Care Quality Commission

Roshan Panchoo

Hillside Care Home

Inspection report

259a Coulsdon Road
Caterham
Surrey
CR3 5QR

Tel: 01883341024

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Hillside is a residential home which provides care and accommodation for two older adults with moderate learning difficulties and autism. The home, which is a semi-detached house, is located in residential area of Caterham. On the day of our inspection two people were living in the home.

This inspection took place on 22 December 2015 and was unannounced.

The home was run by a registered manager, who was present on the day of the inspection visit. '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.

Staff had written information about risks to people and how to manage these. We found the registered manager considered additional risks to people in relation to community activities and changes had been reflected in people's care plans.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. They knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.

Care was provided to people by a sufficient number of staff who were appropriately trained. Staff were seen to support people to keep them safe. People did not have to wait to be assisted.

People who may harm themselves or displayed behaviour that challenged others had shown a reduction of incidents since being at the home and the number of staff on duty were adequate for their individual needs.

Processes were in place in relation to the correct storage and audit of people's medicines. All of the medicines were administered and disposed of in a safe way.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for them had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of

the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were told by the registered manager that people could go out for lunch if they wished.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People took part in community activities on a daily basis; for example trips to the shops. The choice of activities was specific to each person and had been identified through the assessment process and the regular house meetings held.

People had an individual care plans, detailing the support they needed and how they wanted this to be provided. We read in the care plans that staff ensured people had access to healthcare professionals when they needed. For example the doctor, learning disability team or the optician.

The registered manager told us how they were involved in the day to day running of the home People felt the management of the home was approachable. People's views were obtained by holding residents meetings and sending out an annual satisfaction survey.

Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people. The senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

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 was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

Medicines were managed safely, and people were supported to be as independent as possible.

The provider ensured there were enough staff on duty to meet the needs of people. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Written plans were in place to manage risks to people. There were processes for recording accidents and incidents.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People were supported to eat and drink according to their choice and plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about people's health.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff

that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Good

The service was well led.

The registered manager undertook audits of medication and health and safety issues.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received

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Hillside Care Home

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 22 December 2015 and was unannounced. Due to the size of the service the inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make as we had brought this inspection forward.

We used a number of different methods to help us understand the experiences of people who used the service. Due to peoples communication needs during our inspection we were unable to get detailed responses from people about their experience of living here. We spoke with two people, the registered manager, and an independent advocate (an advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations).

We spent time observing care and support being provided. We read two people's care plans and other records which related to the management of the service such as training records and policies and procedures.

Hillside was previously inspected on the 8 May 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. We asked one person if they felt safe living at the service and the nodded their head to indicate that they did.

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguard protocols were. They said, "I would report anything to the registered manager or phone the local authority myself."

Staff had sufficient guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Behaviour management plans had been developed with input from specialist professionals, such as 'behaviour therapists'. We observed staff interactions with people during part of the day. Staff followed guidance as described in the people's care plans. One person's behaviour could become anxious; we were told that staff encouraged the person to take 'time out'. They explained that this calms situations down and they can then carry on with the day.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Care plans contained risk assessments in relation to people who smoked as well as individual risks such as walking to the shops, bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they had read and understood the risks to each person. The registered manager said one person's behaviour that challenged others had improved and we saw their risk assessments had been reviewed to reflect this change.

There were safe procedures in place for the administration and storage of prescribed medicines. We looked at medication administration records (MAR) and confirmed this had happened. Staff administered the medicine as directed and this showed us that people had received their medicines as prescribed and that staff managed medicines safely and appropriately. Medicines were stored in locked cabinets to keep them safe when not in use. An external provider managed the delivery and disposal of medicines and records confirmed this had been carried out in line with the provider's medicine policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

The registered manager told us that staffing levels were determined based on people's needs. The registered manager told us staffing levels were constantly reviewed to meet the changing needs of people, we were told that extra staff employed by the provider would be used if necessary. Staff told us they felt there were enough staff to meet people's needs. The registered manager said that extra staff would support from the providers other services if and when needed.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective

staff had a criminal record or were barred from working with children or people.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. The registered manager showed us the log and we saw there were few incidents in the home. People who showed behaviour that may challenge others had been recorded and the registered manager used this to see if there was any patterns to a person's change in behaviour and actions they could take to support people.

The premises were safe for people. Radiators were covered to protect people from burns; people's bedrooms were personalised. We saw fire equipment and emergency lighting were in place and fire escapes were clear of obstructions.

The registered manager told us the home had an emergency plan in place should events stop the running of the service. They explained that the provider owned other services and that should the need arise people would be taken there.

Good

Is the service effective?

Our findings

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported.

People were encouraged and supported to be involved in the planning and preparation of their meals. We saw that food choices were displayed in the kitchen. People were asked each morning their choices for the day and this was recorded in a book. Meals were cooked by the registered manager or staff on duty unless the people were having lunch out for the day, or chose to have a takeaway. We saw that one person was able to make drinks for themselves when they wanted to.

People have a choice about what and where they ate. People were able to choose to eat their lunch where they wanted and lunch was served separately so people could help themselves. People's weight was monitored on a monthly basis and each person had a nutritional profile which included the person's food allergies, likes, dislikes and particular dietary needs. The registered manager explained to us that one person did not like peas. Although staff had not needed to refer anyone to a dietician they explained to us that if a person had lost or gained an excessive amount of weight they would refer them for support to the GP or dietician for advice. All the weekly menus were agreed by people at a meeting every Friday. People who were unable to communicate verbally were supported to make their choice by using picture cards.

