Care Network Solutions Limited

Hillside House Domiciliary Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was announced. This was our first inspection of the service.

Hillside House Domiciliary Care provides limited personal care activities to three people living within a supported living environment. In this type of service people live in their own flats, but staff are also on the premises to provide care and support where required. There was a registered manager in post when we visited the service. 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.
We found there were audits in place to monitor and improve the quality of the service, however we found some recruitment files had been reviewed without identifying some documentation was missing or incorrectly dated.

People told us they felt safe using the service, and we saw good documentation in place to ensure risks associated with their care and support could be minimised. We saw some positive risks were taken to ensure people were not overly restricted in the way they lived their lives. People signed documentation to indicate their consent, and where necessary assessments of their capacity to make specific decisions had been carried out.

Staff were recruited safely. We saw the provider undertook background checks to ensure new staff were not barred from working with vulnerable people. People were further protected because staff received regular training in safeguarding. A full induction ensured staff received appropriate training before they started working in the service, and we saw they were supported to remain effective through regular training and supervision meetings. Not all staff had received an annual appraisal, however we saw the registered manager had an action plan in place to ensure appraisals were carried out.

We saw people who used the service did not require any assistance with personal care. People received safe support with their medicines when this was required or requested, and we found no errors in the records kept relating to the administration of medicines or the stocks held by the service. Records showed people received assistance with medicines at regular times each day.

Staff encouraged people to eat a healthy diet, although people planned and prepared their own meals. We saw one person had expressed a desire to lose weight and was receiving effective support to achieve this.

People told us the staff were caring, and we observed people and staff knew each other well. We saw evidence people were involved in the processes of writing and reviewing their care plans.

The provider supported people to maintain and improve their independence, and we saw information was

made available in formats which ensured they were accessible to people who used the service. Documentation was written in a person-centred way.

There were systems and practices in place to ensure complaints and concerns were responded to appropriately.

There was a registered manager in post when we inspected. They were supported by management staff from one of the provider's other services in the area, and senior staff who worked at the service. We received good feedback about the way the service was managed, and saw people and staff were given opportunities to meet with the registered manager and discuss improvements to 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.

Background checks were undertaken when recruiting new staff to ensure they were not barred from working with vulnerable people.

Risks associated with people's care and support needs were well documented, and we saw detailed guidance to help staff minimise these risks.

Medicines management practice was safe. People were able to manage their own medicines when it was safe for them to do so.

Is the service effective?

Good

The service was effective.

Care plans showed people consented to the support they received. Where necessary the provider undertook assessments of people's capacity to make decisions.

People were supported to achieve personal goals such as participation in sports and to eat a healthy diet.

People could ask for support to make and attend appointments with health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

People were involved in writing their care plans, and we saw good person-centred approach to documentation.

People told us the staff were caring, and we saw relaxed interactions which showed staff knew people well.

People were supported to maintain and improve their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in reviews of their care plans, and there were processes in place to ensure staff were aware of changes to people's needs.

The provider had systems in place to ensure complaints and concerns were addressed appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor and improve quality in the service, although we saw some issues with recruitment documentation had not been picked up.

We received good feedback about the management of the service.

People and staff could attend regular meetings to enable them to contribute to the running of the service.

Hillside House Domiciliary Care

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.

Our inspection took place on 21 February 2017 and was announced. We gave the provider 48 hours notice as the service operates within a supported living establishment for people with learning disabilities and other mental health conditions. The service provided personal care to people who are often out during the day; we needed to be sure someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We contacted the local authority and Healthwatch to ask if they had any information about the service they could share. They did not provide any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not send a Provider Information Return (PIR) before this inspection. 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 the inspection we spoke with the registered manager, the deputy manager, one senior member of staff and two people who used the service. We also spoke with one person's personal assistant (PA). We looked at the care plans of two people, and checked the medicines administration records (MAR) and stocks of medicines for three people. In addition we looked at other information relating to the running of the service including staff recruitment and training records, audit reports and procedures and policies.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe using the service and with staff. We saw people were relaxed when speaking with staff. One person told us, "I feel safe because the staff are here."

