Four Hills Care Limited

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Inspection report

Suite1, 2nd floor
24 Warminster Road
Westbury
Wiltshire
BA13 3PE

Tel: 01373825630

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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

Four Hills is registered to provide personal care to people living in their own home. The services provided included support with personal care such as assistance with bathing and dressing. It also included support with eating and drinking, administering medicines and end of life care. At the time of our inspection 16 people were using the service.

This inspection took place on 4 April 2017 and was announced. The provider was given short notice because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. This also gave us the opportunity to ensure people and staff would be available to talk with us. The inspection was carried out by one inspector. This service had not been previously inspected.

A registered manager was employed by the service who was present throughout the inspection. The registered manager is also the provider. 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 used up to date technology to help them provide a service that was responsive to people's changing needs. This gave staff access to electronic information they needed to meet people's needs, including receiving regular up to date information.

People received care and support from staff who had gotten to know them well. Staff knew how to protect people's privacy and told us how they would support people with intimate care in a way which maintained their dignity. Staff told us people's care was not rushed enabling them to spend quality time with them.

Staff knew the different types of abuse and what constituted poor practice. They knew how to report any concerns raised and had confidence they would be listened to and appropriate actions would be taken by the registered manager. Measures were in place to manage the risk of harm to people.

People received care and support from staff who were regularly supervised and their performance and ability to do the job was checked. People were supported by staff who knew them well and understood their needs. Staff received training appropriate to their role and were able to access additional training where required.

People who required support with their medicines were supported by staff to receive them safely. Staff had received training in the safe handling and administering of medicines and had their competency assessed by a senior member of the team. People's health and wellbeing were monitored and recorded in daily records. Any concerns were raised with the registered manager, appropriate health professional and where appropriate the person's relative.

The service was working within the principles of the Mental Capacity Act 2005. Staff had an understanding of the Mental Capacity Act 2005 and explained how they supported people to make decisions regarding their daily living. People told us staff sought permission before undertaking any care or support.

The registered manager sought feedback from people to ensure the quality of care was maintained. People, their relatives and staff were supported and encouraged to share their views. The registered manager investigated complaints and concerns. Quality assurance systems were in place to monitor the quality of care and service being delivered.

The registered manager was passionate about wanting to provide people using the service with high quality care and support, which included end of life care. These values were strongly shared by the staff we spoke with. There was a very positive and open culture within the service.

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.

Staff had received training in the safeguarding of vulnerable adults procedures and had a good understanding of what abuse was. They knew how to report concerns if they were raised.

People who required support with their medicines were assisted to receive them on time and safely.

Staffing was reviewed regularly to ensure there were sufficient numbers to meet people's needs. The service followed safe recruitment practices.

Is the service effective?

Good

The service was effective.

Staff knew how to support people to make their own choices and decisions about their care and how they wished to receive it.

People had access to healthcare professionals for their on-going healthcare needs. Staff monitored the well-being of people and reported concerns about their health.

Staff received training and supervision to ensure they had the correct knowledge and skills to meet people's needs appropriately.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were caring and compassionate and treated them with respect.

Staff knew how to protect people's privacy and told us how they would support people with intimate care in a way which maintained their dignity.

Staff told us they had time to spend with people, getting to know them and building relationships.

Is the service responsive?

Good

The service was responsive.

Electronic systems in place ensured the experiences of people using the service were closely monitored and responded to in a timely way.

Technology was being used effectively so that the service was flexible and responsive to people's needs. Care plans were held electronically so that they remained 'live' and accessible to staff at all times.

There were regular opportunities for people and relatives to raise issues, concerns and compliments. People's concerns and complaints were investigated and responded to in good time.

Is the service well-led?

Good

The service was well-led.

Staff spoke extremely positively about working for the service and had a good understanding of the values shared by the registered manager who was also the provider.

People, their relatives and staff views were sought to improve the service.

There were robust systems to check and monitor the quality of care and service people received. □

Four Hills Care Limited

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.

The inspection took place on 4 April 2017 and was announced. The provider was given short notice because the location provides domiciliary care services. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf. This service had not been previously inspected.

The inspection was carried out by one inspector. We were supported by an expert by experience who made telephone calls to people using the service. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited we looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR) from the service. 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.

