Hillsview Care Services Ltd

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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?	Good

Summary of findings

Overall summary

This inspection took place on 12 July 2017 and was unannounced. This was the first inspection since the service was registered with the Care Quality Commission in November 2015.

Hillsview Care Services provides residential care and accommodation for five adults with learning disabilities and mental health support needs. At the time of the inspection, there were three people living at the service and one person was about to move in to the service.

The service had a registered manager in post, although they were unavailable on the day of the inspection. 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.

The provider had measures in place to ensure the environment was suitable and safe for people using the service. We have made a recommendation for the provider to review the water fittings in the service in accordance with the Water Supply Regulations 1999. This was because there were no shower hose retaining clips in the shower cubicles, which would reduce the risk of the shower heads dropping into the shower tray and contaminating the supply of drinking water.

Medicines were managed safely by staff who were trained and assessed as competent. People received their medicines at the required times and in the way they had been prescribed.

People were safe at the service and were cared for by staff who were knowledgeable about safeguarding people. Staff knew how to report any concerns of abuse.

Risks to people had been assessed and there was guidance in place on how to manage them safely. There were sufficient staff available to meet people's needs. Staff received training in relevant areas to ensure they had the skills to provide safe care.

There was a safe recruitment process and staff were checked and recruited to ensure they were suitable to provide care and support to people.

People were supported with their finances by the provider and procedures were in place for people who had representatives who were legally appointed to look after their finances.

People's consent was sought where appropriate. The provider followed the legal requirements outlined in Deprivation of Liberty Safeguards (DoLS) and was compliant with the Mental Capacity Act 2005 (MCA).

Staff were caring, interacted well with people and respected their privacy. They promoted people's

independence where possible.

People were supported by staff to attend appointments with healthcare professionals. They were able to express their views about their care.

People were supported to have a balanced diet and were provided with meals of their choosing. Their health and wellbeing was monitored and promoted by staff.

People's care plans were personalised and contained information about aspects of their life, although we have made a further recommendation to include more details about people's daily interests and activities.

There was a complaints procedure in place. Staff were able to support people if they wished to complain. Relatives knew how to make a complaint and all complaints were investigated.

Staff, people and relatives told us the registered manager was experienced, supportive and approachable.

The registered manager was supported by a home manager and a deputy manager, who operated the service when the registered manager was not present.

The provider had systems in place to evaluate and monitor the quality of the service. Annual satisfaction reviews were carried out by the registered manager. The management team demonstrated an understanding of their role and responsibilities.

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. Risks to people were assessed and staff knew how to manage them.

Staff had knowledge about adult safeguarding people and how to report abuse.

There was a safe recruitment procedure in place to ensure staff were suitable to work with people who used the service.

Medicines were managed safely and administered by staff who were trained and competent.

Is the service effective?

Good

The service was effective. Staff were supported, supervised and trained appropriately.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The service was compliant with this and ensured people's rights were protected.

People were supported to access relevant health care services and professionals. They were provided nutritious meals of their choice.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and dignity. They were patient and able to understand people's needs.

Staff were aware of people's individual preferences and how to meet these. They respected people's privacy.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's health, care and support needs were assessed. Their

individual choices and preferences were discussed with them and recorded in personalised care plans.

People took part in activities in accordance with their needs and preferences.

There was a complaints procedure in place. Staff were able to support people and relatives if they wished to complain.

Is the service well-led?

Good

The service was well led. The provider had systems in place to check and monitor the quality of the service provided.

Staff felt supported and encouraged by the registered manager and other members of the management team.

People and staff spoke positively about the management of the service. The provider sent surveys to people, relatives and professionals for feedback.

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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.

This inspection took place on 12 July and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. Notifications are events which providers are required to inform us about. In October 2016, the provider sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted.

During the inspection, we viewed three people's care plans and risk assessments, four staff recruitment files, staff training, supervision and appraisal documents, people's medicine administration record (MAR) sheets and health and safety records. We spoke with the home manager, the deputy manager, a team leader, three members of staff and met three people using the service. Due to their disabilities, we were unable to speak with most of the people but observed care being provided during the day.

After the inspection, we spoke with two relatives on the telephone to obtain their views of the service. We also spoke with the registered manager on the telephone because they were unavailable on the day of the inspection.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said, "Yes it is safe here." A relative commented, "It's safe and caring. The staff and managers look after [my relative]."

