

Solar Care Homes Limited

Hillcrest

Inspection report

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20 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Hillcrest provides accommodation and personal care for two people with a learning disability.

We carried out this announced inspection on 19 and 20 July 2017. At the last inspection, in June 2015, the service was rated Good. At this inspection we found the service remained Good.

The service was not fully meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards regarding making applications to the supervisory body for the use of restrictions in place for people. Following discussions with the provider immediate action was taken to rectify this. We have made a recommendation in the report regarding this.

The people using the service were well cared for, relaxed and comfortable in the service. They readily communicated with staff when they wished to be supported and when they wished to be on their own. Their privacy and dignity was respected. One person told us, "I tell them when I want them here or not. It's my life and I do what I want." A relative told us said, "They have chosen support workers who get on really well with our [relative] and as a result [Person] has been really enthusiastic about living there."

Support was provided by a small, consistent, motivated and well trained staff team. The registered manager had recognised the importance of staff consistency for the persons who were supported as well as respecting their wishes to have a mixture of different care staff. Staff told us, "I love working here. It's not like work really, I want to be here and get a lot of satisfaction from seeing people live such fulfilling lives."

Care records were up to date, had been regularly reviewed and accurately reflected the people's care and support needs. Care plans were presented pictorially to enable people to read their plan and be involved in any changes or updates. Details of how people wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, "I couldn't ask for more support from the management here. I can go to [registered manager] at any time", "We are really supported by management and all of the staff group here" and "This organisation has developed me personally since I started here. They want the very best for the people who live here and all of the staff who support them."

There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

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 remained safe.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. The registered manager and staff did not fully understand the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and had not made appropriate authorisations to the supervisory body. We have made a recommendation regarding this.

Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

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 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 inspection took place on 19 and 20 July 2017 and was announced. The provider was given 48 hours' notice because the service was a small care home for two persons who could be out during the day and we needed to be sure that they and staff would be in. The inspection was conducted by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

During the inspection we met and spoke with both people who used the service, the registered manager, deputy manager and four care staff. We also provided feedback to one of the providers of the service. We observed staff supporting people and looked at their care records. We also looked at six staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with three healthcare professionals and a relative.

Is the service safe?

Our findings

The people living at Hillcrest were comfortable and settled living there. Staff had a detailed understanding of their role and there were effective procedures in place to ensure people were safe.

During our inspection there was one member of staff on duty for each person supported and a second member of staff was allocated to the service for a minimum of three hours per day to facilitate a person to access activities in the local community. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All told us they would have no hesitation in reporting any concerns to managers as they wanted the people to be safe and well cared for. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

We saw there were effective systems in place to help people manage their finances. With consent from each person the service held small amounts of money for them to purchase personal items and pay for meals out. The registered manager carried out regular audits of the money held and records kept by staff. We observed staff checking finance records and saw these were accurate.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how people should be supported in relation to each specific identified risk. For example, the risks associated with going out into the community and what type of situations could potentially put people at risk of harm. Records detailed how staff should respond in relation to each situation that could arise. For example, behavioural strategies for keeping people calm if they became anxious or agitated while in public places.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Hillcrest. All medicines were stored appropriately and detailed records kept of the support the person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

The environment was clean and well maintained. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessments for the environment, which were annually reviewed.

Is the service effective?

Our findings

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Mental capacity assessments and 'best interest' meetings had not been documented as having taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves.

The service was not fully meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards regarding making applications to the supervisory body for the use of restrictions in place for people. Following discussions with the registered manager regarding potential restrictions affecting the liberty of people living at Hillcrest, it was apparent management did not fully understand the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Once highlighted, immediate action was taken to rectify this.

It is recommended the provider ensure full compliance with the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed people had given their consent to their current support arrangements.

Staff were knowledgeable and well trained. Healthcare professionals told us staff had the knowledge required to meet the person's care and support needs. Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One member of staff told us, "The training offered with this organisation is excellent and goes above and beyond issues that either person living at Hillcrest might experience because staff work across other services as well. There is a training schedule and staff are kept well informed about what training is required and when it needs to be completed."

Staff received regular supervision and appraisals from managers. This gave staff an opportunity to discuss their performance and identify any further training they required. There were also monthly staff meetings where staff had the opportunity to share ideas and discuss any aspects of the person's support as a group.

Staff completed an induction when they started work at Hillcrest and this was in line with the Care

Certificate framework. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, both in this service and the provider's other services, until such a time as the worker felt confident to work alone.

People were supported by staff to have a balanced and healthy diet. Staff helped them with their shopping and meal planning. Each person had their own kitchen that had been designed to suit the person's needs. For example, one person had cupboard doors labelled with pictures of the contents so that they knew where everything was kept.

The service worked with external healthcare professionals to help ensure people's care and health needs were met. Care records showed that people using the service had been supported to attend clinics and access a variety of health care services. Healthcare professionals told us, "They have always proved be very good at making appropriate and timely contact with other professionals involved. I have found they put people's needs above all else."

Is the service caring?

Our findings

People using the service were well cared for and appeared relaxed and comfortable in the service. They readily communicated with staff when they wished to be supported and when they wished to be on their own. Staff interactions with people were friendly, relaxed and appropriate to their communication needs. A healthcare professional told us, "I have been impressed with the dedication and the attitude of staff towards their work. Staff are very focused on the people they support." A relative told us, "We were very anxious about it initially but soon relaxed and saw that [Person] is so happy there and the standard of care is excellent."