During our inspection we went to the service's office and spoke with the registered manager. We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included four care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with 11 people who use the service and their relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, administration officer and three care staff. We wrote to two healthcare professionals who worked in partnership with the service for feedback. We did not receive any feedback regarding the services provided.

Good

Is the service safe?

Our findings

People and their relatives said they or their loved ones felt safe and were supported by staff in their homes. Their comments included "Crumbs yes I think she's safe with them, I watch them, they talk to her a lot, they ask her what she wants doing and have they done it right" and "They're very kind and considerate, they watch me if I'm unsteady. I think they're brilliant. I don't understand how he's managed to get such nice girls."

Staff were able to identify what might constitute abuse and knew how to report concerns they might have. They had confidence that any concerns raised would be listened to and acted upon by the registered manager. Comments included "I had concerns about one person I visited. I reported this to (registered manager) who contacted the family immediately and the situation was resolved" and "Because we work with the same people most of the time I would notice if something about them had changed or if they had any bruising. I wouldn't hesitate to report it to (registered manager). I know he would do something about it". Staff had received safeguarding training to ensure they had up to date information about the procedures relating to the protection of vulnerable people.

The registered manager demonstrated a good understanding of their safeguarding role and responsibilities. They explained the importance of working closely with the local authority and relevant health professionals. There were clear policies for staff to follow.

The provider's electronic computerised visit planning system enabled them to monitor and check staff activity in relation to people receiving the care they required to keep them safe. Each visit had a set of tasks and outcomes that identified the care and support the person required to keep them safe and minimise identified risks. For example, where people were at risk of pressure ulceration the identified task was for them to be repositioned each visit. The outcome of this was to reduce the risk of pressure ulceration. Once this task had been completed staff logged this into the electronic system which immediately recorded the care had been received by the person. This information was then accessible to the registered manager. If the person had not received their care at the allotted time then the system would send an alert to the registered manager who would then be able to review the situation immediately.

Risk assessments were integrated in to people's care plans. These set out the support required by the person and if equipment was required to support staff to keep them safe. For example, where people required assistance to move using a hoist care plans contained guidance for staff on how to support this safely. Risks had been identified for areas such as moving and handling, personal care and the persons living environment. Guidance was in people's care records on the actions required to keep both the person and the staff member safe.

People received varying levels of support with managing the administering of their medicines. For example, from prompting through to administering the medicines to the person. Staff received training in the safe management of medicines and were assessed to ensure they were competent to carry out this task. Staff confirmed the training they received helped them to feel confident supporting people with their medicines.

Once staff had supported people with their medicines they logged this into the computerised system which immediately recorded that medicines had been received by the person. This information was then accessible to the registered manager. If the person had not received their medicines at the allotted time an alert would be sent to the manager who would then be able to review the situation immediately. Medicine records we checked were found to be completed correctly by staff. The registered manager explained that the computerised system allowed them to immediately check medicine records to ensure staff were administering them correctly and that records had been completed. Audits of medicine systems were carried out promptly which reduced the need to wait for staff to return completed medicine records. This meant the registered manager was able to address potential errors without delay.

There were sufficient staff to meet people's needs. People and their relatives confirmed that staffing arrangements met their needs. They were generally happy with staff timekeeping and confirmed they always stayed for the allocated time. Comments included "Oh they're wonderful, I know them personally they're very friendly girls and I have every confidence in them. I've never been left with nobody coming and nothing is too much trouble for them" and "They're very regular, never more than 10 minutes late and never not turned up. I can't see so they make certain to check my pills, read my mail to me and do all the little odd jobs I can't manage".

The registered manager explained that rotas were completed to ensure there were always sufficient staff members on duty and cover was sought when necessary. Staff rotas were organised to ensure consistency of staff and, where possible, staff attending the same people on each visit. This ensured people were able to build trusting relationships with staff who knew their needs. Staff confirmed that people's needs were met and felt there were sufficient staffing numbers. Travel time was allocated to ensure staff had sufficient time in between visits to arrive at people's homes at the allotted time.

We saw safe recruitment and selection processes were in place. We looked at the files for four of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff were subject to a formal interview prior to being employed by the service.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. There was a section in each person's care plan which guided staff on the actions they needed to take to reduce the risk of cross contamination and the spread of infection. Guidance included the wearing and appropriate disposal of PPE and hand washing information.