During our inspection, we noted that one person had an en suite room but other people shared bathrooms. There were no bathtubs fitted in the premises and staff told us people preferred to have showers. We found that although the shower head in each of the two shower rooms were secured into a fixed bar and holder when not in use, the shower hoses could still slip out causing the heads to drop onto the shower tray. This could create a backflow, which is an unwanted flow of water in the reverse direction which could potentially contaminate drinking water, normally consumed by people and staff. We addressed this with the home manager who told us they would look into providing additional fittings for the showers, such as shower hose clips.

We recommend the provider reviews the water fittings in the service to ensure they comply with The Water Supply (Water Fittings) Regulations 1999.

The premises were safe, although we noted that building work was being carried out on the top floor for a new room. We asked the deputy manager if the work disrupted the people staying in the service. They told us most people liked to stay downstairs during the day. The contractors usually finished their work by six o'clock when people got ready for the evening.

Gas and electric appliances were serviced annually to ensure that they were safe to use. Records showed that refrigerators and freezers were kept at suitably safe settings. Opened food items stored in packets and bottles had the date they were opened written on them in accordance with food hygiene guidelines. There was a laundry facility and a secure cabinet for COSHH equipment, such as hazardous substances and liquids. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Personal Emergency Evacuation Plans (PEEP) were in place to ensure people were kept safe according to their individual needs. Health and safety checks were regularly carried out by the management team to ensure the premises remained safe and staff followed the correct procedures.

People's files contained risk assessments relevant to their individual needs, which covered areas where a potential risk might occur. This included areas such as the administration of medicines they were required to take or certain behaviours that could put themselves or other people at risk. For example, one person's risk assessment said, "I have a habit of lashing out. I need staff to intervene if I cannot control myself and remind me that hitting others is not acceptable." Staff were able to reduce this risk by implementing positive behaviour strategies that they had been trained in and follow behavioural guidelines for the person.

Staff understood how to report safeguarding concerns and raised them with the local authority safeguarding team to protect people from any abuse. They demonstrated an understanding about what constituted abuse and were able to raise concerns and follow the safeguarding process. One member of

staff said, "I will first report anything to my manager and describe what happened." The provider had a whistleblowing procedure, which provided staff with guidance on how to report any concerns about the practice of the service.

The provider held money on behalf of all people securely in locked containers and staff kept an audit trail of how much was being spent. We noted that two people had representatives who were legally appointed to manage their financial affairs and documentation was in place. During a handover, we observed people's money being counted and matched with records of each person's current balance to confirm that the amounts were correct.

We looked at four staff files which showed that new staff went through the provider's recruitment procedures. An application form and an interview were completed and two written references, and an evidence of identification obtained. Proof of their eligibility to work in the UK was also filed. Disclosure Barring Service (DBS) checks were carried out to ensure new staff had no criminal records. These were completed before new staff started their roles caring for people in the service.

On the day of the inspection, three staff were working on the morning and afternoon shift, including the deputy manager and a team leader. We found there were enough staff working at the service throughout the day. One member of staff covered a waking night shift. Staff handed over significant information to their colleagues at the end of each shift. We viewed a handover meeting where staff coming on to the new shift received information from staff ending their own shift. Staff sickness or leave was covered by regular or bank staff who were employed by the provider.

During our inspection, we found medicines were securely stored in the manager's office. Staff were able to describe how they administered medicines safely to people. People received medicines from staff who were trained. Records of when medicines were opened and taken were recorded on Medicine Administration Record (MAR) sheets for each person. They were checked for accuracy by the team leader. Quality assurance checks were carried out by senior staff ensure people had received their medicines on time, in the correct dosage and signed for by staff. The pharmacy that provided the medicines to the service provided training to staff and carried out an audit at least once a year. Staff followed the service's procedures of administering medicines, which stated that two staff were required to work together when providing people their medicines, in order to avoid mistakes being made. There was a suitable protocol to inform staff to manage when and how they would administer prescribed medicine to people 'when required' (PRN). Medicine records we viewed were accurate and up to date.

Good

Is the service effective?

Our findings

People and relatives told us that they were happy with the care provided and staff were well trained. A relative said, "My [family member] receives good care from staff who know what they are doing." Another relative said, "The service understands their needs and my [family member] has settled in well."

