

Hillcrest & Lyndale Care & Support Services Limited

2 Hill Close

Inspection report

2 Hill Close
Pontefract
West Yorkshire
WF8 2SF

Tel: 01977706192

Date of inspection visit:
24 October 2023

Date of publication:
04 December 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

2 Hill Close is a small residential care home providing support and care for up to 3 people at the time of the inspection. On the day of our inspection there were 3 people using the service. There are also 1 Hill Close and Hillcrest which are registered separately but form part of one complex with many elements such as staffing and policies shared across all three buildings. We inspected these services in a 2-week period because much of the evidence we needed to gather was common to all 3 services.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

Systems were not robust enough to demonstrate people's safety was always effectively managed. There were shortfalls in cleanliness and in the assessment and management of risk. There was a lack of clarity in relation to staff deployment. These shortfalls had not been picked up through the provider's governance arrangements.

The location of the service in an ordinary residential area provided good access to local amenities and services which helped support people's independence and autonomy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People told us they were happy living at 2 Hill Close and we observed that people were relaxed in the company of staff and others they lived with. Support was available when needed and people were able to join in with activities within their local community. People's care was person-centred and enabled them to live independent lives.

Right Culture

Overall, there was a positive culture in the service and people were happy with the support they received. However, the terminology and definitions used by the provider were not always respectful or empowering. People told us they were happy in their home and with the support they received from staff. Staff knew their responsibilities and were confident to report concerns that might arise. Staff felt well supported by the management team who worked at the service. The management team was responsive to the inspection findings and keen to deliver a high-quality service.

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

Rating at last inspection

The last rating for this service was good (report published 8 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service, specifically, the time elapsed since the last full inspection.

We undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, caring and well-led sections of this report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We made recommendations about staffing and the use of respectful terminology and definitions.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

2 Hill Close

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector and a regulatory co-ordinator.

Service and service type

2 Hill Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 2 Hill Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 24 October 2023 and ended on 17 November 2023. The inspection visit took place on 24 October 2023.

What we did before the inspection

We reviewed information we had received about the service since it had been registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers

are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 members of staff including the registered manager and support workers. We observed people in their rooms and in their home. We reviewed a range of records including 2 people's care records and various medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A range of records relating to the management of the service including audits, analyses of data and policies and procedures were reviewed.

After the inspection visit, we continued to seek clarification from the provider to validate evidence found. We received additional information, which was used as part of our inspection. This included service audit records regarding maintenance and fire safety and risk management and records regarding staffing and staff training, and policies and procedures. We spoke by phone with 2 staff members and sought feedback from the local authority who commission 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Preventing and controlling infection

- Fridge temperature checks were not completed or recorded and there was no process in place that ensured opening dates of food items stored in the fridge were recorded.
- There were arrangements in place for preventing and controlling infection, including cleaning schedules but these were not applied consistently.
- Some areas of the home were not clean and there was limited evidence of consistent management oversight to ensure compliance with service policies.
- Hand-drying facilities were not present in either the toilet or the kitchen for people to use once they had washed their hands.

The provider had failed to ensure infection control risks were managed and mitigated. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- There were no fire extinguishers in 2 Hill Close. A risk assessment of the location had been completed but we were not assured it had been completed by a suitably competent person, or that it was suitable or sufficient to meet with current fire regulations.
- There were no radiator covers present throughout the service and some radiators were very hot. A risk assessment was not in place.

We found no evidence that people had been harmed however the provider had not always identified and managed risks to people's safety and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans contained information about their assessed needs and how people should be supported. There were assessments on a range of topics including nutrition and hydration (including choking risks), personal hygiene, medication, continence and communication.
- Environmental checks including gas safety and legionella had been carried out.

Staffing and recruitment

- When we entered the location, there were no staff present on-site. Inspectors had to make the manager from Hillcrest aware of our presence so staff were available for the inspection.

