

Care Network Solutions Limited

Hillside House

Inspection report

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Leeds
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 House is a residential care home providing personal care and support for up to eight people with a learning disability and/or mental health needs. Accommodation is provided over two floors in an adapted detached house located in the Leeds suburb of Headingley. At the time of the inspection four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Overall people using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them although some improvements were needed to care planning, evidencing the effectiveness of the service and staff training.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible although documentation needed improving to demonstrate that decisions had consistently been made in people's best interests. We made a recommendation to ensure the service improves documentation relating to capacity assessments and best interests processes.

Overall the service applied the principles and values of Registering the Right Support and other best practice guidance. The layout of the building promoted people's control and independence. More robust systems to set and evaluate people's goals had recently been introduced and this would help the service to robustly measure people's progress and the effectiveness of the service over time.

Some improvements were needed to medicines management processes to ensure that medicines were consistently managed in a safe way. Overall, risks to people's health and safety were assessed and appropriately mitigated. There were enough staff to ensure people received their required care and support. Staff were recruited safely.

People and relatives provided mixed feedback about the effectiveness of the service, we saw improvements were being made to help improve people's experiences. Staff training was not consistently up-to-date, we saw a plan was in place to address this. People's healthcare needs were assessed although in a number of cases more information was needed on how staff should support people's healthcare needs.

Staff were kind and caring and treated people well. People had developed good relationships with staff, although staff turnover had been a barrier to the development of long-lasting relationships over time. People's independence was promoted and a new system to robustly review people's goals and objectives had been introduced.

People's care needs were assessed and in most cases care plans were appropriate and person centred. A system was in place to log, investigate and respond to complaints. People received a range of activities and social opportunities and this was to be monitored more robustly going forward.

We saw improvements were being made by the new manager and they had introduced a new staff team who all felt well supported and were clear about their roles and responsibilities. Audits and checks were in place although some of these needed to be more robust to ensure a high performing service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. At this inspection although improvements had been made in some areas, this was not consistently the case and the provider was still in breach of two regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staff training and governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet or hold a video-conference with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Details are within our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are within our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are within our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well-led.

Details are within our well-led findings below.

Requires Improvement ●

Hillside House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector and a specialist advisor. The specialist advisor worked as a learning disabilities nurse.

Service and service type

Hillside House is a 'care home'. People in care homes receive accommodation and personal care as a 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 the service 30 minutes notice of inspection. This was to ascertain the risk associated with Covid-19, ensuring there were no suspected or confirmed cases of Covid-19 at the home, or any people in isolation.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and communicated with a third person with the assistance of staff. We spoke with seven staff including the nominated individual, care and compliance manager, registered manager and four support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed care and support in the communal areas of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We obtained feedback from two relatives and a professional who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- In most cases we found medicines were managed in a safe way although this was not consistently the case. One person was prescribed an 'as required' medicine for constipation which staff had been giving daily, but they had not documented the reasons why it had been given. There were no clear instructions to guide staff as to the exact circumstances to administer the medicine or how to monitor its effectiveness. There was no bowel management plan in place for the person.
- Medicine administration records were well completed and clear measures were in place to account for all stock. Medicines were generally stored appropriately, although we found some nutritional thickener was not locked away. Immediate action was taken to address this.
- Staff had received training in medicines management and had their competency assessed annually in line with recognised guidance.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the service was no longer in breach of regulation.

- In most cases, risks to people's health and safety were assessed and mitigated. We saw clear risk assessments were in place which provided clear guidance to staff. These were person-centred and subject to regular review. We identified one person did not have a bed rail risk assessment in place, the registered manager immediately addressed this.
- Positive risk assessments were in place to promote people's freedom and independence, to allow them to access the community in a safe and non-restrictive way. Physical restraint was not practiced within the home and we concluded care was delivered in the least restrictive way.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People told us that staff treated them well and we observed people appeared relaxed and comfortable in the presence of staff. There was a relaxed and friendly atmosphere within the home.
- Any concerns were taken seriously and acted on. Safeguarding procedures were in place and were followed to help keep people safe. Staff understood safeguarding matters and told us they were confident that there was no abuse occurring within the service. Staff were vigilant and understanding of any worries or concerns people had and how to manage them.

Staffing and recruitment

- There were enough staff deployed to ensure people received appropriate care and support. People and staff told us there were enough staff deployed to ensure people received their allocated hours of support and timely care and support. We observed staff were visible and available to take people out into the community at the times people wanted to do this.
- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people. Interviews considered staff values and personal attributes to help ensure kind and compassionate staff were employed.

