Hillside Care Services Community Interest Company

Unit 14b - Day Lewis House

Inspection report

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Date of inspection visit:
10 March 2016

Date of publication:
19 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 10 March 2016 and was announced. We told the provider two days before our visit that we would be coming.

Unit 14b – Day Lewis House also known as Hillside Care Services provides personal care services to people in their own homes. At the time of our inspection eight people were receiving care from this service. This was our first inspection of the service.

The service had just appointed a new manager following the resignation of the previous manager. The new manger was applying to be a registered manager with the Care Quality Commission at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they trusted staff and felt safe when staff were there. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

There was an out of hours on call system in operation, this made sure support and advice was available for staff working outside office hours.

Staff were up to date with training and the service followed appropriate recruitment practices. The provider told us they tried to match care workers with the people who use the service and keep the same staff with the same person. People we spoke with felt they were well matched with care staff.

We saw people were involved in making decisions about their care, treatment and support and the care plans we checked reflected this. People told us their privacy and dignity was respected by staff. Staff we spoke with explained how they would always ask for consent before assisting people and explained the methods they used to help maintain people's privacy and dignity.

People were asked about their food and drink choices and staff assisted them with their meals when required.

People and their relatives said they would complain if they needed to, they all knew who the management was and felt comfortable speaking with them about any problems.

People were contacted regularly to make sure they were happy with the service and spot checks helped review the quality of the care provided.

Risk assessments were not always focused on people as individuals and when an accident or incident occurred these were not always formally recorded so it was hard to see what action was taken to make things better.

We have recommended that the service refers to current best practice guidance around the management of medicine in social care settings.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the assessment of risk and the recording of accidents and incidents. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. Not all risk assessments were focused on people as individuals and incidents were not formally recorded.

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

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff could begin work at the service.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

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

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

People and their relatives were involved in making decisions about their care, treatment and support. Care records contained information about what was important to people and how they wanted to be supported.

Is the service responsive?

Good

The service was responsive. People received care, treatment and support when they needed it. Assessments of care needs were completed when people first started to use the service.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Is the service well-led?

Good

The service was well-led. People's views and comments were listened to and acted upon.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed. Staff felt supported by their managers.
The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Unit 14b - Day Lewis House

Detailed findings

Background to this inspection

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

The inspection took place on 10 March 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

One inspector undertook the inspection. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. During our inspection we spoke with the provider, the newly appointed manager, a member of the office team and a senior care worker. We examined five care plans, four staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with two more members of staff, three people using the service and two family members.

Requires Improvement

Is the service safe?

Our findings

Unit 14b - Day Lewis House carried out assessments to evaluate any risks to people using the service. This included environmental risks and any risks to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and for transferring them in and out of chairs and their bed. However, from the five risk assessments we viewed three contained contradictory information about people's diagnosis and some information was clearly copied directly over from other people's care records. For example, two people were said to have multiple sclerosis when there was no mention of this condition in their care plan or assessment and one person was said to have Parkinson's disease when again there was no reference to their diagnosis in their care records. Three people's risk assessments talked about using specialist equipment when bathing, when we asked the provider and office staff why so many people has the same specialist equipment or how this was used they were unable to offer an explanation. We were concerned the risk assessments were not centred on each individual person and therefore staff did not have the necessary information to properly assess and manage risks to people in their own homes.

We asked how the service recorded incidents and accidents, staff explained that any incidents were recorded on the daily notes but they could only recall one incident that had occurred when a person became unwell and an ambulance needed to be called. This incident had not been recorded formally and we were unable to see that systems were in place to allow managers to review and investigate incidents to ensure appropriate action was taken to reduce future risk and prevent further occurrences. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

We spoke with people and their friends and relatives. They told us that they felt safe using the service. One person told us, "I trust [my care worker] and feel safe with them…it's a relationship at the end of the day." A relative said, "I would know if [my relative] was unhappy but they look forward to [care worker] coming, I trust them."

We spoke with the manager and three members of staff about safeguarding adults. They all demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse or harm including who they would report any safeguarding concerns to. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding vulnerable adults.

The provider explained they always tried to keep the same care staff with the same people and worked to build a team of carers that the person would know. This enabled the service to cover annual leave and sickness. People we spoke with confirmed they had the same staff and that the office would phone them if there were any changes. One person told us, "I have the same [staff member] every time, it's my preference." Another said, "I have the same two carers, it's good because I have back up."

Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed so they could contact the service out of hours if there was an emergency or if they needed support. Care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Staff prompted and sometimes assisted people to take their medicine safely. Staff confirmed that people using the service self-medicated and occasionally required prompting or assistance with their medicines. One staff member told us, "We do not administer medicine to people but we will prompt by popping the blister packs for them." We noted a completed medicine authorisation form in one person's care records giving authority for staff to supervise the person to take their medicine as prescribed by the GP and in accordance with their MAR (medicine administration record) this had been signed and dated by the person using the service. Underneath was a handwritten note stating "[the person] needs support with the prompting of medication", this was not signed or dated so we were not sure if this had been updated by staff on review or because the person's needs had changed. We did not see any completed MAR's for the person. Staff confirmed they did not complete MAR's at the current time as staff did not administer medicine to people who used the service. We spoke to the provider about the need for staff to make records when they prompted or assisted people to take their medicine in line with their care plan and they agreed to review their current procedures.

We recommend that the provider should consult the guidance such as The Handling of Medicines in Social Care by the Royal Pharmaceutical Society

Good

Is the service effective?

Our findings

People told us their regular carers supported them well and met their needs. One person said, "You don't have to keep repeating yourself, they [the staff] know you and how you like things done." Another person said, "[The staff] do what I need them to do."

The provider explained they were hoping to introduce the Care Certificate for all new staff in the near future. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. However, in the meantime new staff attended a one day induction and were shadowed by a senior member of staff until assessed as competent with the skills required.

Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed. We saw that most staff had received their mandatory training such as health and safety in the work place, medication, safeguarding adults, moving and handling and transfer skills, fire safety, basic life support and infection control. Care staff told us they felt they had received enough guidance and training to effectively carry out their roles and responsibilities. We saw how the service introduced new learning via team meetings, supervision and information leaflets. For example, staff had recently been sent an information leaflet on dementia and safeguarding was discussed during supervision.

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis and during 'spot checks' where the manager would assess the quality of care provided by staff in people's own homes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked if the service was working within the principles of the MCA. Staff were aware of the Mental Capacity Act (MCA) 2005 and training had been arranged for April 2016. We noted a recent training leaflet given to all staff provided information about dementia and also how staff should consider their mental capacity and if their liberty was being deprived what they should do. The provider confirmed that no one currently using the service lacked capacity and that there had been no applications made to the court of protection. They explained that they would contact the person's family, social worker, relevant healthcare professionals if they felt there were any issues with a person's capacity to make a decision and would work to provide care in that person's best interests.

Where required people were supported to eat and drink appropriately. One person told us about the support staff gave them they said, "I have a choice of ready meals but I like my own veg." Staff told us how

they would leave people with drinks within easy reach or provide a snack in the fridge before finishing their work. People's dietary needs were assessed before they started using the service and then again regularly during their period of care. People's care records included details of people's food and drink preferences and when they needed support with meals. Records showed all staff had received training in infection control and some in food hygiene.

People's personal information about their healthcare needs was recorded in their care records. Daily notes contained details of where healthcare professionals had been involved in people's care, for example, visits by the GP. We saw emails of contact made with various healthcare professionals when people's needs changed and staff explained how they would notify the office if they were concerned about a person's health. One member of staff explained how they called an ambulance for one person when they had concerns about their health and waited with them until the paramedics arrived.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the standard of care and support provided by the service. One person said, "They [the staff] are very nice." Another told us "They [the staff] are very helpful." A relative told us, "I know when [my relative] is happy and they love [name of staff member] … [name of staff member] will go out of her way for us, they are really caring."

Staff had a good knowledge of the people they were caring for and supporting. One staff member explained that one person sometimes liked home cooked food or needed extra assistance with their mobility, they explained how they tried to fit everything in to the time allocated to them. Another explained how they always read the persons care plan and how this helped them provide the right care, they went on to say, " I also talk to the person and their relatives to find out more about them, it's the little things like if they are right or left handed and what side they like their drinks left on."

People and their relatives were involved in making decisions about their care, treatment and support. The care records contained information about what was important to people and how they wanted to be supported. For example, one care record contained detailed how the person liked to engage and interact with staff and gave instructions to staff to make sure the persons glasses were clean and left within easy reach for them. Another person's care record guided staff to encourage the person to be independent whenever possible and included examples such as washing and undertaking their own oral care.

All the staff we spoke with told us they enjoyed working with the people they cared for, comments included, "It's good being able to help someone who seems to be losing themselves and reminding them that it's OK to have help…making them know they are not on their own" and "I like being able to help others and make their lives better."

People told us their privacy and dignity was respected, one person told us, "They [the staff] respect me, they do what I want them to do not what they want to do." Staff told us how they made sure people's privacy and dignity was respected. They explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I always speak to people and give them choice." They went on to explain how they made suggestions that might make people more comfortable, for example, altering their seating position to prevent stiffness but also respecting their decision if they chose to stay where they were. Records confirmed staff had received training in equality, diversity and in dignity and respect.