- Rotas and dependency tools showed that no night staff were provided at 2 Hill Close. However, inspectors were informed that 2 night staff were shared between 1 Hill Close, 2 Hill Close and Hilcrest, therefore the rotas and dependency tools were incorrect.

We recommend the Provider reviews their staff rotas and dependency tools to ensure there are sufficient staff on duty to provide safe support to people on a 24-hour basis.

- The provider operated safe recruitment processes and undertook appropriate pre-employment checks on staff including Disclosure and Barring Service (DBS) checks and reviewing references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate safeguarding systems in place.
- Staff had received training about what to do to make sure people were protected from harm or abuse.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicine administration records were completed correctly and outcomes of audits and spot checks were recorded.
- Staff who administered medication had completed appropriate training.

Visiting in care homes

- People were supported to have visits from friends and relatives.

Learning lessons when things go wrong

- The service told us they had not had any incidents where they were required to identify and complete a lessons learned log.
- The service told us they had not received any complaints or concerns about the care and support they provided and had, therefore, not carried out any analysis or identified any lessons learned.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- We observed staff supporting people to tidy their rooms and wash their clothes by using the washing machine.
- Staff demonstrated they knew the people they worked with and they interacted with them in caring and kind manner.
- People had been on a recent holiday to the seaside and they told us they enjoyed it. They were involved in conversations about their holidays so they could share ideas and thoughts about future plans.
- People told us they were happy at 2 Hill Close. One person said, "I am happy here. I have been on trips to watch football matches."

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

- Staff had engaged people in conversations about their end-of-life preferences and plans. These were recorded in a 'When I Die' document and reviewed and updated by people with any changes to their wishes.
- In a recent engagement survey, one person indicated they were able to make all the choices they wanted about their care and they were happy with the way staff treated them.
- There were a range of activities for people to take part in should they wish. We observed people make choices about their daily activities. A member of staff told us, "People choose their own activities and if they want to stay in and do their own thing that's up to them."

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms which were personalised and they were able to make choices about spending time in their room, the living room or spending time with other people in Hillcrest.
- People were proud to show us their own rooms and it was evident they had made their own decisions about the decoration and layout of their personal space.
- People were able to live in an independent way but there was limited evidence of how the service encouraged people to develop and improve their independent living skills such as cooking, cleaning and shopping. A member of staff told us, "People are mainly independent and don't need much help with things, we tend to ask them what they want to do that day."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- There was limited assurance that the registered manager carried out a range of checks and audits to monitor the quality of the service and make improvements which had not enabled the provider to take timely action to address improvement. This included, for example, the infection control, risk assessments and staff deployment issues we found.

The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service. This is a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported by the management team and they could approach them for support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager referred to people as "Our rezzies" which meant residents. This was not respectful terminology and did not set a good example for support staff.

We recommend the provider review current best practice guidance on why it is important to consider terminology and definitions regarding learning disability and take action to update their practice accordingly.

- Overall, there was a positive culture in the service that focused on support and care for people through group activities, however, people were not always empowered to maximise their independence.
- People had made choices and decisions about how their bedrooms were decorated and arranged. People's rooms reflected their personalities and personal tastes.

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

- People who lived in 2 Hill Close were involved in regular meetings and discussions about a range of subjects including vaccinations, planning for Christmas, reflections on holidays and trips and ideas for

future activities. Notes from these meetings were captured in easy read format.

- There were regular meetings for staff where general service updates and information were shared.

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; Working in partnership with others

- The registered manager understood their duty of candour responsibilities.
- The registered manager notified the CQC of relevant incidents as required.
- The legal requirement to display the CQC rating of the last inspection in the home was met.
- The service worked in partnership with other agencies, such as doctors and social workers, to help to provide joined up care for people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure infection control risks were managed and mitigated.</p> <p>The provider had not always identified and managed risks to people's safety and wellbeing.</p> <p>This is a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service.</p> <p>This is a breach of Regulation 17 HSCA RA Regulations 2014 Good governance</p>