

Roshan Panchoo

# Hillside Care Home

## 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

About the service: Hillside Care Home is a residential care home providing support to people with learning disabilities and autism. They are registered to provide support to up to two people and there was one person living at the service at the time of this inspection.

People's experience of using this service: The person living at the service and a relative said they felt the care provided was safe. There were plans in place to manage risks and respond to incidents. Information was being shared with the local authority and CQC when required. There were plans in place to ensure the person had support from sufficient numbers of suitable and trained staff. There was a new registered manager in post who had implemented improvements since our last inspection so all of the legal requirements were now met.

The care delivered met the principals outlined in Registering the Right Support. Care was planned in a way that focussed on the person's desired outcomes and the provider had introduced a variety of tools to involve them in making decisions and choices about their care. There was a timetable of meaningful activities for the person and staff ensured their healthcare needs were met. The person had a keyworker who knew them well, as well as regular input from their advocate and relatives. The person had regular health check-ups and robust systems had been introduced to document and monitor healthcare appointments.

The person was supported by staff that knew them well and there was a positive working relationship, with a consistent staff team supporting them. Care was planned in a way that recognised the person's strengths and encouraged them to be independent. Staff had received training for their roles and training was tailored to the needs of the person they supported.

Medicines were managed and administered in line with best practice. The quality of the care delivered was regularly checked through audits and there were systems in place to involve people, relatives and staff in decisions about the service. There had been improvements on the information provided to people about fees and there was a clear complaints policy in place.

Rating at last inspection: Requires Improvement (Report published 4 October 2018)

Why we inspected: This was a planned comprehensive inspection scheduled in line with our policies.

Follow up: We will continue to monitor the service and will return to inspect again in line with our policies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not consistently well-led

Details are in our Well-led findings below.

Requires Improvement ●

# Hillside Care Home

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection was carried out by one inspector.

**Service and service type:** Hillside Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We gave 24 hours notice of the inspection because this is a small service and people were often out during the daytime.

**What we did:**

**Before Inspection:** We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We reviewed information sent to us in the provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

**During Inspection:** We spoke with one person, one member of staff and the registered manager. We reviewed one person's care plan, checked medicines records and person-centred planning. We reviewed records of incidents and complaints.

**After Inspection:** We had a telephone conversation with a relative and the provider sent us further evidence.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our inspection in August 2018, risks were not always responded to safely. There was a lack of detail in plans to manage risk and the responses to incidents were not robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action to ensure this legal requirement was met.
- The person expressed to us that they felt safe and we saw them using the kitchen and going out with staff in a safe manner, following documented plans. A relative said they thought the service was safe and gave examples of how staff had identified ways to help the person feel calm to reduce risks.
- Since our last visit, risk assessments had been reviewed and updated. There were assessments in place for a variety of risks with plans for staff to keep the person safe.
- There was a system to log any incidents or accidents. There had been no major incidents since our last visit but we saw staff were documenting any concerns, such as changes to the person's behaviour, to monitor for any changes or issues.
- The provider had learned from issues arising from our last inspection and safeguarding concerns. This had prompted improvements to record keeping and communication. The provider showed us how they had sought best practice from reputable sources to improve records. For example, the registered manager showed us detailed guidelines on how to manage a particular risk. They were able to demonstrate how this planning had considered accepted best practice and we saw a written compliment from a healthcare professional who specialised in this area of care.

Systems and processes to safeguard people from the risk of abuse

- At our inspection in August 2018, the provider was not sharing information about incidents or concerns with the local authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, this legal requirement was now met.
- Since our last inspection, the provider had worked with the local authority safeguarding team to ensure clarity on what types of incidents to share with them, in line with their policies. The registered manager demonstrated a good understanding of when they would share information with the local authority.
- Staff had been trained in safeguarding adults and were knowledgeable about when and how to raise any concerns they may have. A staff member said, "I'd go to my line manager. If not then the safeguarding team, CQC or police; they highlighted those things to us."

Staffing and recruitment

- There were sufficient numbers of staff at the service. As there was only one person there. The staff team was small and consisted of staff who knew and worked well with the person.
- There was evidence of checks of staff to ensure they were suitable for their roles, such as checks of

references and a check with the Disclosure and Barring Service (DBS).

#### Using medicines safely

- Medicines were managed and administered safely. Medicines were stored appropriately and safely.
- Records of medicines were accurate. Staff clearly recorded when they had administered medicines and records contained no gaps or discrepancies. The person's care plan contained information about medicines they were prescribed and where medicines were used on an 'as required' basis, there were personalised guidelines for staff to follow.
- Staff had been trained in how to administer medicines safely. Staff said their competency had been assessed and they were able to describe best practice in administering medicines. Records showed records were checked each day and staff told us they would raise any discrepancies immediately.

