Care Quality Commission

Hillgreen Care Limited

2a Oxford Gardens

Inspection report

2a Oxford Gardens
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 3 July 2015 and was unannounced. This was the first inspection of this service since it was registered with the Care Quality Commission in October 2014.

2a Oxford Gardens is a service that provides accommodation and care to a maximum of three people who have a learning disability. On the day of the inspection there were 2 people residing at the home.

The service did not have a registered manager in post. 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. The service is required by law to have a registered manager. Because the manager was not registered with us at the time of the inspection we have rated the Well-Led section as "requires improvement".

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were kind and respectful and that there were enough staff to support them safely.

Fire procedures were not always being followed properly.

Summary of findings

The manager and staff at the home had identified and highlighted potential risks to people's individual safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

People told us staff listened to them and respected their choices and decisions.

Care plans did not always include up to date information about all aspects of people's care needs and some care needs were not being reviewed. Although staff had a good understanding of people they supported, we saw conflicting written information about people's cultural requirements.

Although visits and audits were being undertaken by the provider, these were not always effective and important issues were not being addressed in a timely manner.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to fire safety and monitoring the safety of service provision. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. This was because important fire procedures had not been followed in order to keep people safe.

People told us they felt safe with the staff and we observed positive and kind interactions from staff.

Risks to people's safety had been discussed with them where possible and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

Requires improvement

The service was not always responsive. Care plans did not include up to date information about all aspects of people's care needs and some care needs were not being reviewed. We also saw conflicting written information about people's cultural requirements.

Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Summary of findings

Is the service well-led?

The service was not well-led. Although visits and audits were being undertaken by the provider, these were not always effective and important issues were not addressed in a timely manner.

People confirmed that they were asked about the quality of the service and had made comments about this.

Staff had a clear understanding about the visions and values of the service.

Requires improvement 

2a Oxford Gardens

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.

We undertook this unannounced inspection of 2a Oxford Gardens on 3 July 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and well-being of people.

This inspection was carried out by one inspector. We met with the two people who use the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with three care staff, the deputy manager and a manager from another service who was asked to assist with this inspection by the provider.

We spoke with two social care professionals who were responsible for placing people at the service.

We looked at two people's care plans and other documents relating to their care including risk assessments and medicines records.

After the inspection we contacted the provider and requested documents that we could not access at the time of the inspection.

Requires improvement

Is the service safe?

Our findings

We viewed records which showed that three health and safety audits had been undertaken by the provider since the home was opened in October 2014. However, we found that issues identified as requiring action in the March 2015 visit had not been checked in the May 2015 visit and had not been completed at the time of this inspection. This included the development of a fire and health and safety file.

An audit was undertaken during the inspection so that any issues could be identified and action taken to ensure people's safety.

A recent inspection of the home by a fire authority officer identified seven contraventions of the conditions required by the Regulatory Reform (Fire Safety) Order 2005. This included the lack of a fire risk assessment. However, we were later provided with a fire risk assessment which was not available at the time of the inspection.

We found that no fire drills had taken place since the home had opened.

This was in breach of Regulation 12(1), and (2)(a), (b) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the deputy manager to carry out a fire drill so that both staff and people using the service knew how to evacuate the home in the event of a fire. We were sent written confirmation that this had taken place after the inspection.

Care plans included individual risk assessments for the two people living at the home. These included risks to people's safety and welfare. Where a risk had been identified the manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions.

For example, risk assessments had been completed to ensure people could go out of the home safely. The staff had assessed whether each person had road safety awareness and if staff had to take into account people's behaviours that might put them at risk. We also saw that people's risk in relation to them being in the kitchen unaccompanied had been assessed and staff were aware of the actions put in place to reduce risk of harm to people using the service.

Although all the staff were able to accurately describe the risks people faced and these matched the written risk assessments in people's care plans, risk assessments were not being formally reviewed in order that staff could monitor the success or otherwise of the actions taken to reduce risks.

People told us they felt safe and had no concerns about how they were being supported at the home. One person who we spoke with told us, "I feel safe."

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse. They were aware of the organisation's "whistle-blowing" procedure and that they could report any concerns to outside organisations such as the police or the local authority.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service and staff we spoke with didn't have any concerns about staffing levels. The staffing rota showed that two members of staff were on duty at all times during the day. There was one waking member of staff and one staff slept in during the night. We saw that staff had time to be with people and to sit and chat together with them.

We saw that the level of help and support people needed to keep safe had been recorded in their care plan. For example, on the day of the inspection an extra member of staff had been deployed so that a person could attend a hospital appointment with two members of staff.

We saw satisfactory records in relation to the receipt, storage, administration and disposal of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. One staff member told us they ensured they were not distracted when they dealt with medicines and that they double checked with another staff when giving out medicines to people.

Requires improvement

Is the service safe?

We noted that one person's health action plan did not have an up to date record of their current medicines as detailed on their medicine administration record (MAR). As this information was needed in any emergency hospital admission, we asked the deputy manager to update this information as a matter of urgency and we were notified that this has been completed after the inspection.

Good

Is the service effective?

Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. One person, talking about the staff, told us, "I like them."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, medicines, mental capacity awareness, understanding autism and epilepsy training. Staff told us how they had put their training into practice, for example, one staff member told us that the epilepsy training had given them more confidence in how to keep the person safe during a seizure.