The staff handbook gave guidance to staff and covered the service expectations of them this included respecting people's dignity, independence and individuality and maintaining their confidentiality at all times. We saw that records were appropriately stored in the office and promptly located when requested.

Good

Is the service responsive?

Our findings

People told us they had felt involved in the planning of their care and told us how their care was assessed when they first started using the service. One person told us, "They asked me about my care plan, what I liked to do and where and where I wanted to go." A relative told us, "They came round at first and did a full assessment of [my relative]." We looked at people's care records and noted detailed assessments had been completed, these covered all areas of their life including their general health, when support was needed, people's mobility needs and their likes and dislikes. Examples included food preferences, how people liked to express themselves, the type of clothes people liked or their preferences for perfume, makeup or aftershave.

People had a choice about who provided their personal care. People we spoke with told us they had regular care staff that they were happy with, two people told us they had not been happy with their initial member of care staff for various reasons and explained how the service had made things better for them. The provider told us that keeping the same members of staff with the same person was really important to the service and they worked hard to match people with the right staff to maintain continuity build good working relationships.

People received their care, treatment and support when they needed it. The provider explained that after people's initial assessment then reviews would take place in the first six weeks then yearly or before if there was a change in a person's needs. However, we noted that one person's care records contained a partially completed review form following their discharge from hospital so there was no way of knowing if their care records had been updated to reflect their current needs. Another person's care records were not singed or dated so there was no way to confirm if reviews had been carried out. We spoke to the provider about our concerns, they explained that reviews of care had been completed and after our inspection provided us with records indicating when and how reviews had taken place. People we spoke with were confident about the care they received and that staff gave them the support they needed and they felt communication was good. We will check people's records again during our next inspection to ensure the peoples care records are up to date and reviewed in line with the service policy.

The service asked for people's views and experiences. Details of regular telephone reviews and visits to check the quality of care people received were kept at the service. We noted most responses were positive, however, where concerns had been highlighted we were told how the service had responded appropriately and taken the correct action.

People and their relatives told us they knew who to make a complaint to if they were unhappy. One person told us, ""If I have a problem I speak to [the manager] he sorts it out." A relative told us "any problems I call [the manager] …I did have one problem and he changed things and sorted it out." The service had a procedure which clearly outlined the process and timescales for dealing with complaints. We looked at the complaints received in the last year and noted these had been recorded and acted upon. The provider explained how they communicated new ways of working and lessons learned to staff to stop future reoccurrences

Good

Is the service well-led?

Our findings

The service had just appointed a new manager following the resignation of the previous manager. The new manger was in the process of applying to be a registered manager with the Care Quality Commission. In the meantime the provider was acting as manager for the service and all the people we spoke with knew him well.

People and their relatives said that they felt comfortable speaking with the manager and office staff when they needed to and were happy to discuss any concerns they may have. People told us when they needed to contact the office they were listened to and issues were always addressed. One person told us, "They have bent over backwards to help, they hardly ever let me down."

People were asked about their views and experiences of the service. The service had not conducted a stakeholder survey at the time of our inspection but had plans to send a survey out later in the year. We asked how the provider how they gained people's views or knew that people were happy. They explained people were contacted on a regular basis during telephone reviews and spot checks. We noted the results of this contact were recorded and where negative comments had been made we were told what action had been taken by the service.

Staff said they felt well supported by the management of the service and were comfortable discussing any issues with them. One staff member told us, "I get plenty of support from my manager…they will act on any concern I have." Another said, "It's very easy to get on with the managers, they listen to what you have to say and if you are doing anything wrong they will speak to you and give you more training if you need it."

Staff meetings were held every quarter and helped to share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from the last three meetings and noted agenda items included training, conduct at work, client needs, record keeping, reporting of incidents and general staffing issues. Action points were listed together with who was responsible for the completion of the task. For example, all staff were reminded to wear their identification cards.

Systems were in place to monitor and improve the quality of the service. Records were kept of client reviews, spot checks and telephone monitoring and the date these took place so the service could be sure regular contact was made with people in relation to their care. Information contained within staff files such as training and documents with expiry dates were noted and monitored. We discussed our concerns with the provider about the conflicting information in peoples risk assessments and the lack of a formal incident reporting system and will look at this again when we next inspect the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risk assessments were assessed on an individual basis and did not always contain accurate information about the person using the service so staff did not always have all the information they needed to mitigate people's risk. Incidents were not reported formally so there were no records of reviews, investigations or action taken to prevent further occurrences and ensure improvements are made. Regulation 12 (2) (b).