Hillgreen Care Limited

Hillgreen Care Ltd - 185 Herbert Road

Inspection report

185 Herbert Road
London
SE18 3QE

Tel: 02088549393
Website: www.hillgreen.co.uk

Date of inspection visit:
27 January 2016
28 January 2016

Date of publication:
17 March 2016

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

Hillgreen Care Ltd – 185 Herbert Road provides care and support for adults with profound and multiple learning disabilities. It can accommodate up to three people. At the time of the inspection the home was providing care and support to three people.

This inspection took place on 27 and 28 January 2016 and was unannounced. 185 Herbert Road care home was registered with the Care Quality Commission in 2010. At the last inspection the home met the required standards that were in place at the time.
185 Herbert Road is a large detached house in Greenwich over two levels with four bedrooms with communal bathroom, kitchen, dining and living room areas. There is an outdoor area with grassed lawns.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the inspection we found a breach in regulations because the provider did not seek feedback from health care professionals and others involved in the service to make improvements at the home. You can see the action we have asked the provider to take at the back of the full version of this report.

People using the service could not express their views so we observed the support offered and spoke with relatives and staff. Relatives told us that their family members were safe and well treated. During the inspection we saw that people appeared happy and content and not at risk of harm. Each resident had an independently appointed advocate who could express their views and help them to ensure their voice was heard.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. People were being supported to have a healthy balanced diet. People's medicines were managed safely and they received their medicines as prescribed by health care professionals.

Staff had received training specific to the needs of people using the service, for example, mental health awareness and safeguarding adults. They received regular supervision and an annual appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's relatives and health care professionals had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to

meet their needs. Staff encouraged people to be as individual as possible and to do things they wanted to do. People's relatives were aware of the complaints procedure and were confident their complaints would be fully investigated and action taken if necessary.

The manager recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the manager.

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. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on shift.

Relatives and staff told us there was always enough staff on shift and our observations and available documentation supported this.

People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

Is the service caring?

Good

The service was caring. Staff were caring and spoke with people in a respectful and dignified manner. People's privacy and dignity was respected.

People's relatives and health care professionals had been involved in planning for their care needs.

Records including medicines records were held securely and confidentially.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans included detailed information and guidance for staff about how their needs should be met.

There was a range of suitable activities for people to take part in.

Relatives of people knew about the home's complaints procedure and said they were confident their complaints would be investigated and action taken if necessary.

Is the service well-led?

Requires Improvement

There was an element of the service that was not well led. The provider did not seek and take account of feedback of health care professionals and other relevant people.

The manager recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

Hillgreen Care Ltd - 185 Herbert Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on the 27 and 28 January 2016. The inspection team consisted of one inspector.

Before the inspection we looked at the information we held about the service including notifications they had sent to us. This included the Provider Information Return (PIR) which contains details about the running of the service submitted by the provider and notifications about important events which the provider is required to send us by law. We contacted the local authority responsible for monitoring the service to request feedback. We used this information to help inform our inspection planning. We also received feedback from two health care professionals about the care provided to people using the service.

We spent time observing care and support being provided. We spoke with two relatives of people who used the service. We also spoke with four members of staff and the registered manager We looked at records, including three people's care records, staff recruitment and training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People at the service were unable to communicate their views about the care they received. However, we observed that staff treated people well and their relatives told us that they were happy with the home and that their family members were safe. One relative said of their family member, "They are really settled and I know they are safe." A healthcare professional said, "I have no concerns about safety and believe the residents are well looked after."

We found that robust recruitment procedures were in place. We looked at the recruitment records of seven members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and explanations for any breaks in employment. Each file contained interview questions and answers, evidence that criminal record checks had been carried out, two employment references, health declarations, proof of identification and right to work. This meant that suitable people were employed to care for people who used the service.

The manager told us he was the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a guide for staff to follow if they suspect abuse or other safeguarding concerns. The manager and staff demonstrated a clear understanding of the types of abuse that could occur and they had received training in safeguarding vulnerable adults and the process for reporting concerns. They told us the signs they would look for, the different types of potential abuse that could occur in a care setting and what they would do if they thought someone was at risk of abuse. The manager said all staff had received training on safeguarding adults from abuse and this was reviewed annually. The training records we saw confirmed this. In addition, staff told us they were aware of the organisation's whistle-blowing procedure and how they would use it if they needed to. One member of staff said, "I know the things to look for and if needs be would quickly escalate any concerns."