Preventing and controlling infection

- We found the home was clean and tidy and staff had access to personal protective equipment. Checks were undertaken to ensure hygiene standards were maintained. Some staff had received training in infection control and food hygiene, but this was not consistently the case. We saw plans were in place to address.

Learning lessons when things go wrong

- A system was in place to log, investigate and respond to incidents and we saw examples of where this had been used appropriately to help improve the safety of the service.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and relatives provided mixed feedback about the effectiveness of the service. We saw there had particularly been some dissatisfaction with the service from some people and relatives over the last year, however we felt assured that the service was making positive changes for example to the staff team and care planning to help ensure people received consistently good outcomes.
- Pre-assessment documentation was in place and had been recently improved to make it more person-centred. Although the service had not had any new admissions, the systems assured us that a holistic assessment of people's needs would be done prior to any new admissions.

Staff support: induction, training, skills and experience

- Some improvements were needed to training provision to ensure all staff received an appropriate mix of training. For example, only four out of fourteen staff were food hygiene trained and five out of fourteen staff were up-to-date with challenging behaviour. Most of the staff at the service had started working there within the last year and a training plan was in place to increase compliance. We also concluded more training was needed in specific areas such as catheter care and epilepsy to support the needs of specific people who used the service.
- New staff received an induction to the service, its policies and expected ways of working. However, we identified that the service was not making use of the Care Certificate for new staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care. It is recommended for new staff who have not worked in care previously.

We did not identify any impact on people but there was the risk that appropriate care would be provided if staff were not fully trained. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

- Staff told us that they felt well supported by the service. They received regular supervision and annual appraisal. Staff observations were also carried out to provide assurance over their skills.

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

- People were provided with a range of food and drink in line with their preferences. People had sufficient choice.
- The service needed to ensure more information was recorded in care plans to demonstrate the service was doing all that it could to encourage people to follow a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Overall people's healthcare needs were met but some improvements to documentation were required.

Care plans showed people's healthcare needs had been assessed and the service worked with a range of professionals to meet those needs. Hospital passports were also in place to aid the clear transfer of information to hospital should people be admitted.

- Where people had specific care needs such as a catheter more information needed to be recorded to assist staff. Health action plans were not consistently up-to-date and in these cases, it was difficult to review their healthcare priorities. We raised this with the registered manager to ensure it was addressed.

- People had access to a dentist and we saw appropriate products in people's rooms to support good oral hygiene.

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

- The building was adapted to meet people's individual needs and helped ensure the principals of registering the right support were met. The building presented like a home with no obvious or intrusive signage. There were several communal areas where people could spend time with others and people also had space within their own flats to relax should they want privacy. Some flats contained kitchenettes, and all had their own bathroom facilities to help promote independence and freedom.

- There was a pleasant garden area where people could spend time.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Appropriate DoLS applications had been made for people living in the home. These were awaiting assessment by the local authority. We saw staff helped people maintain their freedom and independence and delivered care in the least restrictive way.

- Specific capacity assessments and best interest decisions needed to be clearly documenting to fully demonstrate that decisions made for people without capacity had been made in their best interest. For example decisions relating to bed rails, sensor mats and finances needed to be detailed. We raised this with the registered manager to ensure it was addressed.

We recommend the service consults best practice guidance to ensured documentation provides clear evidence that capacity assessments have taken place and best interest processes followed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

- People were treated with kindness and compassion and their rights protected. People praised the staff who supported them. One person said, "Amazing staff, they are the best staff in the world, they are funny and when upset I can go to them and they calm me down." We observed staff displaying patience and understanding with people and stepping in to de-escalate any distress behaviour appropriately.
- We observed staff had developed good, positive relationships with people. Staff shared laughter with people and we could see there was a good rapport between them. Staff were knowledgeable about the people they supported and dedicated in ensuring they received high quality support.
- Clear information on people's individual likes and preferences was recorded to aid staff better understanding people. Any information on people's diverse needs was recorded to aid staff in providing appropriate care and staff were aware of these. We found discrimination was not a feature of the service and staff worked hard to ensure people's human rights were protected.

Supporting people to express their views and be involved in making decisions about their care

