Good

Is the service caring?

Our findings

A person said, "It's very nice here. Staff are very kind to me." Relatives praised the caring atmosphere. One relative said, "It's a genuine caring environment, they really do care." Another relative said, "Staff are lovely, they are really kind human beings."

When we inspected last time we found that some of the language in daily notes did not promote the person's dignity. During this inspection we saw that the provider had taken steps to address this, including mentioning this area in team meetings, and improvements had been made.

Our observations showed there was a caring culture amongst all staff and staff demonstrated they knew people well. During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of staff. They were seen smiling and communicating happily often with good humour.

Staff did not rush people; they took time to engage with them in a meaningful way. A member of staff was observed giving a person time to talk through what they achieved that day, which was seen to make the person happy.

People were supported to express their views and be actively involved in decision making about their care. Staff were observed asking people questions about their day to day support needs. On the day of inspection people were asked where they wanted to eat their lunch. Two people wanted to go to the college they attend to eat lunch in the canteen so they could socialise with friends. Despite not having a college course on that day the two people were supported there as it was important to them.

Staff involved people in the day to day running of the service for example, laying the table, washing up, making cups of tea and preparing meals. People were actively involved in making choices about the decoration of their rooms, which gave a caring feel to the service. A person told us their plans to decorate their room, which was happening soon. We saw that in the lounge of Hill View Care Home a wedding picture of the person's mother and father was on display, giving a homely and caring feel to the home.

A theme of respect and treating people as individuals was demonstrated by staff practice throughout our inspection. We saw the registered provider kneel down to speak to people. He did this so he was at the same level as them, which showed he respected them and was interested in what they had to say. This respectful approach ensured there was a meaningful and engaging conversation between them.

Staff were positive role models for promoting people's privacy and dignity. A member of staff said they always ensured people's privacy and dignity. For example during personal care they said, "I'll make sure all doors and windows are closed and give them time." Another member of staff said there are links between respecting someone and communicating with people. They said, "We talk to people all the time and ask them their opinion." We observed clear communication from staff throughout the day.

During the inspection information about people living at the service was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events and those in their lives that were important to them. For example, a new member of staff knew how long a person had lived at Hill View Care Home and why they was completing certain college courses.

Relatives said they always felt welcomed at the service. One relative said, "I'm welcome to visit anytime."

Good

Is the service responsive?

Our findings

People and relatives consistently praised the staff, care and service provided. One person said, "It's very nice." A relative said that their loved one moving to the supported living scheme was, "The best thing they have ever done as the care is superb and the provider is very responsive." Another relative said the support was, "Fabulous."

During our last inspection we found that people's care plans did not adequately reflect the support and care that was being provided. During this inspection we found that improvements had been made in this area and now the care plans reflected the needs of the people and the support being offered.

Before people moved into the service an assessment of people's needs was completed with relatives and health professionals supporting the process where appropriate. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the service. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified. We saw staff supporting people in line with these plans. For example, staff were observed reassuring a person in line with their care plan.

People told us staff were responsive to their needs and preferences. People all agreed that staff supported them to do what they wanted to do, for example the person living in the care home chose how much they wanted to be involved in the preparation of meals. People's choices and preferences were documented and staff were able to tell us about them without referring to the care plans.

People's wishes in terms of who was involved in their care planning was respected. One relative said, "I'm not involved in care planning as this is (name of person) wishes." People's care needs were regularly reviewed with appropriate people, including care and health professionals.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service. On the day of inspection one person went Christmas shopping and all three people attended college courses of their choice. There had been a holiday to Butlin's that people enjoyed in the summer. Staff supported people to fill their downtime with activities they enjoyed, such as playing computer games and playing sports.

Staff were responsive to the individual needs and wishes of people and celebrated people's independence. A person was supported to change the college course they were attending as this was something they requested. A member of staff supported them to go through the college brochure so they could choose an alternative course. This was achieved and the person told us they were happy with the change.