Relatives, staff and the manager told us there were always enough staff on shift to meet people's needs. At the time of our inspection the home was providing care and support to three people. The manager told us that all people using the service needed one to one care and the staffing we saw at the time of the inspection confirmed that there were enough staff on duty to support people's needs. One relative of a person at the service said, "There always seems to be enough members of staff around and my relative's care worker is always with him." One carer said, "We have enough staff to meet people's needs and there's no problem if staff are sick or we go out on trips as extra staff are brought in." The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

We found assessments were undertaken to assess possible risks to people using the service. The manager showed us the risk assessment documentation completed for each person using the service. These included individualised risks to themselves and others, self-neglect, medication and possible mental health risks. The risk assessments included information about action to be taken to minimise the chance of the risk occurring and were reviewed on a monthly basis.

People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included regular fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from annual fire drills. Staff training records confirmed that all staff had completed recent training on fire safety.

People received their medicines as prescribed by health care professionals. A member of staff said, "I help and encourage residents to take their medicine and am strict about entering details in the records." We observed a medicines round in the home and saw that staff took time to explain and encourage people to take their medicine in the way prescribed by health care professionals. The action by staff was considered and not rushed and people responded well to the approach. Records showed that the manager carried out regular checks to make sure that people had taken their medicine by doing weekly audits.

Medicine was stored securely in a locked cupboard. Fridge temperatures were monitored correctly to ensure medicines were stored safely and medicines records were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Records confirmed that most staff working at the home had completed training on the safe administration of medicines and only specifically trained staff were allowed to administer medicines. We checked the balances of medicines stored in the cupboard against the MAR's for the three people using the service and found these records were up to date and accurate. This supported that the home had a policy on the disposal of medicines that were no longer needed and records we saw supported that these medicines were disposed of safely.

We noted that the home's policy on medicines that were 'required when needed' (PRN) had been approved by a consultant health care professional. Staff were aware of signs people used when they required relief from pain and may need PRN medicine and there were clear records in individual care plans describing the signs people displayed on these occasions. Any request for PRN medicine had to be authorised by the manager and records were kept of their use to ensure that dosages was kept within safe limits.

During the inspection we saw that the home was clean and tidy. The manager and staff said that there was a staff cleaning rota that and we saw that there was a regular schedule in place to ensure that the home was clean.

Good

Is the service effective?

Our findings

People were unable to express their views about the staff's skills and abilities to meet their needs. A health care professional who visited the home said, "We work with staff and the manager on matters when they arise and my client receives good support and is encouraged to do the things he likes to do. The staff are particularly able." Another said, "The way they handle people is great. They are treated like part of a family."

Staff had received training relevant to people's needs. We looked at seven members of staff's files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and managing behaviour that challenges the service. They had completed other training relevant to the needs of people using the service, for example, break away techniques and mental health awareness. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had attained accredited qualifications in health and social care. The manager told us that all of the staff had enrolled on accredited health and social care courses and support was given to staff including time off to study.

We spoke with four members of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. Staff told us they received regular supervision and an annual appraisal of their work performance. They said this provided them with support to carry out their roles. The staff files we looked at confirmed that all staff were receiving regular formal supervision and an annual appraisal. A member of staff said, "We have a team of well-trained staff who are conscientious and caring."

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). 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.

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 manager told us that people currently using the service did not have the capacity to make specific decisions about their own care and treatment and were subject to Deprivation of Liberty Safeguards (DoLS). They said that the service worked with people's relatives and relevant health care professionals to ensure appropriate capacity assessments were undertaken and decisions about their care would be in their 'best interests' in line with the Mental Capacity Act 2005 (MCA).

Records showed that mental capacity assessments had been conducted and decisions made in people's best interests where the registered manager had reason to believe a person may not have the capacity to

make a specific decision. This was in line with the MCA Code of Practice. DoLS authorisations were followed and the service completed necessary monitoring of the conditions of authorisation.

People using the service had access to an Independent Mental Capacity Advocate (IMCA). An IMCA is a specially trained advocate who can help if a person does not have capacity to make particular decisions. The provider had included IMCAs' views about people's care to ensure that the least restrictive option for care had been considered and that the MCA had been followed.

Although staff had received training in limited control and restraint techniques such as holding a person's arm to prevent injury to the person or others, it was noted that the manager was an advocate of the use of de-escalation techniques to manage and minimise potential aggression. The home's policy document supported these principals. We spoke to staff about this and they told us that the manager and provider encouraged positive relationships with people and that they had been adequately trained in de-escalation and limited restraint techniques. The training records we saw supported this.

We saw three care plans and noted that the home worked with health care professionals to assess and plan people's care. These indicated their support needs for example with activities, eating and personal hygiene. One relative of a person using the service told us, "I have good communication with staff, they keep me up to date on everything going on in his life and (my relative) gets to eat things he likes and that are good for him."

