

Hillgreen Care Limited

Hillgreen Care Ltd - 6 Stoke Newington Common

Inspection report

6 Stoke Newington Common
London
N16 7ET

Tel: 02088060303
Website: www.hillgreen.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 26 January and 3 February 2016. The first day of the inspection was unannounced; the provider knew that we would be returning for the subsequent day. Hillgreen Care Ltd - 6 Stoke Newington Common is a residential home which provides care and support to a maximum of six people with learning disabilities, some of whom may also have mental health conditions. At the time of the inspection there were five people living at the service.

Our last inspection was completed on 12 and 13 March 2015 and breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to medicines management, dignity and respect, good governance and statutory notifications. We checked whether the provider had followed their plan during this inspection to confirm that they now meet legal requirements.

There was a newly appointed manager in post who was going through the process of registering with the Care Quality Commission to become the registered manager of 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.

People were kept safe from the risk of abuse by well supported staff who felt confident to raise concerns about poor practice. However, not all risk assessments were robust enough to guide staff about how to manage risks to people who had diabetes.

The provider had not ensured that staff had adequate knowledge to meet people's needs because mandatory training had not been completed by all staff.

The provider had used a robust recruitment procedure to employ enough suitable staff to meet people's care needs. The staff developed caring relationships with people who used the service; They took the time to talk to people and obtain consent for day-to-day tasks. The provider had taken steps to ensure staff were respectful in their treatment towards people living at the service. People were well supported to raise any concerns they held.

The provider was inconsistent in following the latest guidance and legal developments about obtaining consent to care. Care staff were aware of how to support people to express their views about their care. There was evidence that people were involved in planning their care and were supported to develop their independence. However, the manager had not kept abreast of the how the latest legal developments in the field affected their role.

Medicines were stored and administered safely. People were supported to get enough to eat and drink and people had access to healthcare professionals.

There was an open and positive culture at the service and care staff told us the team worked well. There were a range of methods conducted to monitor and improve the service and the new manager was implementing further developments in this area.

We have made one recommendation in relation to risk assessments. We found one breach of regulations relating to staffing. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe because the risks to people's safety were not always mitigated in written assessments.

People were kept safe from the risk of abuse by trained staff.

Staff had been recruited safely and there were enough of them to meet people's needs.

Medicines were well managed.

Requires Improvement ●

Is the service effective?

The service was not always effective because the provider had not ensured that staff had received training relevant to their roles.

The provider had not embedded the legal developments around consent into the delivery of the service.

People were supported to get enough to eat and drink and access healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring. Staff had developed compassionate relationships with people.

People's privacy and dignity was respected and the importance of doing so had been embedded at the service.

Good ●

Is the service responsive?

The service was responsive. People were formally involved in planning their own care and care staff provided care tailored to the individual.

There was a wide range of activities made available to people.

Relatives felt able to raise complaints.

Good ●

Is the service well-led?

Good ●

The service was well led. The service had an open and collaborative culture.

The service was monitored to ensure the care delivered was of a high quality and developments were continuing in this area.

Hillgreen Care Ltd - 6 Stoke Newington Common

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.

The inspection took place on 26 January and 3 February 2016. The first day of the inspection was unannounced; the provider knew that we would be returning for the subsequent day.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with two people who used the service and made general observations.

We spoke with the manager, the deputy manager and two care workers. We looked at three people's care records, and three staff files, as well as records relating to the management of the service.

Subsequent to the inspection we made telephone calls to two people's relatives and a health and a social care representative who was unavailable to speak to us.

Is the service safe?

Our findings

People were protected from harm by effective risk assessments where they were in place. A relative told us that they felt risks to their family member in the service and in the community were managed well. Specific risks had been identified for each person and most of the associated risk assessments provided staff with clear and detailed guidance and direction on how the person should be supported. However, assessments did not always provide sufficient detail for staff about how to manage specific risks. For example, the risk assessment for a diabetic person did not inform staff about what to specifically look out for if the individual became hypo or hyper glycaemic or what action must be taken to minimise the risk to that individual. However, it was noted that in practice the provider was managing the associated risks well.

Environmental risks were well managed. There were up to date electrical installation, gas safety, legionella and insurance certificates available. The fire log book showed fire alarms were tested and there were evacuation plans in place to support individuals in case of fire. A bin used to store used sharps was kept in a locked room.

At our last inspection on 12 and 13 March 2015 we found a breach of the Regulations in relation to medicines. At this inspection we found that the provider had taken action to address our concerns. Medicines were managed safely. People told us that they were always helped with their medicines and relatives felt confident that their family members received their medicines on time. We observed medicines being administered safely to one person using the service and medicine administration records we reviewed had been completed accurately. A returns medicine box had been installed to ensure unused medicines were returned promptly to the pharmacy. There were protocols in place to guide staff as to when they should administer medicines that people took only when they required them.