Support was provided by a small, consistent, motivated and well trained staff team. The registered manager had recognised the importance of staff consistency for the people who were supported as well as respecting their wishes to have a mixture of different care staff. Rotas were carefully planned to ensure staff were allocated who knew each person's needs while varying staff sufficiently so their social and emotional needs were met. On person told us they had been very involved in choosing their staff team and we saw why this was so important to them because they were very active and chose to spend much of their social time engaged in physical and social pursuits.

We saw staff valued and respected people's privacy. During our inspection staff encouraged people to engage with a variety of activities and tasks but respected their wishes when they chose to spend time alone. Staff respected that the service was people's home and when they completed tasks for the person they returned equipment or items used to the agreed places. This ensured the environment and the person's possessions were organised in the way they had chosen.

People were involved in making decisions about their care. Care records detailed how each person communicated their wishes and what certain gestures or behaviours conveyed. Staff had a good understanding of each person's communication methods and used this knowledge to enable them to make their own decisions about their daily lives. We observed staff asking each person where they wanted to go out that day and checking to ensure the person was happy with their choice. Staff told us that sometimes one person used a white board to communicate but this was less and less being required as the person built up their trust and confidence in being understood.

Staff met with both people who were supported each month to review the care provided and discuss any changes to the running of the service. People's care plans were presented pictorially to enable them to understand their plan and be involved in any changes or updates. They were also invited to attend staff team meetings and take part in interviews for new staff.

Is the service responsive?

Our findings

Care records were up to date, had been regularly reviewed and accurately reflected people's care and support needs. Details of how people wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support.

Care plans included detailed information about people's life history, hobbies and interests and had been developed with them. Individual sections of the care plan described how staff should support each person in different situations. This included the person's routines at certain times of the day such as their routine for getting up and going to bed. Since moving into the service staff had supported each person to develop goals and aspirations about how they wished to live their life. These included going out to visit certain local attractions, going on a picnic with friends and going out on a bus. One person had a goal of wanting to fly in a plane and another person had expressed a wish to experience a sky dive. Records showed that both people had achieved these goals. Staff encouraged people to continue to set new goals to further develop their independence and sense of well-being.

Staff were provided with information on how to support people to manage their anxiety if something occurred that triggered a change in their mood, both inside and outside of the service. Care plans clearly described what might trigger a change in a person's mood and enabled staff to prevent situations occurring that would trigger certain behaviour. If a person became anxious staff were instructed to take a structured approach which helped them to support the person consistently when they became distressed. This approach included walking away and giving the person space and returning after a few minutes, when inside the service. Where required, people were supported by two staff when accessing the community. Records showed there had been occasions when staff had used the distraction and calming techniques detailed in care records.

Staff at Hillcrest actively encouraged the people living there to engage with the local community. Care records showed people engaged with a variety of activities including local shopping trips, visits to local attractions such as the zoo and visits to tourist attractions. The service regularly arranged joint events with their other services, which were situated close by. This had enabled the people to make friends and have the opportunity to meet up and go out with these friends should they choose to. Both people paid visits to sister services during the inspection period and we heard about plans for a joint garden party which was being arranged during the summer.

Staff supported them to be involved in some household tasks. This meant they were able to maintain independence in their daily life.

The service was flexible and responded to people's needs and wishes. We heard about one person's plans to take a short trip to visit a friend and saw that the service responded flexibly with staffing in order to support this activity. In addition, the service was contracted to provide one person with three hours of support each day with two staff to enable them to go out in the community. The second member of staff was based at another one of the provider's services nearby. This was because the person did not wish to have two staff in

their home until they were ready to go out. The times the person liked to go out each day and how long they wished to be out for varied from day to day. The second member of staff was booked to work all day and was therefore available at the time the person choose to go out and for however long they wished to, often exceeding the three hours that were funded.

A copy of the provider's complaints policy was available within the service. No complaints or concerns had been received.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability.

There was a positive culture in the service, the management team provided strong leadership and led by example. The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the people they were supporting were met. Staff said they were supported by the registered manager and deputy manager and were aware of their responsibility to share any concerns about the person who used the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with managers, regular formal supervision and monthly staff meetings. The minutes of staff meetings showed that staff were encouraged to have open discussions about the service and their views were listened to. Staff were asked to complete six monthly 'stress surveys' so the registered manager could monitor staff's well-being and identify any support needs. Staff told us, "I love it here. I feel very well supported and couldn't see myself doing anything else" and "working here is like being part of a big family".

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs as well as asking for feedback about the care provided. Healthcare professionals told us, "I have found them very client centred. They are very good at communicating with us as professionals and share information appropriately" and "It has been my great pleasure to be able to work regularly with Hillcrest. The care is of a high standard and they are very diligent at keeping a log of the work done".

Records showed the registered manager met face to face with the people that used the service to ask them about their views of the service and completed a variety of regular audits to assess and monitor the quality of care provided at Hillcrest. These included audits of medicines, infection control processes and health and safety procedures. The registered manager monitored the quality of the care provided by monthly observations of staff working practices. Checks of specific skills were completed each month and any training needs identified through these checks were addressed.