People were provided with enough to eat and drink and the documents we saw recorded people's intake of food and drink. Whilst people could not talk to staff and tell them what they wanted at mealtimes, staff we spoke with were aware of the importance of offering people choices at mealtimes and were aware of the things people did not like to eat and the signs people used to indicate preferences. People's support plans included details of their likes and dislikes and any allergies they had. We saw information was available to staff which included guidance from healthcare professionals such as a Speech and Language Therapist which ensured meals were prepared to safely meet people's needs. The care plans included sections on people's diet and nutritional needs. We saw that people were discouraged from drinking high sugar and caffeine drinks and encouraged to drink healthier options. At meal times we saw that people were assisted to eat and drink and that the level of assistance was appropriate to the needs of people. For example, we saw that one person required encouragement to eat their meal when another needed more support with eating. There was fresh food in the kitchen and a well-stocked fridge and freezer. There was a varied menu of main meals that was revolved every four weeks. A visiting health care professional told us, "My client is very comfortable here. He gets good support from staff and is encouraged to eat and drink healthily."

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings and where there were concerns, people were referred to appropriate health professionals. The manager told us that all of the people using the service were registered with a local GP, they had regular contact with the community psychiatric nurses and had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. People's care files included records of all appointments with health care professionals. A health care professional told us they supported one person placed at the home. They had visited the home and staff had supported this person to attend regular scheduled appointments. They said, "The staff are friendly and helpful and appear to know people very well. They have also actioned specific recommendations quickly."

Good

Is the service caring?

Our findings

One relative of a person using the service said, "My relative gets good access to the phone and speaks to me in a way I understand whenever he wants." Another relative said, "My relative tells me in his own way that he is happy and likes the people who look after him." One person said, "The staff actually care and that makes me feel better as I can't get to see him as often as I'd like."

During the inspection we observed that staff were kind and caring and respected the privacy and dignity of people. They spoke to people in a respectful manner. We observed staff ask a person for permission before they supported them with personal care and people using the service responded well to the approach. People required support or prompting with some elements of personal care such as reminding to change their clothing or to wash. Where prompts were made it was seen that these were respectful and unrushed and people responded positively. Staff knew the people and their needs well. This was apparent when we observed the start of a trip from the home to a local airport for people to watch aeroplanes. This was an activity that we were told the people using the service particularly enjoyed. As the people were getting ready to be escorted from the home staff encouraged people in an individual and personal way to wear outer wear and appropriate footwear and people responded well.

Relatives told us they had been consulted about the care and support needs of people using the service. People were allocated named key workers to co-ordinate their care and relatives said they were happy with the support they received from staff. A health care professional told us they had been impressed by the quality of the care provided.

Staff recognised the cultural needs and upbringing of the people in their care. We saw that ethnic and religious beliefs were respected, for example when food was prepared and that staff worked with relatives when it came to people's choices such as the use of alcohol when on trips outside the home when people visited pubs or restaurants.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the manager's office and this meant that only authorised staff accessed people's records.

A health care professional told us, "The quality of care provided appears to be of a good standard and I do feel that people's individual care needs are being met."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One said, "The training I have received means that I can be specific to the individuals living here and has given me an insight into their needs and what I need to do to support them." Another member of staff said, "The training I have received has given me an awareness of people's needs. I feel confident that I can support them. I know what I need to do."

People using the service were receiving care, treatment and support that met their needs. We looked at the care files of the three people living at the home. These were well organised and easy to follow. They contained pre-admission information from the referring local authority or hospital. Assessments were undertaken before people moved into the home and we saw assessments for nutrition, physical and mental health and details of health care professionals involved in people's treatment. The care files included care and health needs and guidance on specific medical conditions such as epilepsy or asthma. In addition, they included care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. The files also included evidence that people's relatives, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in these care files had been reviewed by the manager and staff on a monthly basis and there was input from health care professionals where appropriate.

People were encouraged to participate in activities run at the home and we saw people watching television and involved in drawing. There was a music player, books and puzzles available. One person who used the service was able to communicate how they enjoyed colouring in and was looking forward to doing an activity with the other people in the afternoon.

People had holidays during the year and had been to a seaside resort for four nights last summer where they had played snooker, been to restaurants and enjoyed the beach. The manager was planning the next holiday in the spring and said that the arrangements involved making thorough risk assessments and ensuring that the journey was achievable as some of the people had needs which meant that they could not travel very far. He said, "It's all worthwhile though as the residents really enjoy it and particularly like the seaside."

The manager said that that home had taken steps to integrate people into the community but that suitable activities outside of the home had been difficult to source. We did see that staff supported some people to attend church and associated meetings. Another person was supported to attend a local community centre group for people with special mental health needs. Another community group had been identified which provided an activity that all the people could participate in together and the manager was exploring this option.