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.
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had met with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity, advocates had been asked to be involved in making decisions in the best interest of the person.

The registered manager had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff were seen to ask for peoples consent before giving care throughout the inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being

deprived in the least restrictive way possible.
Staff received training programme which included how to support people who may harm themselves or others in a safe and dignified manner. Staff had access to a range of other training which included MCA, DoLS and manual handling. The training plan showed that all staff were up to date with training. This meant staff were helped to develop essential skills to provide the appropriate support in a positive and constructive way.

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The registered manager held regular supervision sessions with staff which looked at their individual training and development needs. One staff member told us about their induction training. They said they had received a good induction when they first started working at the home and that training had been on going. They said, "The registered manager is really supportive."

Care plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person's care plan identified they had a complex health issues. We saw that the care plan had been amended to reflect the change of need, hospital appointments and medicines needed to support the symptoms of the illness.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "I love it here. It's my home." The registered manager said they strived to provide "as near a family life as possible" for the two people who lived at Hillside.

We observed staff interaction with people. We saw companionable, relaxed relationships evident during the day. Staff were attentive, caring and supportive towards people. The registered manager said that due to the older age of the people they supported, staff mostly undertook tasks within the house such as cleaning, washing and preparing meals.

Staff gave good examples of how they would provide dignity and privacy by closing bathroom doors. We observed staff calling people by their preferred names and knocking on bedroom doors before entering. One person had a bath after lunch. They were given their privacy whilst in the bath but the registered manager regularly checked they were okay and whether or not they needed support. When the registered manager talked about people to us, they lowered their voice in a respectful way. One person said, "I can go to my own room and chill. Sometimes it's nice to do that."

People who had been assessed as requiring one to one support had this provided with consistency as the same member of staff was assigned to the person throughout the day. The registered manager was knowledgeable about people and gave us examples of people's likes, dislikes and preferences. We heard the registered manager and staff regularly ask people how they were.

People's preferences and opinions were respected. The registered manager said people were fully involved in moving into the new location. People had helped choose their carpets, curtains and colour of their room.

Staff told us they reviewed peoples' care plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. Care plans had been signed by either people who used the service or their relative. One relative we spoke to said that they were regularly contacted by the home and invited to care review meetings.

The registered manager told us they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language.

People were well dressed and clean. For example, with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs. One person told us, "I like to wear my jewellery, and pretty earrings."

People looked relaxed and comfortable with the care provided and the support received from staff. One person was heard talking to staff throughout lunch, seeking advice and support. We heard staff reply cheerfully and with kindness to their requests.

Good

Is the service responsive?

Our findings

One person said they had been supported to undertake activities, "I like singing Christmas carols" another person said "We went on holiday to the Isle of Wight."

Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The registered manager showed us copies of minutes that included issues people had discussed at the monthly 'house meetings such as menu's and trips out. Records we viewed and discussions with the registered manager demonstrated a full assessment of people's needs had been carried out before people had moved into the service. One person s needs had been fully assessed and this clearly described the person daily routines and choices for instance; what time the like to get up and that this is followed by a set routine of bathing and having a cup of coffee. The registered manager told us it is important to follow the person routine as has helped them settle into the home. They said it "Helps reduce their anxiety."

Daily records recorded the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person's daily records stated they regularly spent time at the day centre with friends. Another person records showed they attended a group run on a Thursday night by the Sunny Bank Trust. There were activities on offer each day and an individualised activity schedule for each person. On the day of our visit both people went to another service to have lunch.

Care plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care plans contained information on a person's personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals. Staff ensured that people's preferences about their care were met. They had written daily notes about people and would highlight any changes to the needs of the person to the registered manager so that the care plan could be reviewed. For example one person health had deteriorated the care plan clearly documented support they received from their GP and hospital.

People's health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital. We looked at both peoples health passports and saw that information such as likes and dislike, routines and communication needs. One of the passports clearly described how someone needed to be supported to eat slowly as they had a risk of swallowing food quickly. This information gave clear guidance to others about how to support the person.

There had been no formal complaints received since the service opened. The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. The independent advocate we spoke to confirmed that they had not

needed to raise any complaints. They told us that the manager was approachable and could openly discuss issues when needed.

The registered manager showed us satisfaction questionnaires that people had completed all of which showed positive comments. They explained to us that the care staff had supported peoples' individually to fill them in and the registered manager explained that it was such a close environment that people talked all the time about any issues. For example one person was anxious about the garden shed being unlocked, the manager installed a lock on the door and now the person was more relaxed and their anxieties had been relieved.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. One person said "The registered manager always looks after us."

We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. Staff expressed their confidence in being able to approach the registered manager to talk about any concerns or suggestions about the service that was provided.

The registered manager told us they had staff meetings regularly at least monthly. They said they kept staff up to date in between meetings and during handovers these meetings acted as group supervision. As the home was small there was constant interaction between staff. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care. The registered manager said that they always "Put people first."

The registered manager carried out daily quality and safety audits. These included checks of care plans, the environment, and fire safety. Senior managers were involved in the home. A representative from the provider carried out regular visits to check on the quality of service being provided to people. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. We saw that one action identified was 'The carpets in the bedroom and hallways to be replace', this action had been undertaken and we saw the home had new carpets in these areas.

The registered manager explained that the home health and safety audits were up to date and we saw evidence of this in records we looked at. Portable appliance testing (PAT) had been carried out and there were regular fire safety checks completed. There were monthly fire audit checks undertaken. Fire risk assessments were completed for people and all staff were up to date with their fire training.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.

Records management was generally good. We did identify a few minor issues with completion of records. The manager had already identified some of these issues and was working to correct them.