- People felt involved in their care and said they were able to aid their views. We observed daily routines were flexible and responsive to what people wanted on that particular day, showing people had influence over how their support was delivered. People had assigned key workers who held monthly meetings with them to review their care and discuss their goals.
- Where people lacked capacity, some documentation needed to be clearer to demonstrate that people had been involved to the maximum extent possible. However, staff and management we spoke with assured us that the principals of the MCA were followed and people's views were fully considered.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. People told us this and we observed people were treated well by staff. Staff were mindful of people's personal possessions and gave them privacy when they needed it.
- The service promoted people's independence and confidence through the provision of activities and developing life skills. Goals and objectives had previously not been structured in a clear way, however recent improvements to this process had been made which would help the service track people's progress over time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met individual needs. Care planning was detailed and demonstrated that people's likes, dislikes and preferences had been incorporated into their support plans. • Clear one-page profiles were in place which provided staff with a clear summary of people's needs. Care plans were subject to regular review.
- Monthly keyworker meetings were held with people, this allowed the service to review people's care outcomes and respond to any changes in their needs and preferences. New paperwork had been put in place which captured their needs, goals and objectives in a more person-centred way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS. People's communication needs were fully assessed and information recorded as to how staff should best support them. Information had been made available in different formats such as large print and staff used a range of techniques including non-verbal communication and picture cards to help people communicate effectively. We observed staff were familiar with people's individual communication techniques.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them .

- Overall people received an appropriate range of activities and social interaction. People and relatives told us they had a varied range of activities and opportunities available each week. We saw there was a person-centred approach with routines flexible depending on people's preferences on any given day. The service had introduced clearer paperwork which would help staff monitor people's monthly activities through their keyworker meetings.
- Staff told us that staffing levels were always adequate to ensure people had enough stimulation and they thought there was enough for people to do, although more drivers would be beneficial to improve flexibility of activities.
- People were encouraged to access their local community, including attending local cafes and events to help ensure they were integrated into the local community.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and respond to complaints. People we spoke with said the registered manager was approachable and friendly and they felt able to confide in them. We saw evidence complaints had been appropriately investigated and responded to, whilst recognising that the service had not always managed to do this to everyone's satisfaction.

End of life care and support

- The service had not provided any end of life care, however some information on people's individual needs and wishes was sought and recorded to assist staff should this be required.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found joint working with other professionals was not robust, there was a lack of management oversight and there were issues with the quality of the service. This was a breach of Regulation 17 (good governance). At this inspection we found some improvements had been made, better joined up working was taking place and there was a more stable management team. However due to a number of inconsistencies the service was still in breach of regulation.

- Feedback from stakeholders was mixed but that the service was gradually improving and there was now more stable management and staff team in place.
- Quality assurance systems were in place, but they were not sufficiently robust. We identified some quality issues with staff training not being up-to-date, medicines not consistently managed in a safe way and care records not always containing enough information on people's healthcare needs or demonstrating that best interest processes had been followed. Systems should have been operated to ensure a high performing service.

We did not identify any impact on people but there was a risk of harm to people if appropriate governance systems were not in place. This was a breach of regulation 17 (good governance) of the Health and Social Care Act (2008) Regulated Activities Regulations 2019.

- A service improvement plan was in place which demonstrated the action the service was taking to improve in a structured way. A range of more comprehensive audits were being introduced to help ensure a higher attention to detail to quality assurance work.
- Better oversight had recently been introduced of people's monthly care, through improved key worker meetings. This would help the service comprehensively review for example if people were getting enough activities and stimulation as this had not been reviewed in a robust way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Feedback about the service and its overall quality from people and relatives was mixed. We saw there had

been challenges in building relationships with relatives over the last year and two people had recently moved out of the service. The registered manager demonstrated to us that they were taking on board feedback they had received and were improving the service.

- There had been a high turnover of staff within the last year. For example, seven out of 10 permanent support workers had started within the last year. High staff turnover is a barrier to people and staff developing long term trusting relationships. The registered manager told us they were very pleased with their current group of staff and they were confident this would lead to better consistency and quality moving forward.
- Staff we spoke with said morale was good, they felt well supported and they were able to approach the registered manager with any issues or concerns. They said there was an open and transparent culture. We found the management team were honest with us about the service and further improvements they needed to make.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged with through various mechanisms. This included regular key worker and resident meetings and annual relative surveys. We identified some negative comments on a recent relative survey. The registered manager told us they would ensure these were responded to in full, ensuring an audit trail of how each individual issue was addressed.
- Staff told us they felt involved and able to suggest areas for improvement. Staff were able to speak with management informally, or through more formal mechanisms such as the staff meetings and supervisions.

Working in partnership with others

- The registered provider had other homes and the management shared ideas and good practice between them. The registered manager also attended learning disability forums run by the local authority to keep up-to-date with best practice. They had also recently completed an NHS leadership programme and networked with other organisations to keep up-to-date with best practice.
- Documents such as hospital passports had been produced to help ensure the flow of information about people's needs between services. We saw evidence the service had worked with the local authority, taking on board their feedback by addressing a number of points of concern and drive improvement to 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2a)(2c) Systems were not fully in place to ensure compliance with our regulations. Systems to assess, monitor and improve the service were not sufficiently robust. A complete record relating to the care of each service user was not always in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing (2) Staff were not always provided with appropriate and timely training.