We looked at the recruitment records of three members of staff. We saw interview notes were kept, references requested and checks made with the Disclosure and Barring Service (DBS) to ensure new staff were not barred from working with vulnerable people. These checks help employers to make safer recruitment decisions.

Records showed people received the assistance they needed at regular times each day. When we spoke with people they told us staff were always available when they needed them. We concluded the provider ensured staffing levels were sufficient to meet people's needs.

We saw risks associated with care and support were well documented and contained detailed guidance for staff to follow to ensure risks were minimised. Risks assessed included environmental risks such as smoking and use of cookers, together with those more associated with people's care and support needs such as the risk of self-harm, and vulnerability whilst online.

There was clear guidance in place to ensure safe management of any incidents involving behaviours which challenged the service. Care plans contained information relating to what could cause a person to exhibit behaviours that challenged, and what the person needed staff to do in order to protect the person and other people who used the service.

We saw some positive risks were being taken to ensure people did not live in an overly restrictive environment. For example, we saw one person managed the majority of their own medicines. However, stocks kept in their flat were kept to a minimum and staff managed one medicine the person did not like to take but needed to remain well. We saw the person had been included in the discussions about who would manage which medicine and had signed the risk assessments.

We looked at the stocks of medicines and records of medicines administration (MAR). We found stocks balanced and MARs were fully completed with no gaps. MARs included a photograph pf the person to help identify the person and information relating to any allergies the person had. Some people occasionally took 'as and when' medicines, also known as PRN. We saw information with each MAR which explained which medicines the person may use, how staff could identify the need for these if the person did not express it themselves, for example changes in mood, and guidance relating to dosage.

People were further protected because the provider ensured staff were trained in safeguarding. This is the process of recognising signs of potential abuse and reporting these concerns to ensure people remain safe. We looked at records which confirmed this training was up to date. We spoke with a senior member of staff who was able to tell us the types of things they would remain vigilant for, and how they would report concerns to the registered manager. They told us the registered manager would deal appropriately with any

information they received.

Good

Is the service effective?

Our findings

People we spoke with told us they had confidence in the staff's ability to provide the care and support they needed. A visiting social care professional told us, "Staff are geared up to provide the right support. They know when to step in and when to leave people to do things for themselves."

New staff undertook induction training which included shadowing more experienced staff. We saw progress through the induction was signed off by the person delivering training and the member of staff. This meant staff being inducted had been asked whether they felt they had received enough training before being starting to work unsupervised. We looked at records which showed staff had up to date training in areas such as safeguarding, medicines administration, fire safety, infection control, managing behaviours that challenge and health and safety. There was a programme in place to ensure this training was refreshed regularly.

Staff had further support in the form of regular supervision meetings and an annual appraisal. We saw records of supervisions which evidenced meaningful conversations about staff knowledge, performance and development took place. We saw annual appraisals were overdue, however the operations audit processes had already identified this, and the registered manager had already taken action to ensure appraisals took place.

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. We checked whether the service was working within the principles of the MCA.

We saw people using the service had given consent to care and support as they had signed care plans and other related documents. Where there were concerns about one person's ability to make decisions about managing their own medicines, we saw an appropriate mental capacity assessment had been carried out. We saw the plan in place to manage medicines as a result represented the least restrictive option for the person, who shared management of their medicines with staff.

People using the service prepared their meals independently, although staff provided support and guidance where needed for shopping and meal preparation. For example, we saw in one person's care plan guidance for staff to follow to help encourage the person to prepare meals from ingredients rather than heating up pre-bought meals, as recommended by a health professional. Another person was being supported to eat healthier meals after expressing a desire to lose weight.

Care plans showed people were supported to access health and social care professionals when required. These included GPs, dentists, social workers and hospital services. People we spoke with said staff would offer help if they needed to make or attend an appointment. Each care plan contained a hospital 'passport'. This is a document that can be given to hospital staff to explain a person's health and support needs when

they may not be able to express their needs fully. We saw these were written in formats accessible to the person, for example using illustrations alongside text to help explain the meaning.

Good

Is the service caring?

Our findings

People we spoke with told us they found staff caring. When we observed staff interacting with people who used the service we saw conversation was relaxed and good natured. We concluded people knew staff well.