Good

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people receiving care in their own home, this is an Order from the Court of Protection. 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 registered manager was aware of their responsibilities in respect of this legislation. Mental capacity assessments had been undertaken where required. However the electronic records for one person said they lacked capacity to make decisions. Mental capacity assessments were completed on specific decisions but there was no evidence best interest decisions were part of the assessment. This person was under continuous supervision and staff used bed sides. Whilst DoLS do not apply to people living in their own home, but as the care regime amounts to a deprivation, an application has to be made to the Court of Protection for an order. This meant the registered manager had not contacted the supervisory body to inform them they were caring for a person who was deprived of their liberty. We spoke with the registered manager regarding this concern. They were unclear whether an application had been made by the appropriate social care professional.

We recommend that the provider seek advice and guidance from the appropriate agency to confirm that an application to the Court of Protection has been made or will be applied for.

Before people received any care and support they were asked for their consent which was recorded in their daily records. Where people had declined parts of their care this was respected and the reasons why recorded. This ensured staff acted in accordance with the person's wishes. Staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people with making choices about their daily living. People's individual wishes were acted upon, such as how they wished to receive their personal care. People told us "They always ask before helping me with personal care" and "They listen to me and check that I'm happy with what they're doing".

Staff had received training in the safe handling of food hygiene. Some people received support to maintain a balanced diet. Staff supported some people by preparing their meals, drinks and snacks. They explained people were always asked for their meal choices during the visit. For all meals that were prepared and food served a record was maintained in daily records. Staff recorded what people had eaten, if they had received any fluids and if drinks were left for the person to have at a later time. This helped staff monitor the person's intake and identify whether people needed increased support in this area. One person told us "They're wonderfully caring girls. They shop for me once a fortnight but they will do shopping for me outside this

time if I need it. I don't have a very good appetite so they're always suggesting new ideas that might help me to eat. One of the girls went a bought me a flask and makes certain that I have soup or coffee in a flask that I can have between visits. They're very patient".

People and their relatives told us they were confident about the capabilities of the staff who visited. They told us "I think they're really well trained they always explain everything as they go along. They know what needs doing and how to do it. I can't fault them at all", "They're very well trained in my view. They're willing and very observant, always checking to see if my wife has any sores (skin deterioration) etc. They're a great help to me and my wife feels comfortable with them" and "They're well trained, some better than others I think but they talk her through everything they're doing, very respectful and explain everything. It's lovely to see".

Staff attended a range of training to develop the skills and knowledge they needed to meet people's needs. When staff first came to the agency they undertook a period of induction which included working alongside the registered manager and other experienced staff. This enabled them to get to know people and the care and support they would be providing to people. The induction included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. Records showed staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided. Staff were also supported to access recognised national qualifications in health and social care to support their personal development.

Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff felt supported by the registered manager and felt they could approach them outside of these formal meetings for guidance and advice.

The competency of staff was monitored through regular unannounced spot checks of their work which was undertaken by senior staff. Staff told us that senior staff turned up unannounced when they were visiting a person. Records showed the staff member's overall performance was checked and observed. Any outcomes from the visit were discussed with the individual staff member afterwards as part of their learning and development.

Staff spoke positively about the support they received. Comments included "(Registered manager) is very good. He will go out of his way to help you" and "I get the right amount of support. We work well as a team and share ideas".

Staff told us they monitored people's health and wellbeing and any changes or concerns were recorded and reported to the office staff, relatives and where appropriate healthcare professionals. Care records confirmed that staff responded promptly when they recognised changes in a person's health and well-being. For example, we saw one person's health needs had been monitored due to changes in their well-being. This had been reported to the family who then sought the appropriate medical attention. One person told us "If they thought I needed to see a doctor they would either make the appointment for me or nag me to do it - but in a nice way".

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received. Relatives also gave positive feedback about the kindness of staff towards their family member. They told us "They are very kind staff. They always check if I've got food in the house and if there's anything else they can do for me. They seem to look after me as much as my wife, we have six or seven different carers all as good as each other. She's terminally ill and they're such a help to me" and "When they've finished doing what they need to do for my wife they always check to see if there's anything I need. If I need shopping one of them will pop to Tesco's and get it for me and drop it back. They really go the extra mile. We couldn't wish for anyone better".

One relative told us "We've had care from them for a year now. We have waking night [staff] cover so that I can get some rest. It's a regular girl and she's more like a friend now, in fact we're going out for coffee next week just for a chat and a break. I've never been let down or had any concerns. Sometimes she'll do the ironing for me when she's here just to help me".