Staff had guidance on how to respect people's rights. There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. 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 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).

Two people living at the service were subject to DoLS and we saw that the appropriate documentation from the local authority confirming this was in place. This assured us that people would only be deprived of their liberty where it was lawful. The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw records of best interest meetings that had taken place with input from the relevant authorities.

The provider had a training programme in place for all staff to complete whilst they were employed at the service. The training records showed staff had access to a range of training, including practical and online training, so they were able to meet people's needs. Staff had been trained in areas such as specialised training on disabilities such as autism and mental health and mandatory training in safeguarding adults, moving and handling, health and safety, infection control and person centred care. Staff also completed modules of the Care Certificate and Skills for Care standards as part of their induction and training. These were an identified set of standards that social care workers adhere to in their work and meant staff were equipped with the skills and qualifications to carry out their work.

Staff told us they were well supported by the registered manager and home manager to deliver effective care by means of regular supervision. The management team arranged regular one to one meetings with staff every two to three months. They would check on a staff member's performance and identify any concerns they might have. Topics of discussion included work related issues, safety and welfare of people using the service and training requirements. Staff also received an annual appraisal and these were used to review their work performance.

People were supported to access health and social care services when required, such as their GP, occupational therapist, speech therapist, physiotherapist or psychiatrist. Records of people's appointments and the outcomes were available, which helped to ensure staff were able to meet people's needs, should they change.

Peoples' nutritional needs were met and staff provided them with suitable meals. We viewed menus and saw people could choose what they wanted to eat. Staff told us there was a set menu for lunch which was planned four weeks in advance. Staff had knowledge of people's likes, dislikes and preferences for food and drink and how they liked it prepared.

Good

Is the service caring?

Our findings

The service was caring and staff treated people with kindness and respect. A relative told us, "The service and the staff are caring. They helped to make [family member] feel comfortable."

Staff were available to support people when they required it. They knew people well and took time to listen to them. We noted that one person did not wish to communicate with staff or visitors. Staff respected their privacy and wishes. They had developed good relationships with people living at the service. Photographs of people enjoying activities or parties were on display in communal areas. There were also photographs of all the staff who worked for the provider. This helped to create a calm and relaxed atmosphere and enable people and relatives to identify staff.

One member of staff told us, "I let the person know what I am going to do before I provide personal care. I close the door to give them privacy." People who wished to spend time in their bedroom or wake up late, could do so. People were also able to use the lounge or other communal areas, such as the dining room or garden, to relax. Relatives told us their family member's privacy was respected by all staff. One member of staff told us, "I listen and understand what people have to say and try to give them choice in what they want."

Staff had an understanding of equality and diversity. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. They also treated people as individuals, respected their human rights and provided them with dignified care. Staff were patient and took their time to reassure or calm people when they became anxious or excited. They explained what they were doing, which helped people understand where they were and what was happening around them. This gave people time to decide what they wanted to do and staff understood that some tasks could take longer than others, due to the person's needs. Staff communicated effectively with people who had speech and language difficulties in order to understand their choices and requests. Staff were able to use cues, signs and simple words when speaking with people.

Staff were aware of people's personal needs and preferences, which helped to promote their independence. Care plans highlighted areas where people required prompting from staff to do certain tasks for themselves. For example, one person's plan said, "I like to maintain independence regarding my toilet hygiene." This ensured people were able to do certain things on their own or with prompting.

People's records were kept securely in order to protect information that was held about them. Staff understood the need to keep people's information private and to maintain the confidentiality of people at all times.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. Relatives told us the staff were supportive of their family members and they were notified of any significant changes in their family members' health needs.

People's needs were assessed before they moved into the service. Care and support was delivered in line with their individual care plan and they were supported with their personal care needs. People had their own detailed plan of care. The care plans were written in a personalised way, which included their health care needs, what they wanted to achieve, what they needed help with and any behavioural or emotional needs. This was supported by a more detailed care and support plan document. The information covered aspects of people's needs and guidance for staff on how to meet their needs.