People were protected from the risk of harm and potential abuse. Staff had received training in safeguarding adults from abuse and had a good understanding of what may constitute abuse and how to report it. Staff felt they could approach the manager if they had concerns about the way people were treated. Relatives told us, "It's definitely safe" and a person told us they felt safe living at the service. The manager had a good understanding of their responsibilities in reporting allegations of abuse to the appropriate authorities.

Staff told us they would escalate poor practice to outside agencies such as the local authority safeguarding team, the Care Quality Commission and the police if they felt the matter was not dealt with appropriately internally but had not had to do so. The topic had been discussed at a recent team meeting and staff were guided by an appropriate policy about safeguarding adults from abuse. Staff knew where this was kept so they may find appropriate contact numbers if required.

There were enough staff to meet people's needs. People told us staff were there to help them when they needed support. Staff and relatives told us they felt there were enough staff on duty during the day and night. The rotas we reviewed and observations made at the service demonstrated that staffing levels met the levels stated by the manager and in care records.

There was a recruitment system in place which meant people were supported by staff who were suitable for work in the caring profession. We reviewed two staff files that contained proof of their right to work in the UK and two references. Staff criminal record checks were kept centrally and the provider sent us proof that they were fit for work.

We recommend that the service seek guidance from reputable sources about completing risk assessments.

Is the service effective?

Our findings

Staff were not supported to obtain the necessary skills and knowledge for their roles. We reviewed the training matrix for staff and found that not all staff had completed all the mandatory training listed. For example, not all staff had completed epilepsy training and others had not received training about the Mental Capacity Act 2005. A member of staff we spoke with stated that further training in working with people with bi-polar disorder would be of a benefit to them in carrying out their role, however, we noted that no such training had been discussed or booked by the provider.

The issues above relate to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did receive other support in order to carry out their roles. Records demonstrated that new staff received an effective induction about how to support people using the service and underwent a probationary period. Staff told us they received supervisions which they found useful as a method to discuss their roles and records we reviewed demonstrated these occurred approximately every four months.

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 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).

We checked whether the service was working within the principles of the MCA and found that the manager and staff had a good understanding of people's mental capacity and involved relevant parties in decisions in people's best interests. Four people were subject to a DoLS authorisation and the manager and staff were aware of how to work within this context.

However, not all staff had received training about MCA and DoLS and the manager could not readily discuss the implications the latest legal developments had had on their work in this area.

People were supported to eat and drink enough. People and relatives told us that there was enough food and that they liked it. One relative told us, "I've never heard [my family member] complain to me about the food and it meets [their] cultural needs." Staff understood the importance of providing a balanced diet and knew how to encourage people to do so where further support was needed. We noted that one person's nutritional support plan had not been updated following an appointment with a dietitian, however, in practice staff were aware of people's dietary requirements and followed the advice of health professionals including dietitians. Furthermore, we observed that people were given food that adhered to the

recommendations during our inspection. People were offered drinks and snacks throughout the inspection and the kitchen contained supplies for people to make their own food, such as sandwiches, outside of meal times if required.

People were supported to maintain optimum health. There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as GPs and district nurses. Relatives felt the provider responded promptly to any health concerns they may have about a person using the service and felt confident staff would seek medical treatment when required. One relative told us, "They are quick. They have taken [my family member] to the chiropodist. They take [them] to the appointment and keep an eye on it. And arrange [their] flu jabs."

Is the service caring?

Our findings

At our last inspection on 12 and 13 March 2015 we found a breach of the Regulations in relation to dignity and respect. At this inspection we found that the provider had taken action to address our concerns.

Staff developed caring relationships with people who used the service. We observed staff treating people with warmth. A person told us they liked the staff and a relative said, "They seem to be good. [My family member's] care worker seems really nice and gets on with him/ her." We observed that people appeared relaxed and there was a calm and happy atmosphere as staff were patient and did not rush, for example taking the time to talk with someone about an activity. Staff spoke kindly about the people they supported. One member of staff said, "It is important to be like a family for them and I just want to make sure I see them smile." Another staff member discussed how they engaged with people over their individual likes and dislikes. For example, listening to music from a person's culture or dancing with them.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. One member of staff told us, "We help them live their life." Care records gave guidance about how to communicate with people who could not express themselves using words. We observed that staff followed these and had a good understanding of people's communication methods. For example, we observed people using a communication book and Makaton signs in order to give the person a choice about what they wanted to do. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate effectively by speaking.