Staff we spoke with were knowledgeable about people's needs and preferences. They told us they had access to people's care and support plans which contained information on how the person wanted to receive care. Staff spoke about wanting to provide good care for people. Comments included "We have plenty of time to do what we need to support people. We are never rushed and never miss calls. We always have time to chat which is important for people" and "I always think how I would feel if it was me receiving this care and what I would want. I always ask people if it is ok for me to help them and ensure it is done privately".

People's privacy and dignity was respected. Staff understood the need to ask people's permission before carrying out any tasks and consult with them about their care needs. For example, asking what support people required before providing care, explaining what needed to be done and checking the person was alright. They said they would make sure that curtains and doors were closed and the person was covered during personal care.

We saw records of observations undertaken of staff's working practices. This included how staff interacted with the people they were supporting. These records confirmed the staff observed displayed a caring approach towards people at all times. They behaved in a professional manner and it was clear that positive trusting relationships had formed between care staff and people.

Whilst the computerised system was accessible via staff's mobile phones the registered manager and staff were aware of the need to ensure personal information was not shared inappropriately and remained confidential. Staff had individual log-ins and password to the system which could not be accessed by people outside of the organisation.

People were supported at the end of their life to have a dignified and pain free natural death. The registered manager spoke passionately about wanting to provide "Great care" for people who were at end of their life. They said they wanted to give a more "Personal service" and for themselves and staff to "Build bonds with

customers and their families". Staff had received training in end of life care and explained they worked in partnership with other health professionals, such as district nurses, to ensure people received the correct level of care and support. Their comments included "When supporting people with end of life we are there to make sure they are as comfortable as possible. We encourage people to eat and drink but if they refuse we have to accept this. Any concerns we will report to the district nurse and the registered manager" and "It is still important to listen to people who are at end of life and what they want. We are there to support with personal care and make sure they are as comfortable as they can be". The registered manager explained the computerised system allowed them to update care plans immediately as people's needs changed especially around end of life care which had the potential to change daily. As staff had access to care records on their mobile phones information on care provision was up to date and met people's current needs.

The service had received several written compliments. These included "You all do such a great job every day. You should be proud of everything you achieve and the difference you all make", "Gratitude for outstanding care you all provide. Not only did you meet all needs but the level of care and consideration you showed (person's name) and the whole family was exceptional" and "I wish to tell you how much I appreciated the care and support of the carers who helped me look after (person's name). Our main carer was always cheerful, efficient and methodical and worked to a high standard of care".

There was strong ethos from the registered manager that looking after staff would reflect in the standard of care provided to people using the service. They spoke about wanting to "Engage well with the care workers" and provide the correct staffing and support. Staff spoke positively about the support they received. Comments included "We all get on here. (Registered manager) is very good. It is the best company I have worked for" and "We have a good team here. We are like a family. (Registered manager) is so easy to talk to". Staff told us they felt valued and did not want to work for any other organisation.

Good

Is the service responsive?

Our findings

The service used a computerised system to help them deliver care effectively to people. The system contained all the care records for each person using the service. The records were available to each staff member who supported the person. The system also tracked visit plans and visits carried out. Once care had been provided staff signed electronically via their phone to say what care had taken place. They also recorded when care had not taken place. Where care had not taken place an alert was sent to the registered manager to inform them of this. They told us this allowed them to review the situation and take any immediate actions as required. We saw the registered manager had recorded the reason one person had not received care at the allocated time. On this occasion the person had attended an appointment and not needed care at this time. Therefore no actions were required by the registered manager.

Care plans were held electronically so that they remained 'live' and accessible to staff at all times. As people's care needs changed these could be updated into the system immediately which meant staff had access to current information on what care and support people wished to receive.

Care plans were person centred and reflected people's care and support needs. They contained documents relating to assessments of need, frequency and times of visits and reviews. Care plans were up to date and clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, moving and handling, personal care, medicines and eating and drinking. Care plans were personalised and included details of people's daily routines, preferences, likes and dislikes. This meant staff were able to assist people in the way they wanted or needed to be supported to maintain their health and well-being.

People and their relatives told us they felt involved in planning their care and support needs. Their comments included "She has a care plan, the manager talked it all through with me when it was set up. I feel really well supported. The staff will always talk to you and they never rush you never make you feel like you're just a job" and "Yes I have a care plan and they've talked to me about it. From time to time I have a resident carer come to stay with me which upsets the pattern a bit because then I don't need the girls to come in but they accommodate it and I've never had any cause to complain."

