

Solar Care Homes Limited

Hillcrest

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?

Good 

Overall summary

Hillcrest provides accommodation and personal care for one person with a learning disability.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

The person using the service was well cared for and relaxed and comfortable in the service. They readily communicated with staff when they wished to be supported and when they wished to be on their own. Their privacy and dignity was respected. A relative said, "The daily personal care for the cared-for is first class. The range of outdoor experiences and relationship between carers and client is admirable. [Person's name] has been given a genuine life full of enjoyable experiences".

Support was provided by a small, consistent, motivated and well trained staff team. The registered manager had

Summary of findings

recognised the importance of staff consistency for the person as well as respecting their wishes to have a mixture of different care staff. Staff told us, “so pleased I work here and see people develop and have choice” and “lovely to see [the person] so happy”.

Care records were up to date, had been regularly reviewed and accurately reflected the person’s care and support needs. The person’s care plan was presented pictorially to enable them to read their plan and be involved in any changes or updates. Details of how the person wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The service’s risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, “we are really supported by management”, “it doesn’t feel like a job” and “working here has a family feeling”.

There were sufficient numbers of suitably qualified staff on duty to keep the person using the service safe and meet their needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient numbers of suitably qualified staff on duty to keep the person using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and the person using the service was given information so they could take informed risks.

Good



Is the service effective?

The service was effective. Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring. The stable staff team had developed caring and supportive relationships with the person using the service.

The person's privacy was respected. Staff encouraged them to be as independent as possible and their achievements were recognised.

Good



Is the service responsive?

The service was responsive. The person using the service received personalised care and support which was responsive to their changing needs.

The person using the service was actively encouraged and supported to engage with the local community by taking part in a range of recreational activities.

Good



Is the service well-led?

The service was well-led. The registered manager provided staff with appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good



Hillcrest

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 29 June 2015 and was announced. The provider was given 48 hours' notice because the service was a small care home for one person. The person could be out during the day and we needed to be sure that they and staff would be in. The inspection was conducted by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR

is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

During the inspection we met and spoke with the person who used the service, the registered manager, deputy manager and four care staff. We observed staff supporting the person and looked at their care records. We also looked at four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with three healthcare professionals and a relative.

This service provides support to one person. In order to protect this person's confidentiality this report will not make reference to any specific personal information.

Is the service safe?

Our findings

The person living at Hillcrest was comfortable and settled living there. Staff had a detailed understanding of their role and there were effective procedures in place to ensure the person was safe.

On the day of our inspection there was one member of staff on duty and a second member of staff was allocated to the service for a minimum of three hours per day. This enabled two staff to support the person when they went out into the community, in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All told us they would have no hesitation in reporting any concerns to managers as they wanted the person to be safe and well cared for. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

We saw there were effective systems in place to help the person manage their finances. With the person's agreement the service held small amounts of money for them to purchase personal items and pay for meals out. The registered manager carried out regular audits of the money held and records kept by staff.

Care records included detailed and informative risk assessments. These documents provided staff with clear guidance and direction on how the person should be supported in relation to each specific identified risk. For example, the risks associated with the person going out into the community and what type of situations could potentially put them at risk of harm. Records detailed how staff should respond in the relation to each situation that could arise.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely at Hillcrest. All medicines were stored appropriately and detailed records kept of the support the person had received in relation to the management of their medicines. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

The environment was clean and well maintained. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessments for the environment, which was annually reviewed.

Is the service effective?

Our findings

Staff were knowledgeable and well trained. Healthcare professionals told us staff had the knowledge required to meet the person's care and support needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One member of staff told us, "we asked for some more training on challenging behaviour and the session was very good". Before the person moved into the service specialist training was arranged so staff could understand how to meet the person's specific needs. The healthcare professional who provided this training told us, "we found staff took on board all information that was given and have further updated this [training] as the person's progress continues".

Staff received regular supervision and appraisals from managers. This gave staff an opportunity to discuss their performance and identify any further training they required. There were also monthly staff meetings where staff had the opportunity to share ideas and discuss any aspects of the person's support as a group.

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the home and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, both in this service and the provider's other services, until such a time as the worker felt confident to work alone.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Care records showed the person had given their consent to their current support arrangements. The environment had been adapted and specifically designed for the person prior to them moving into the house. This had been carried out in consultation with them, taking into account their physical and emotional needs. Staff told us when the person first moved into the house they told them "this is my home".

The person was supported by staff to have a balanced and healthy diet. Staff helped them with their shopping and meal planning. The kitchen had been designed so the person could access cupboards and equipment to enable them to be involved in meal preparation. Cupboard doors were labelled with pictures of the contents so the person knew where everything was kept.

The service worked with external healthcare professionals to help ensure the person's care and health needs were met. Care records showed the person using the service had been supported to attend clinics and access a variety of health care services. Healthcare professionals told us, "they [the service] champion the residents needs above all else" and "communication is always good and they share any concerns or issues relating to the person in a timely fashion".

Is the service caring?

Our findings

The person using the service was well cared for and relaxed and comfortable in the service. They readily communicated with staff when they wished to be supported and when they wished to be on their own. Staff interactions with the person were friendly, relaxed and appropriate to their communication needs. A healthcare professional told us, “they [staff] are extremely dedicated and caring”. A relative told us, “The daily personal care for the cared-for is first class. The range of outdoor experiences and relationship between carers and client is admirable. [Person’s name] has been given a genuine life full of enjoyable experiences”.