People also had opportunities to be involved in hobbies and interests of their choice. People were offered activities that suited their preferences, such as playing board games, walking, singing and dancing, which helped to avoid social isolation and keep people active to maintain their health and wellbeing. Although people's care plans were personalised, they did not always clearly set out people's hobbies, interests and what they liked to do during the day. For example, one person's care plan had a section called Daily Activity and Engagement but there were no details about what types of activities they enjoyed doing. There was only a list of what help they required with their personal care, such as washing and dressing.

We recommend that the provider seeks further guidance on care plans so that they illustrate people's lifestyle choices, such as hobbies and interests, more clearly.

We saw that care plans were reviewed and updated when required and staff responded to people's daily needs. Monthly report summaries of each person's current mental health, physical health and medicine requirements were compiled and any changes were updated. For example, one person's report stated that they had been seen by a speech therapist during the month and had an appointment for a blood test on one and was seen by an occupation therapist on another day. Any recommendations by professionals for the person's particular needs were detailed, such as measurements for any mobility aids or equipment.

A key working system was also in place. A key worker is a member of staff who is allocated a person to work with and ensuring that their needs are met. The information from the assessments was used as part of key work reviews to monitor how well people were doing and how they were feeling.

There were areas in the service for people to relax in, such as a lounge and garden. The garden was also used by people to enjoy in suitable weather. We saw that one person liked using a swing in the garden, which was specially adapted to suit their needs. We viewed one person's room with their permission and noted that it was personalised.

A complaints procedure was in place for people and relatives to be able to raise any concerns. We saw that an easy to read complaints procedure was available which contained information for people on how to

make a complaint. The service had received two complaints since registering with the CQC in 2015. Complaints received by the provider were logged and investigated by the registered manager and a response provided. An action plan was in place to ensure the issues raised were addressed by the provider and lessons were learned, to avoid similar concerns in future.

Good

Is the service well-led?

Our findings

People and relatives were satisfied with the way the service was managed. One person said, "Yes they are good." A relative told us, "I know the managers. They are pretty good. They keep things going and the place is clean."

The registered manager was not available on the day of the inspection but we spoke with them on the telephone after our visit. The day to day management of the service was carried out by the home manager and a deputy manager. There was also a team leader on shift who was responsible for ordering medicines and carry out medicine audits.

The registered manager told us they visited the service frequently to oversee that it was safe and to check on the wellbeing of people and staff. The registered manager was also responsible for other services in the area. They told us, "All of our managers live in close proximity to the services, including myself. This ensures we can respond quickly to any emergencies."

All staff we met were knowledgeable about the people living at Bedford Road. Staff told us that the management team were supportive and helped them to work effectively with people who used the service. Staff were able to raise any issues with the management team and felt they were listened to. One staff member said, "I have worked with the managers for a very long time. We work very well together and as a team. They are very supportive of all the staff." Another member of staff told us, "The managers are very helpful."

The registered manager notified us of incidents or changes to the service that they were legally obliged to inform the CQC about. The home manager said, "The registered manager and I are always available when needed. [Registered manager] is fantastic and a visionary. We support each other and communicate all the time. The philosophy of the company is filtered down to staff so that we provide a good service and provide vulnerable adults with the best care." The deputy manager told us, "We try to follow good practice and we are always learning and know our strengths and weaknesses. I update the managers with any issues."

Staff meetings took place monthly and enabled staff to discuss any areas of practice or concerns. Items covered during team meetings included any issues, health and safety and a more general discussion. The home manager told us they worked with the local authority and attended provider forums to share good practice and learn about any changes or new initiatives. They said, "We are very experienced but we are always looking to learn and improve. This helps us to stay compliant with regulations. We network with other professionals, such as local commissioners, Vibrance (hydrotherapy) and the Redbridge Learning Collaborative."

We saw that quality assurance and auditing systems were in place. The management team carried out regular audits and checks on health and safety, risk assessments and care plans to ensure they were up to date. Monthly spot checks enabled managers to observe activities such as medicine management, shopping, cash receipt handling, infection control checks and security arrangements were done safely.

People, relatives and professionals were asked for their views and this was recorded. The provider issued a questionnaire survey to people and relatives annually. We saw the results of surveys were positive. Feedback from health professionals, such as district nurses and learning disability specialists, included comments such as, "The staff are knowledgeable and passionate," "service users are healthy and well supported" and "the service has worked well with our recommendations." This demonstrated that the service worked well with other services to support people with the right level of care.