One person told us ""Yes I have a care plan, it was all talked through with me. They know I don't want to go into hospital or into a home and they are working with me to help me stay at home. They take their time doing things and chat with me because I don't see many people. They chat to me as a friend, it's not just going through the motions, not mechanical."

Care reviews were carried out regularly. We saw that records of these reviews were kept in each person's care records. These records showed that people were regularly consulted about their care and support.

Staff told us that when they first joined the service they went along with an experienced member of staff to visit the person in their home before giving any care. They would shadow the other staff member to see how the person wished to receive their care. Only when they felt comfortable and started to develop a

relationship with the person would they then work independently. One person told us "I've had someone sometimes who is training but they aren't allowed to come alone while they're training".

Where people were at end of life the registered manager explained that their care needs could increase on a daily basis. Staffing levels were assessed and monitored by the registered manager to ensure there were sufficient staff available to respond to people's changing needs. Day to day staffing levels were varied and set to meet people's needs.

There were regular opportunities for people and their relatives to raise issues, concerns or compliments. People and their relatives were made aware of the complaints system. Information on how to complain was available in the customer guide which was given to when they joined the service.

People and their relatives were invited to share their views of the service. The service had only been registered since December 2015. A survey had been sent out in the first year to gain feedback form people and their relatives about the care and support they received. Regular reviews of people's care needs were held with the person and their relatives periodically throughout the year. The culture was that of an 'open door policy' where people and their relatives could discuss care and support needs and any concerns.

Good

Is the service well-led?

Our findings

There was good management and leadership at the service. There was a clear organisational structure where all staff knew their roles and responsibilities. The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. The registered manager spoke passionately about wanting to "Run a really good service" and "For poor practice associated with social care not to be associated with Four Hills". They said it was important for both staff and people using the service to feel respected and valued.

People and their relatives spoke positively about the management of the service. Their comments included "I think they are running a great service, he (the registered manager) will always listen to you if you need to talk, in fact he rings to check how things are going sometimes. I don't think they need improving" and "Although my care varies a bit when my regular girl is away I am totally happy with them, the manager is very human, a sensible chap if I had problems I'm sure he would sort it out for me."

One person told us "The manager is doing a good job with this company. I was with another company but I followed him as carers from that company left and went to work for him. The care they provide is fantastic. I can't praise them enough. I would hate to be taken away from them".

The service had only been registered since December 2015 and was still developing their organisational structure and care provision. The registered manager had recently explored opportunities for staff development and progression which included staff becoming train the trainers in order to provide in-house training to staff. This was to cover safe medicines management and moving and handling. They were also exploring opportunities for staff to become dementia and end of life champions and for staff to gain additional information in these subjects. Staff we spoke with welcomed these opportunities to develop their skills and knowledge base. Comments included "(Registered manager) is very supportive in offering me opportunities to develop. I'm going on the train the trainer course so I can support other staff with their training" and "I love working here. I get the opportunity to discuss my personal development. I am currently doing my NVQ and am going to become a dementia champion".

We reviewed how the registered manager assured themselves of the quality of care being delivered by the service. Whilst the computerised system afforded the registered manager the opportunity to review people's care needs on a daily basis if required, regular formal reviews of care and support were also undertaken with the person and family member. Medicine administration records were reviewed to ensure people had received their medicines as prescribed and accurate records were completed. In each person's care plan there was a set of outcomes and tasks which staff were to complete on each visit to meet the outcome. For example, For one person their outcome was to maintain good skin condition. The tasks staff needed to complete was to monitor the person's skin integrity on each visit and change the person's position. Once these tasks were completed they were ticked in the person's daily records. The registered manager could then monitor what care tasks were being completed and if they were not then ascertain the reason why. This ensured that where required changes to care could be made to ensure people received the correct care and support.

Staff were supported to meet the responsibilities of their role. The registered manager explained that constructive feedback helped to ensure staff followed best practice when supporting people. Staff attended team meetings which they told us they felt were useful. They said they were able to discuss the people they were supporting and share working practices.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training. Staff told us they received the correct training to assist them to carry out their roles.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager was knowledgeable of the requirements to notify CQC of any significant events and had done so accordingly.