#### Preventing and controlling infection

- The home environment was clean and we observed staff maintaining hygiene. For example, where the person was supported to prepare their lunch, staff were observed cleaning surfaces and prompting the person to wash their hands before preparing food.
- Staff involved the person in cleaning the service, tasks they took part in were documented and we observed the person taking part in cleaning tasks during our visit. A staff member told us this was an important part of the person's day and it gave them ownership over their home environment whilst teaching them about cleanliness.
- There were regular checks of the cleanliness of the service. Records of checks showed walkaround took place on a weekly and monthly basis as well as provider visits to ensure the home environment was clean.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good:  People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- At our inspection in August 2018, there was a lack of evidence of people's healthcare needs being met. Records contained gaps about people's medical needs and appointments they attended. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action to ensure the legal requirements were met.
- Since our last inspection, there had been improvements to records of healthcare appointments. The provider had introduced a tracker system that made it easier to monitor health check-ups and appointments. These documented appointments attended and the outcomes of them.
- Where specific healthcare needs were identified, these were recorded in the person's care plan. Where there had been a change to a health need there was a clear record of the appointment and care plans had been updated in line with medical advice.
- Care plans showed input of community healthcare services and social workers. Accurate records were kept of any contact with professionals and any changes to care plans were actioned.
- Annual health checks were up to date and there was a system in place to track when they were next due. The person was seen regularly by their GP, dentist and optician.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our inspection in August 2018, the correct legal process had not been followed where people lacked the mental capacity to make some decisions. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action to ensure the legal requirements were met.

- The provider had introduced a new format of mental capacity assessments and sought advice from the local authority. Records showed capacity assessments had been carried out for specific decisions, when required. Where the person was unable to make a decision then a best interest decision had been documented. As the best interest decision involved restrictions, there was a DoLS authorisation in place for these.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans documented the person's food preferences and what they liked to eat. The kitchen had pictures that staff were observed using to support the person to make choices. Records showed the person was supported to plan and carry out shopping for ingredients to prepare meals at the service.
- Nutritional needs were met. Where there had been recent changes to the person's health and nutritional needs we saw evidence of menu planning around this with input from healthcare professionals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records contained evidence of best practice being followed in care planning. The provider had sought best practice in areas such as planning for needs associated with people's behaviour and nutritional care. Care plans had improved so that they were more personalised, the provider told us they had used NICE guidance to inform these improvements.
- There had been no new admissions since our last visit but there were new assessment templates which covered a range of needs and preferences to ensure important information would be gathered before people moved into the service.

Staff support: induction, training, skills and experience

- Staff told us they received training that helped them in their roles. A staff member said, "Some of it is a refresher and some of it is very informative." Staff said they received an induction and attended a variety of training courses. These covered areas such as fire safety, health and safety and infection control. Records also showed staff had attended training that was specific to the needs of the people they supported, such as training in learning disabilities and autism.
- Staff said they received regular supervision meetings and records confirmed this. They said they found these one to ones useful as they were used to discuss people's needs as well as their own performance and training.

Adapting service, design, decoration to meet people's needs

- Care was provided in a terraced house which was suited to the needs of the person living there. Since our last visit, communal areas had been redecorated and the kitchen had been refurbished.
- Decoration had been chosen by the person living at the service and there were pictures up of family as well as items and pictures that reflected their interests. The person told us they liked the decoration of the service.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- At our inspection in August 2018, records did not reflect that people had been involved in their care. We also found a lack of planning around people's religious needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action to ensure the legal requirements were met.
- The person told us they got on well with staff and we observed staff asking the person about things they enjoyed. A relative said, "[Staff member] seems ideal for the job."
- Care plans were written based on the person's preferences and choices. The person had a keyworker who took a lead on getting to know them to represent their views. Care records contained personalised information such as how the person liked to dress, activities the person was interested in and foods they liked.
- The person was also visited by their advocate on a regular basis. Each visit was recorded with any outcomes from it clearly recorded. After a recent visit, a review of an aspect of the person's care was carried out.
- Care was planned around the person's beliefs. Care records documented the religion of the person and support required to practice their faith. Daily notes showed this was regularly fulfilled and we saw photographs of this person at their place of worship.
- We observed pleasant caring interactions. We observed staff supporting the person to carry out domestic tasks, with gentle prompts when required. Staff interacted kindly with the person and they looked comfortable in each other's company. The staff member had a good knowledge of the person and how to support them, they told us about their family background and how this was important to them.
- There was a good humoured relationship between staff and the person they supported. The person liked to tease a staff member about their driving and staff told us how humour helped engage and encourage the person
- Care plans and assessment documents had been updated to make information about people's culture, gender and sexual identity clearer. The registered manager described how they had looked at published CQC guidance to inform them about this. We will follow up on the effectiveness of these tools at our next inspection.