People's privacy and dignity was respected. A relative told us that staff worked sensitively when supporting their family member. The manager had taken steps to embed respectful staff practice towards people living at the service. For example, we noted that the manager had discussed its importance at a recent team meeting and at supervision sessions. Staff gave us a number of examples of how they put this into practice including recognising when people want time to themselves and how to support someone with personal care tasks with sensitivity.

People's cultural and religious diversity was respected. One person told us about their heritage and staff supported them to maintain links with their culture. People's religions were recorded in their care plans and they were supported to meet with religious leaders if they wished to do so.

Is the service responsive?

Our findings

People were involved in planning how their care was provided. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. Care records we reviewed had been explained to the individual who had signed them to evidence their agreement. The provider held monthly key worker sessions with people to gain their views about their care and people were also able to discuss their needs with their key worker outside of these set times. Involvement in care planning can help some people to feel more in control of their care arrangements and it can also help staff to understand an individual's priorities. Relatives told us that they were able to have some input into their family member's care and were kept updated about changes in their needs. We noted that one care plan had not been updated following a change in the person's needs. However we found that, in practice, staff were aware of the person's needs and responded to them promptly.

The provider was responsive to people's needs. For example, the provider had worked with relevant professionals to support people whose behaviour challenged the service. Staff were provided with information on how to support people if something occurred that triggered a change in their mood. The provider had investigated what caused someone to display certain behaviours. This meant staff could identify that the situation was causing distress and there were methods to employ to rectify it or prevent it from happening in the first place. Recently, staff had contacted medical professionals to provide further support to someone in response to a change in their behavioural needs.

People were supported to maintain their hobbies and interests. Relatives felt there were enough activities taking place, both in the community, and at the service. During the inspection we observed people going out into the community and to a local park and a party had been arranged for a person to celebrate their birthday. Activity records we reviewed demonstrated that people regularly partook in a range of activities such as swimming, drumming and bowling.

The provider promoted people's independence. For example, staff had supported one person to find and carry out a job at a local charity shop. This person told us they enjoyed it. Staff and their relative told us that they had gained a lot of confidence from this and were more at ease with other areas of their life as a result, such as counting money during transactions on shopping trips.

The provider gave opportunities for people to feedback about the service. Relatives told us that, although they had not needed to, they knew who to speak to if they had concerns and felt confident that they would be addressed. We noted that no verbal or written complaints had been received in the past 12 months but a concerns book had been put in place to monitor any day to day issues people or their relatives had raised. There was no easy read complaints procedure available at the service which would be of benefit to the people using the service in order to fully access the complaints process.

Is the service well-led?

Our findings

The service was run by a newly appointed manager who was being supported by an established deputy manager. A member of staff undertook the role of 'shift leader' during each shift who was responsible for allocating care tasks such as medicine administration and chairing the handover to ensure that each shift ran smoothly.

There was an open culture at the service. Relatives told us that staff and management were "approachable" and "doing everything well" and we noted that key worker sessions and meetings were regularly held with people using the service to gain their views. Staff felt supported by the management team, for example, one staff member said, "The new manager is very good and is getting things running. The deputy manager is brilliant." Staff we spoke with told us that they felt confident to raise any concerns they had and could suggest ways of supporting people better. The provider enabled such communication by holding regular team meetings, supervision sessions and handovers.

At our last inspection on 12 and 13 March 2015 we found a breach of the Regulations in relation to good governance. At this inspection we found that the provider had taken action to address our concerns and improvements were continuing to be made.

The service was organised in a way that promoted safe care through effective quality monitoring. A monthly inspection of the service was conducted by a person from head office. These visits included speaking to people who use the service and staff to obtain their views. Time was taken to look at trends in people's behaviour or incidents and action plans were compiled to improve the service. Accident and incident reports were kept by staff and the provider monitored these and took action to support people where required, for example by conducting meetings with staff about a particular topic. We saw evidence that the manager was putting together questionnaires for people, relatives and visiting health and social care professionals so they might formally share their views about the quality of the service. However, these were not in use at the time of our inspection. Staff felt that their performance was well managed. The managers worked along-side them and gave them feedback about their work. We noted a recent night spot check had been completed and the manager was in the process of implementing these on a frequent basis. Staff were supported in their roles by a system of appropriate and up to date policies and procedures.

At our last inspection on 12 and 13 March 2015 we found a breach of the Regulations in relation to statutory notifications. At this inspection we found that the provider had taken action to address our concerns.

The new manager was aware of his duties to notify the Care Quality Commission of the relevant significant events as required. Statutory notifications are reports regarding significant incidents and events that occurred at the service, which the provider is required by law to send to us.

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 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received appropriate training to carry out their duties nor to obtain further qualifications appropriate to the work they perform. Regulation 18(2)(a)(b)