Support was provided by a small, consistent, motivated and well trained staff team. The registered manager had recognised the importance of staff consistency for the person as well as respecting their wishes to have a mixture of different care staff. Rotas were carefully planned to ensure staff were allocated who knew the person’s needs while varying staff sufficiently so their social and emotional needs were met. Staff told us, “so pleased I work here and see people develop and have choice” and “lovely to see [the person] so happy”.

We saw staff valued and respected the person’s privacy. During our inspection staff encouraged the person to engage with a variety of activities and tasks but respected their wishes when they chose to spend time alone. Staff

respected that the service was the person’s home and when they completed tasks for the person they returned equipment or items used to the agreed places. This ensured the environment and the person’s possessions were organised in the way they had chosen.

The person was involved in making decisions about their care. Care records detailed how the person communicated their wishes and what certain gestures or behaviours conveyed. Staff had a good understanding of the person’s communication methods and used this knowledge to enable them to make their own decisions about their daily lives. We observed staff asking the person where they wanted to go out that day. When the decision was made staff wrote this on a white board and showed it to the person so they could confirm that staff had properly understood their wishes. A visiting relative had commented in the care records, “really happy that [the person’s name] has so much space and can make choices about their daily living”.

Staff met with the person every month to review the care provided and discuss any changes to the running of the service. The person’s care plan was presented pictorially to enable them to understand their plan and be involved in any changes or updates. They were also invited to attend staff team meetings and take part in interviews for new staff.

Is the service responsive?

Our findings

Care records were up to date, had been regularly reviewed and accurately reflected the person's care and support needs. Details of how the person wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support.

The care plan included detailed information about the person's life history, hobbies and interests and had been developed with them. Individual sections of the care plan described how staff should support the person in different situations. This included the person's routines at certain times of the day such as their routine for getting up and going to bed. Since moving into the service staff had supported the person to develop goals and aspirations about how they wished to live their life. These included going out to visit certain local attractions, going on a picnic with friends and going out on a bus. Records showed that many of these goals had been achieved and staff encouraged the person to continue to set new goals to further develop their independence and sense of well-being.

Staff were provided with information on how to support the person to manage their anxiety if something occurred that triggered a change in their mood, both inside and outside of the service. The care plan clearly described what might trigger a change in the person's mood and enabled staff to prevent situations occurring that would trigger certain behaviour. If the person became anxious staff were instructed to take a structured approach which helped them to support the person consistently when they became distressed. This approach included walking away and giving the person space and returning after a few minutes, when inside the service. When out in the community the person was supported by two staff. Staff were given clear instructions about how each staff member should respond if the person became anxious by certain situations.

Records showed there had been occasions when staff had used the distraction and calming techniques detailed.

However, there had not been any incidents where these distractions had not worked and the person had quickly calmed without the situation escalating. This showed staff were following the care plan and knew how to respond to the person to prevent changes in their behaviour. Staff told us the person was much calmer than when they first moved into the service. One member of staff told us, "[Person's name] has progressed beyond what we thought possible".

Staff at Hillcrest actively encouraged the person living there to engage with the local community. Care records showed the person engaged with a variety of activities including local shopping trips, visits to the zoo and visits to local tourist attractions. The service regularly arranged joint events with their other services, which were situated close by. This had enabled the person to make friends and have the opportunity to meet up and go out with these friends should they choose to. Staff supported them to be involved in some household tasks. This meant they were able to maintain independence in their daily life.

The service was flexible and responded to the person's needs and wishes. The service was contracted to provide the person with three hours of support each day with two staff to enable them to go out in the community. The second member of staff was based at another one of the provider's services nearby. This was because the person did not wish to have two staff in their home until they were ready to go out. The times the person liked to go out each day and how long they wished to be out for varied from day to day. The second member of staff was booked to work all day and was therefore available at the time the person choose to go out and for how ever long they wished to, often exceeding the three hours that were funded. A healthcare professional said, "we have found out in reviews that they have exceeded the staffing levels to allow the service user the opportunity to access the community, at times that they requested".

A copy of the provider's complaints policy was available within the service. No complaints or concerns had been received.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were one of the owners of the service. They were supported by a deputy manager and senior care staff.

There was a positive culture in the service, the management team provided strong leadership and led by example. The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff said they were supported by the registered manager and deputy manager and were aware of their responsibility to share any concerns about the person who used the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with managers, regular formal supervision and monthly staff meetings. The minutes of staff meetings showed that staff were encouraged to have open discussions about the service and their views were listened to. Staff were asked to complete six monthly 'stress

surveys' so the registered manager could monitor staff's well-being and identify any support needs. Staff told us, "we are really supported by management", "it doesn't feel like a job" and "working here has a family feeling".

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs as well as asking for feedback about the care provided. Healthcare professionals told us, "Solar Care are possibly the most open and diligent care provider that I work with. Communication is always good and they share any concerns or issues relating to people in a timely fashion", "I am frequently asked to complete surveys in terms of my views toward the organisation and hence always appear to welcome my feedback" and "I have been asked to fill in a survey at regular intervals".

Records showed the registered manager met face to face with the person that used the service to ask them about their views of the service. The registered manager completed a variety of regular audits to assess and monitor the quality of care provided at Hillcrest. These included audits of medicines, infection control processes and health and safety procedures. The registered manager monitored the quality of the care provided by monthly observations of staff working practices. Checks of specific skills were completed each month and any training needs identified through these checks were addressed.