The service was responsive to the behavioural needs of people. A person had a positive behavioural support plan that detailed how best to support this person when they become anxious. When we spoke to staff they demonstrated they had a good knowledge of how to support this person to reduce their anxieties. We saw that this person had input from appropriate care professionals who reviewed their care and support

responsively. The person said, "Staff are good at calming me down." Their relative said their loved one received, "responsive support."

People received support that was responsive to unforeseen events and circumstances. One person recently had a medical issue that needed urgent attention. Staff supported the person to A&E to ensure they received the medical assistance they required as soon as possible. Additional support was called in at short notice to ensure everyone still received the needed support. The person was treated and was recovering well. Staff arranged follow up calls with the GP to ensure the on-going treatment was still going well. The person's relative said they were, "Very impressed," with the response.

Although the service did not ask for feedback from people and their relatives in a formal way, such as through questionnaires, it was evident they listened to what was said to them. A relative said, "I don't remember getting a feedback questionnaire but the providers door is always open."

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. People and relatives knew how to raise complaints and concerns. No complaints had been received but we were assured by the provider that any complaints and concerns received would be taken seriously and used as an opportunity to improve the service. One person said, "They listen to me." A relative said, "I can't find fault." Another relative agreed with this and said staff, "listen to you."

Requires Improvement

Is the service well-led?

Our findings

People and relatives spoke of the support at Hill View Care Home and the DCA positively and all said that the service was well managed. One person said, "The management is very happy." A relative describe the provider as, "Going above the call of duty" and the management being, "Really good, almost too good." Another relative said, "The management is absolutely fine."

During the last inspection we identified there were no established systems or processes to improve the quality of the service. Although improvements had been made in regards to the monitoring of certain tasks, such as implementing a training matrix, the service still lacked robust quality assurance systems. There were routine quality checks to make sure that tasks were completed on time but still nothing in place to measure the quality of what was being completed. This meant the areas of concern regarding the implementation of the MCA had not been recognised by the provider.

We recommend that the provider implements robust quality assurance systems to monitor the quality of the service and aid continuous improvement.

After the last inspection a service action plan was implemented and worked through by the provider. One of the goals was to employ a member of staff to dedicate their time on implementing systems to improve the service. This had been achieved and led to the action plan being used as a guide to improve the service for people. For example, one of the actions was to ensure regular team meetings occurred so the staff team could be more responsive to people's needs. We saw this had been achieved. Despite this the action plan failed to highlighted the needed improvements regarding the implementation of the MCA and quality assurance systems.

During the last inspection we found that the administration of the DCA from Hill View Care Home was not in line with regulation. This was because documentation was not available at the registered office. Changes had been made in this regard, for example, care plans and supportive documents were now held at Hill View Care Home as required. This meant the provider had a clearer oversight of the whole service that they were providing.

The manager told us about the service's missions and organisation values of providing the best quality care to ensure people's independence was maintained. The mission statement highlights the values of privacy, dignity, independence, choice and fulfilment Staff we spoke with understood and followed these values to ensure people received person centred care to aid their independence. One member of staff said, "The vision is about giving quality care and to make the people feel at home." Another member of staff said, "We try and make sure people have a full life without imposing things on them. We want them to be involved. We want them to be happy."

The management team were passionate about the care provided. There was a culture that was person-centred, open, inclusive and empowering. Management and staff talked of the 'open door policy' that was in place. This made staff feel they could approach management for support when needed. The service had a

long standing team of carers who felt supported management.

The management team were approachable and people and relatives benefited from this. The provider worked regularly with people and had a shared understanding of the key challenges, achievements and goals, which were highlighted in their provider information return (PIR). For example, like improving access to training.

Training and support were available for staff who wanted to develop and drive improvement within the home. One of the aims stated in the PIR was for the service to have at least 60 % of staff complete their Diploma level 2 in social care. The two members of staff we spoke to have started their diploma, which they said they were being supported by the provider to complete.

The provider had supported one person in particularly to have strong links with the local community. The person, their relative and the provider all said they were well known in the local area. The provider told us that they had attended a neighbours birthday party very recently and they enjoyed the regular positive interaction with neighbours.

The manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.