

Candour Care Services (Hillcrest) Limited

Hillcrest

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Hillcrest is a care home for nine adults living with learning disabilities and autistic spectrum conditions. At this inspection there were nine people accommodated at Hillcrest.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People's relatives told us that people were safe living in the service. Risks to people were appropriately assessed, planned for and managed. There were sufficient numbers of skilled and competent staff available to provide people with support when they needed it.

Staff received appropriate training, support and development to carry out their role effectively. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received appropriate support to maintain healthy nutrition and hydration and to access health support to meet their individual needs.

People who used the service were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives and professionals were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests. People's relatives told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The provider and registered manager worked hard to create an open, transparent and inclusive atmosphere within the service. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hillcrest

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out by one inspector on 11 July 2017 and was unannounced.

The provider completed a Provider Information Return (PIR) and submitted this to us on 30 May 2017. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with three care staff, the provider and the registered manager, we were not able to speak with people who used the service. Subsequent to the inspection site visit we spoke with three relatives of people who used the service by telephone to obtain their views on the service provided.

We reviewed two care records, two staff personnel files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People's body language and demeanour indicated to us that they felt safe living at Hillcrest. A relative of a person who used the service commented, "It is the best place that [person] has ever been, [person] is safe there because the staff understand them so well and manage their behaviours so well." Another person's relative said, "[Person] is safe at Hillcrest because it is secure and there are plenty of staff available to provide support."

People were supported by staff who demonstrated that they understood how to keep people in their care safe. This included how to recognise and report abuse.

Risks to people's safety and wellbeing were identified and control measures were put in place to help reduce these risks. For example, records showed that risks had been assessed in such areas as falling from a bicycle, self-neglect, self-injurious behaviours, slips and falls or hot surfaces and liquids.

There were sufficient numbers of safely recruited and skilled staff available to meet people's needs. The staff team was stable and many of the team had worked at the home for a long time. One relative told us, "The staff have been there for years and years, which is really good for [person] as they have their care from people who really know them and they can trust."

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by suitably trained staff who had their competency assessed. We checked a random sample of boxed medicines and found, whilst they had been safely administered to people at the correct time, improvements were required in relation to record keeping. The registered manager and provider were able to provide us with the assurance that this would be immediately rectified.

Is the service effective?

Our findings

People were supported by appropriately skilled and knowledgeable staff. Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. A staff member told us, "We are definitely supported. I can say or ask anything of the management."

A staff member told us that they felt people received good care because, "We give each and every person the best care and support. We are very engaged with the people that we are key workers for and we always try to give our best."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Discussions with staff showed they understood MCA and DoLS and how this applied to the people they supported. Feedback received by the service from the local authority DoLS assessor stated, "All staff have an in depth understanding of the residents and appear to show a caring approach."

People's relatives told us that the food provided at Hillcrest was appropriate to meet their wishes, preferences and needs. The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. People's weights were stable and staff were able to clearly describe the different support or encouragement provided for people.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. Appropriate referrals were made to health and social care specialists as needed. People's relatives confirmed that there were regular visits to the home from such health professionals as dietitians, opticians and chiropodists.

Is the service caring?

Our findings

People's relatives told us that staff were kind and caring towards the people who used the service. One relative said about the staff, "I have always found the staff to be really good. They must be a dedicated staff team to work with people with such complex needs."

The service maintained a compliments book and invited people to provide feedback. One recent entry stated, "Excellent service by caring staff. All of them have looked after [person] and met their needs." We made a suggestion that the registered manager ensured that such entries were dated to help give some context to the feedback received.

People were involved where they were able in making decisions about their care. Where people were unable to participate in the planning of their care, relatives, staff members and health and social care professionals were involved in making best interest decisions appropriately on their behalf. The registered manager told us that external advocacy services were also involved in order to provide support in making important decisions about aspects of people's daily lives. For example, where a person's liberty was restricted in order to promote their safety and that of others.

People's relatives told us that they were able to visit the home at any time with no restrictions. One relative said, "We can visit at any time without notice and they have a cup of tea ready for us within minutes, they make us feel really welcome."

Is the service responsive?

Our findings

People's relatives told us that staff knew people well and understood their needs. This was supported by our observations and speaking with staff about people's needs. For example, staff members were able to clearly describe the non-verbal cues that were displayed by people when they wanted personal space.

People's care records contained personalised information about them, such as their health conditions, their preferences and life history. This information enabled staff to support people to engage in some opportunities for engagement they enjoyed to avoid the risks associated with under stimulation.

During the course of this inspection we did not observe any support provided for people to engage in activities. Some people had gone to a day centre and we noted four people either sat or were pacing around the communal lounge area and garden with staff in attendance. A staff member told us that activities for the specific group of people accommodated at Hillcrest were a challenge because people's attention spans were limited. They said, "But we do keep trying. It is important to stick to routine as much as possible to help reduce people's anxiety and agitation."

The registered manager reported that a variety of opportunities for activity were offered for people including swimming, gym sessions, sensory room, visits to local areas of interest for walks or picnics, cycling, cinema, eating out at local restaurants, going bowling and trampolining. The registered manager said, "We try to access as many facilities available in the community as possible."

People's relatives were provided with a range of opportunities to feedback their views on the service. One relative told us of an event they had recently attended at the service. They said, "We went to a barbecue Saturday, we met with other relatives and chatted with the staff team. It helps us feel involved with [person's] life." People's relatives also told us they would feel comfortable raising any complaints with the management team should they need to and that they were confident that appropriate actions would be taken.

Is the service well-led?

Our findings

The home had a registered manager. 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.

People's relatives told us that they felt the service was well-led. One relative told us, "The manager is always available if we have any concerns and always acts on anything we raise with them."

The provider had a regular programme of audits to assess the quality of the service. Staff members with lead roles from another service operated by the provider undertook audits within the home in such areas as health and safety, medicines, food hygiene and care plans. Additionally the provider's quality team undertook a rolling programme of audits in line with CQC domains (Safe, effective, caring, responsive and well-led). Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, a quality audit of 'effective' was undertaken in March 2017 and identified shortfalls in the recording of staff training and supervision. An action plan was developed and the issues were discussed in handovers and staff meetings.

The provider promoted a positive, transparent and inclusive culture within the service. For example, there were 'away days' for the staff group where they were able to get together away from the service to reflect what they did well and what could be improved for the benefit of the people who used the service.

The provider sought the feedback of people who used the service, their relatives, staff members and external health professionals. This information was used to drive forward improvements in the service.