Respecting and promoting people's privacy, dignity and independence

- Care was delivered in a way that encouraged independence. Care plans recorded what the person could do for themselves and staff were knowledgeable about this. Staff told us about how they prompted the person with some aspects of personal care and encouraged them to carry out domestic tasks to have ownership over their home environment, which was reflected in care records.

- Staff were mindful of maintaining the person's privacy and dignity. The person was well presented and wearing clothes that matched their documented preferences. Care records had considered the person's need to spend time alone and staff told us about how they acknowledged when the person would like time in their own space.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

- At our inspection in August 2018, care plans lacked detail about their needs and what was important to them and there was a lack of personalised activities for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action to ensure the legal requirements were met
- Care plans had been updated and contained personalised information. The care plan was in a new format with detailed guidance for staff about the person's background and interests as well as detail about how to meet their needs.
- We saw the care plan was being followed and preferences were respected. For example, staff told us about music the person enjoyed and we observed they were given time to listen to it. Clothing preferences that were recorded in care plans were also met.
- There had been detailed reviews and where new information was identified, it was added to care plans. For example, a relative told us how they had shared information about the person's background with staff and we saw this had been added to their care plan.
- There was a varied programme of activities in place. Since our last inspection, the person's activity timetable had been made clearer and record keeping around activities attended had improved. Records showed the person took part in regular activities that reflected their interests. Activities were adjusted where things changed, such as where the person had expressed a wish to try something new and was now supported to do this regularly.
- Information had been gathered regarding end of life care. Whilst there was no present need to plan for end of life care, the provider had started to gather information about the person's wishes and what would be important to them in the future. Planning was done in an accessible format with pictures which provided prompts for a meaningful conversation with the person.

Improving care quality in response to complaints or concerns

- A relative told us they had not had to raise a formal complaint but felt any issues would be addressed. They gave examples of how they had made suggestions which staff had acted upon.
- There was a complaints policy in place and we saw that the person was asked about any issues they had at regular meetings. There was a keyworker in place who had got to know the person well, so they could pick up on any non-verbal cues that the person was not happy. There had not been any complaints since our last visit.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: □ Improvements to care delivery were recent and had yet to become fully embedded and sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our inspection in August 2018, there was a lack of robust auditing and governance at the service. Audits were not identifying and addressing concerns we found and records were not always up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had taken action to ensure the legal requirements were met. However, at our last inspection we rated the service 'Inadequate' in well-led. We will require evidence of sustained improvements before we apply a 'Good' rating to this domain
- There were frequent audits in place and they covered important areas of care such as medicines, cleanliness and safety. Where actions were identified, they were addressed. For example, on a recent audit staff had identified more detail needed in the information written in the handover book. This was recorded and actioned and we saw an improved level of detail in handover records. There had also been improvements to the decoration of the home as a result of checks.
- Whilst audits were identifying and addressing issues, the level of detail of checks was not consistent. Weekly and monthly audits were formatted like a checklist which did not always show detail about what was checked. We fed this back to the registered manager who shared monthly provider audits with us which contained more detail. They said they would review audit documentation and update it where necessary. We will follow up on this at our next inspection.
- There were systems in place to enable communication between staff, such as the handover book and meetings. Staff said they found these useful and records showed important information about changes to areas such as appointments or activities for the person were handed over.
- There was a new registered manager in post and they had introduced improvements to the governance at the service. Files were noted to be in good order and information was easy to find. Where important information had been archived at our last inspection, the registered manager had documentation about the person's healthcare needs and finances to hand, with information only being archived when it was no longer necessary.
- At our inspection in August 2018, the provider had not notified CQC of important events that they were required by law to do so. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, the provider had taken action to ensure the legal requirements were met.
- The registered manager was able to describe circumstances in which they would notify CQC. The registered manager had also sought advice from CQC where there had been an incident they were unsure of. As previously reported, there was an improved level of communication between the local authority and the provider which meant any concerns could be responded to quickly.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our inspection in August 2018, there was a lack of clarity about people's fees and what they were expected to pay for themselves. This was a breach of Regulation 19 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, the provider had taken action to ensure the legal requirements were met.
- The provider's policy on fees had been reviewed and updated. People, relatives and staff were aware of what they were expected to pay for themselves and when. Information on the change had been put into service user guides which had been given to people and relatives.
- A relative said they received regular updates and good communication from the service. Where they had requested improvements to the person's living space this had been actioned and they received picture updates through a secure messaging service. They said they also received updates on what their loved one had been doing each day and staff were open and knowledgeable when they spoke with them.
- The service worked in partnership with other agencies. Records of the person's care showed regular input from health and social care professionals as well as advocates. The service had a visitors book which showed regular visits and contained positive feedback. There were also a number of compliments seen from community nurses, GP, CPN and advocates. These praised the support the person got as well as communication and practice.
- Regular meetings took place to involve the person in decisions about their home. Despite there only being one person living at the service at the time of this visit, monthly meetings still took place with staff and these showed the person was asked about food, activities and events.