We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required. Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the manager and deputy manager. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. Staff also told us they would always talk to the manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff were positive about their induction and told us that the organisation's philosophy of care was discussed during their induction.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care. Staff confirmed that people using the service were able to make decisions about their care and how they wanted to be supported. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves.

Staff also understood the need for Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and out of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out.

We saw that everyone had been subject to a DoLS assessment to make sure they were not being unduly restricted. Any restrictions required for their safety were being regularly monitored and reviewed with the local authority. People we spoke with did not raise any concerns about restrictions on their movements. One person told us, "I go out every day."

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the menu was regularly discussed with people. People told us what food they enjoyed eating and we saw that staff were preparing these meals for them. People's meal preferences were being accurately recorded in their care plan and matched what people told us they liked to eat.

We saw records that showed people had been referred to appropriate health care professionals such as GPs and dietitians. We saw that care plans included information and treatment advice from these healthcare professionals.

People's weight was being monitored and action taken if any concerns were identified. Staff told us about a recent visit by a dietitian and how they had instigated a weight loss plan for a person using the service. Information about healthy eating was included in that person's care plan and had been discussed with the individual concerned.

People were appropriately supported to access healthcare and other services when they needed to. Each person's personal records contained documentation of healthcare appointments, letters from specialists and records of visits. However, one social care professional told us that the manager did not always communicate that the person had been seen by a healthcare professional.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were well treated. One person commented, “I like it here.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff told us that the ethos of the home was always to “put the client first”.

We saw that people had commented and had input in their care plans and were able to express their views and make choices about their care on a daily basis. Staff told us about regular key worker sessions they had with people and how they looked at what the person wanted to do and how they followed the person’s needs and wishes. We observed staff asking what people wanted to do and meeting these requests. Staff felt that the one to one sessions enabled people to be more independent and to make their own decisions and choices about their care.

Staff knew about the law in relation to people’s “protected characteristics”. Staff understood that racism and sexism were forms of abuse and told us they made sure people at the home were not disadvantaged because of their disabilities.

Staff had a good understanding of the cultural needs and wishes of the people they supported. However, this was not always accurately recorded in people’s care plans.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Requires improvement

Is the service responsive?

Our findings

Not all social care professionals we spoke with were positive about how responsive the service was to people's changing needs. One social care professional told us that it had taken a number of calls to ensure the manager of the home had arranged appropriate healthcare appointments. Another social care professional told us that they were happy with the service provided at the home and that the person they had placed there was doing well.

Staff had a very good understanding of the needs and preferences of the people at the home and the subsequent risks that might arise as a result of these particular needs and preferences. However, people's needs were not always being recorded accurately in their care plans. Care plans also contained conflicting information. For example, in relation to people's cultural preferences and needs around continence management.

We saw that this issue had been picked up in a quality audit, undertaken in March 2015. However this had not been checked again at subsequent visits by the provider.

We saw that, following an assessment by a dietitian, a person's care plan had been updated to reflect the advice given as a result of this assessment. We saw that the weight loss programme was working for the person who told us they were happy about this and felt better as a result.

Each person had a health action plan which was sent in with them if they needed to go to hospital. This gave hospital staff information about the person's needs as well as important information about any health matters or concerns. We saw that information about current medicines for one person was not accurate and we asked that this be updated as a matter of urgency. We received assurance that this had been updated after the inspection.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. We saw that people went out of the home most days to places they wanted to visit. Staff recorded each day what activities the person had taken part in and how this had impacted on their well-being. We saw that, for one person who preferred a more structured activity schedule, this was on display in their room so they knew what was happening each day. On the day of the inspection both people went out with staff.

People told us they had no complaints about the service but felt able to talk to staff or the management if they did. One person we spoke with told us they were happy to make any complaints about their care to the staff and staff confirmed that this was the case and that any complaints were dealt with and had improved the way the person was supported.

We saw, from minutes of monthly meetings with people using the service that any potential concerns and complaints were discussed and everyone was reminded about how they could make a complaint.

We could not find any records of formal complaints made about the service even though we knew there had been a number of complaints made when the service was newly opened. The provider sent us some correspondence between them and a complainant which showed the provider had made efforts to contact the complainant and had taken action to resolve any problems.

Requires improvement

Is the service well-led?

Our findings

We found a number of concerns about the management of 2a Oxford Gardens. Although audits and visits were taking place, important actions that were needed to ensure the safety of people were not always being followed up at subsequent visits.

For example, a recent visit by the provider had identified that people's risk assessments needed reviewing and updating. This had not taken place as we found the same issue during the inspection. Although the lack of fire drills had been identified by the provider, these had not taken place until we requested this during the inspection. Despite the manager being told to set up a health and safety file during visits by the provider, this was not available for inspection.

This was in breach of Regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were positive about the management of the service and the support and advice they received. They told us that there was an open culture at the home and they did not worry about raising any concerns. A staff member commented, "We work as a team."

As the service was relatively new, no formal, quality assurance systems had yet been implemented. However we saw that the provider had sought the views of people during their visits and audits of the service. We saw that staff asked people on a regular basis if they were happy at the home and if there were any suggestions for improvements to the service.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs. One staff member told us, "We must work around the client's needs and interests, not ours."

The service is required by law to have a registered manager. Because the manager was not registered with us at the time of the inspection we have rated the Well-Led section as "requires improvement".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with assessing risks to peoples safety including following safe fire procedures at the home. Regulation 12

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who use services and others were not protected against the risks associated with maintaining an accurate and contemporaneous record of each person including a record of the care and treatment provided. Regulation 17(1)(2)