We found care plans were detailed in their consideration of how people preferred their care and support to be provided. Much of the guidance for staff was written in the first person, for example, 'How you can help me…' This is good person-centred practice. We saw evidence people and their representatives were involved in writing care plans, and the social care professional we spoke with confirmed this was the case. They told us, "One of the good things is that they ask me and [name of person]'s relative about the care plans, they listen to [name of person] and they listen to us. They spend a long time getting to know people."

Care plans contained information in alternative formats such as easy read, meaning the provider had taken steps to ensure people could review and understand information held about them more easily. We saw information relating to fire safety and making complaints was also displayed in this format.

We saw staff supported people to maintain and improve their independence. People were free to spend their time as they wished, and could ask for staff support with any activities they wished to participate in. We saw one person had wanted to become more involved with sporting activities, and staff had helped them find and join a club to fulfil this goal. The visiting health professional told us the person they supported had achieved increased independence since using the service. They said, "[Name of person] has flourished here. They are doing things their family and I never thought possible. Their independence has increased and they are making arrangements for themselves instead of asking family to do it."

Good

Is the service responsive?

Our findings

The provider undertook an assessment of people's care and support needs before they began to use the service. This ensured those needs could be met. Detailed care plans were in place to show how various aspects of support would be given. These included plans relating to communication, social skills, daily living skills, personal care, self-image and personal choice. We saw these plans were reviewed regularly, and where changes were made to care plans we saw guidance was updated to ensure staff had access to information to help them meet people's changed needs.

A visiting social care professional told us they, the person they supported and the person's family were involved in reviews and felt the service was responsive to changes in support needs. They said, "[Staff] show us the care plans, they tell us how they have changed and ask our opinions."

Staff we spoke with were able to tell us in detail about the kinds of support people needed and preferred, and we saw a detailed handover was completed at the end of each shift. This meant staff were given up to date information about any changes in people's support needs.

We saw the provider had systems in place to ensure complaints were managed appropriately. The deputy manager told us they had not received any formal complaints, though they always looked to address informally raised concerns quickly. They said, "We tend to deal with smaller issues one to one. If someone isn't happy with something we ask about it and sort it out there and then." We saw information about making a complaint on display in one of the flats we visited during the inspection. People we spoke with said they would feel able to talk to staff if they wanted to raise a concern.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post on the day of our inspection. Day to day management was shared with another of the provider's services in Leeds, and we saw the registered manager and deputy manager from that service were actively involved with Hillside Domiciliary Care. We received positive feedback about the management of the service from everyone we spoke with. People told us they would recommend the service to others.

There were systems in place to monitor and improve quality in the service. We saw audits were completed to check areas such as medication, health and safety and infection control. We saw action plans were written to ensure any areas where improvement was required, with clear delegation to show who was responsible for taking action and the deadline for completion.

In addition there was a monthly operations audit, which prompted the registered manager to review all aspects of the running of the service. Although we saw the registered manager had used this process to identify slippage in the appraisal schedule and taken action to address this, we saw some evidence the process was not always robust. Two staff employment files contained DBS checks and two references, however in each file there was a reference dated after the person had started work. In another we saw the checks had confirmed two references were on the file, however we found only one. The registered manager located this reference during the inspection. They told us, "It is possible the person completing them made a mistake when they filled them in." We checked the provider's recruitment policy dated 4 August 2016. This did not state how many references should be received before a person started their employment. The policy stated, 'References should cover the last 3 years of employment or the last two jobs the individual had, whichever is longest. In case of school/college leavers or unemployed applicants who may have little or no previous employment history, two character references should be sought requesting further information on the honesty and integrity of the applicant and their relationship to their peers and those in authority.' We discussed our findings with the registered manager. They told us, "These things should have been picked up in the audit."

People were consulted regularly to enable them to contribute to the running of the service. We looked at the minutes of service user meetings and saw people were asked, for example, how they felt about the support they received, whether they had any complaints and whether there was anything about the service they would change. The staff member we spoke with told us managers in the service were approachable and listened when staff made suggestions about the service.