We saw that copies of the home's complaints procedure were located in individual care files and had been sent to relatives of people who use the service. People were unable to tell us whether they had any concerns about the service but relatives of people said they knew about the complaint's procedure and they would

tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One relative said, "I know what to do if I need to make a complaint and know who to speak to if I have a concern." The manager showed us a complaints file. The file included a copy of the complaint's procedure and forms for recording and responding to complaints. The manager told us they had only received one complaint since opening the service and it was noted that the matter had been looked into and complainant kept informed of progress of the enquiry. Action had been taken as a result of the concern and the complainant was satisfied with the outcome.

The service worked with other agencies in ensuring that people who use the service were protected and received appropriate health care. For example the service had recently engaged positively with a range of health care professionals in identifying a medicines issue that was adversely affecting a person. They worked with other agencies over a period of three months where the person's medicine was adjusted gradually to prevent unnecessary side effects thereby improving the health of the person. A health care professional said, "I am happy that the staff and the home generally are responsive to people's needs and work well in using other services appropriately."

Requires Improvement

Is the service well-led?

Our findings

People using the service were unable to communicate their views about leadership of the service but their relatives spoke positively about the registered manager and the way in which the home was run. One relative told us, "I get on with the manager and can talk to him about anything to do with (my family member's) life." However some aspects of the management of the service required improvement.

The provider undertook a range of checks and audits to monitor the quality of the service which covered areas including support planning, medicines, health and safety, infection control, staffing and the management of people's finances. The manager completed 'out of office' spot checks and a manager from another home inspected the home monthly. It was noted that issues found in these checks were acted upon and action plans had been put in place to address the problem. We saw minutes from staff meetings where some of the issues in relation to record keeping had been identified and had been discussed in a group setting with a clear explanation of the importance of compliance with record keeping and encouragement to seek improvements on direct operational issues. This meant that the manager regularly checked that systems were in place and that staff were aware of the need to work on issues identified following these checks in order to improve the lives of people who used the service.

However we noted that during the manager's checks, he had established areas that required improvement at the home that included some recommendations made by the Fire Service during a routine inspection in August 2015. In addition, we saw that the garden was becoming overgrown and required attention. Although the Fire Service recommendations were not essential items of maintenance and training that would leave the service unsafe, the Fire Service had made specific recommendations and the provider had not completed the suggested work and training for staff to make improvements in these important areas at the time of the inspection. The manager told us that he had contacted the provider asking for authority to complete the work recommended by the Fire Service but that this had been declined as it was not thought to be essential. We made enquiries with the Fire Service who confirmed that the areas of improvement they had identified were recommendations relevant to the home and people who used the service but were not mandatory actions. The manager had also made a request to use a gardener to tidy up the garden area some time before the inspection as the garden was becoming unusable for people due to overgrowth, but this had not been acted upon. Within a week of the inspection we were contacted by the manager and informed that approval had been given to instruct a gardener but we could not see that this work had been done at the time of the inspection.

We noted that although the service had obtained and received advice from professionals on specific care issue related to people who use the service, it did not look at ways to gather feedback to ensure that the service continually developed and improved. When we spoke to the manager about this they said that feedback was received from staff during staff surveys and team meetings. The records we saw from team meetings did not support that the provider requested feedback from staff other than issues related to the day to day running of the service and the provider had not obtained feedback from health care professionals and others who had involvement in the service such as advocates. This meant that the provider could not effectively continually evaluate and improve the service by receiving feedback from relevant people. This is

particularly relevant in a service that cares for people who are unable to communicate their own views.

These issues were a breach of Regulation 17(2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the back of this report.

Staff spoke well of the registered manager and told us that the home had settled into a stable and good place to work where the lives of the people using the service was the priority. A member of staff said, "We have a great manager who is proactive and really wants to make a difference to the people we care for. We all communicate well and have a good team. We are all very open which is important and the manager encourages this approach." Another said, "We all know our place and responsibilities. It is an effective team and structure."

The manager and staff told us that the culture of the home was to improve people's lives, for them to remain safe and be allowed access to things that people wanted to do. They said that this was done by working together with effective leadership and putting people at the centre of everything they did. One relative of a person using the service said, "I know (my relative) is supported and that the management of the home help with this." The manager said, "The residents are my main concern but I know that to achieve good outcomes, I have to support the staff with education, supervision and experience to ensure that our goals are met." A member of staff said, "I love working here. The manager is very supportive and is always available to help." Another staff member told us, "We all work well together. The manager is always here and works hard."

Staff told us that they attended regular staff meetings to discuss aspects of the day to day running of the service and the care that was being provided to people using the service. Meeting minutes showed areas discussed included shift planning, team working, people's health issues and activities. One staff member told us, "The meetings we hold are really helpful." Relatives we spoke with told us that they had been invited to the home to participate in meetings but had been unable to attend. One said, "I know about the meetings but know that I can always pick up the phone and speak to the manager."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to seek and act on feedback and views from external bodies.