

Hill Homes Care Limited

Trees

Inspection report

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Date of inspection visit:
30 April 2019

Date of publication:
28 May 2019

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

Trees is an "extra care" housing provision operated by Hill Homes Care Limited. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home.

People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of this inspection, approximately 37 people were receiving care support.

People's experience of using this service:

People told us they were well treated by the staff and felt safe with them.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Risks had been identified, ways to reduce these risks had been explored and followed appropriately.

People told us they were satisfied with medicines support.

People were treated as individuals who had different likes, dislikes, needs and preferences.

Staff upheld and respected people's diversity. Staff challenged discriminatory practice.

People's needs were assessed and had individualised care plans that were regularly reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to raise any concerns or complaints if they were unhappy with their care.

People told us that the management listened to them and acted on their suggestions and wishes.

Staff were positive about working for Trees and told us they appreciated the support, encouragement they received from the management.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

Rating at last inspection:

Requires improvement (report published on 12 June 2018).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Trees

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Trees provides care and support to people living in specialist 'extra care' housing. The provision of personal care is regulated by the Care Quality Commission.

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:

Our inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available on the day. Our inspection process commenced on 30 April 2019 and concluded on the 2 May 2019.

What we did:

Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eleven people who used the service and five relatives.

We spoke with the registered manager, the team leader, one volunteer, the activities coordinator and three care staff.

We reviewed four people's care records, including medicine records, three staff files that included recruitment, training and supervision records.

We checked other records related to the management of the regulated activity.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People who used the service and relatives told us they trusted the staff and felt safe with them. One person told us, "It feels safe here, [staff] always have their eyes on me." A relative commented, "[Staff] treat [my relative] like family. Everyone is lovely."
- Staff had completed safeguarding awareness training and understood the policies and procedures they needed to follow if they suspected abuse. Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abuse. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management.

- People had been involved in discussions about any risks they faced as part of the assessment of their care needs. We saw records of this involvement in people's care plans.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. Information about risks and its management was recorded in people's care plans and was being reviewed regularly.
- We saw that the service had systems for identifying, assessing and acting on environmental risks within the service. The fire risk assessment was up to date and included people's current personal emergency evacuation plans.

Staffing and recruitment

- People's dependency was assessed to find out how many staff hours they required. Extra hours were also available for any additional tasks that people required.
- People and relatives told us there were enough staff on duty. A person told us, "I need help in the bath and [staff] help with whatever I need. They are sometimes busy, but you don't [have to] wait too long."
- Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.
- Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check.

Using medicines safely

- Staff who supported people with their medicines had undertaken medicines administration training and their competences had been assessed during regular spot checks within the person's flat.
- People's medicines, along with any known allergies were listed in their care plan. People received different

support depending on their needs and wishes.

- People told us they were satisfied with the way they were supported with their medicines. One person told us, "I get medication morning, noon and night. I get it on time and [staff] explain what it's for and order repeat prescriptions."

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment (PPE).

- A staff member we spoke with told us about the way the training had improved their work practice. They said, "We've got to understand the difference between viruses and bacteria, how to minimise the risks of contamination and the spread of infection. PPE is provided by the organisation and there is always enough in place."

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and monitored, and procedures were reviewed, including review of people's care records. Discussions took place in staff meetings and handovers to learn from these.

- The registered manager gave us examples of how they had learnt from past safeguarding issues and what action they had taken to reduce the likelihood of the same problems being repeated. The registered manager told us, "The learning from safeguarding alerts and accidents and incidents is used at team meetings to share outcomes and reflect on our practice as a service provider, to ensure we learn from our mistakes and take differing or new approaches to improve the quality of our services."

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of this service we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to supporting staff. At this inspection we found that the improvements had been made and the provider was no longer in breach.

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

- People's needs assessments were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. A person said, "Staff are very helpful, they watch to see if there is anything else they can help you with."

Staff support: induction, training, skills and experience

- People told us staff were generally good at their job and knew what they were doing when providing support. One person told us, "Staff are very good. They come and give me a shower and ask if ready to get up for a shower. They know their job, so I don't have to tell them too much." A relative commented, "Care is better than expected, [staff] are trained well. Some are really interested, and others do the job, but all do their job well and all know [my relative]."
- Staff told us that the induction was thorough and a positive experience. One staff member told us, "I was on induction for eight weeks. I looked at policies, rules and fire safety. Following that I shadowed other staff, and after that an established [staff member] shadowed me to make sure I was following the care plan and supporting people well." One person we spoke with told us, "New staff are trained before they actually do it [care] so they know what to do."
- Staff told us, and records showed that staff were provided with the training they needed to support people effectively. One staff member told us, "Following on from the last inspection [the registered manager] said we were weak in training, so since then we have done a lot of training. I have had health and safety, medication, fire safety, fire marshal, infection control and safeguarding."
- The registered manager told us that, because a manager had been away long term, supervisions and appraisals had not taken place as often as they would have liked to. Despite this, all the staff we spoke with told us they felt very supported. One member of staff said, "[Senior staff member] provides me with supervision. I find it helpful. I have had appraisals which are self-appraisals. I absolutely feel supported. I feel very supported here, as a member of staff I get on with everybody, if I have any worries [the registered manager] is there and no matter how busy he is, he is there and listens to us." Another staff member commented, "I talk about any issues I have and more support I need. I have had an appraisal last year. I feel comfortable to go to all office staff and [the registered manager]."

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

- People told us they were happy with the way they were supported with eating and drinking where this formed part of their care package. One person told us, "They don't cook they heat up and serve and wash up afterwards. They make me sandwiches or soup, it varies according to the weather. I have no criticisms or complaints. I am absolutely happy and very contented."
- Care plans listed people's food likes and dislikes as well as any identified risks associated with their dietary needs. Staff we spoke with were aware of people's dietary needs and told us they always asked people what they would like to eat or drink. A member of staff told us, "We have one person with swallowing difficulties, she has got Dysphagia which means she finds it difficult to swallow food. The dietician has been involved and a mitigating plan has been put in place."
- Staff understood people's cultural or religious need in terms of food and drink and people told us this was respected.

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

- Staff and management worked collaboratively across services to understand and meet people's needs. The service had clear systems and processes for referring people to external services.
- Where people required support from other professionals this was provided, and staff followed professionals' recommendations. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.

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

- People's comments about accessing health and social care services were consistently positive. One person told us, "The GP comes regularly, or the office makes an appointment." A relative commented, "If there is a major problem it would be dealt with. [My relative] had a [medical emergency] and they called an ambulance. They dealt well with the emergency. They communicate when there is a concern."
- Care plans provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff had a good understanding about people's current medical and health conditions

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".

We checked whether the service was working within the principles of the MCA and found that it was.

- Staff had attended the MCA training and were aware of the need to always obtain consent when they supported people. A staff member told us, "It's supporting them in making decisions, it is about making decisions. They are entitled to make unwise decisions."
- People told us that staff asked their permission before assisting them, offered choices and valued their decisions. One person we spoke with told us, "They always ask me if I want anything."
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, best interest meetings had taken place, with the relevant stakeholders to discuss what was best for the person.

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.

Good: 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 and their relatives told us they received a caring service from staff who were respectful and thoughtful. One person told us, "[Staff] are all good. Treat me respectfully and very friendly." A relative commented, "It's fabulous, so lovely. Everyone is so kind. They go above and beyond. So sweet with [my relative] and tactful."
- The service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. These applied to people who used the service and included age, disability, gender, marital status, maternity, race, religion, sex and sexual orientation.
- The registered manager told us that everyone at the service was treated with respect and their differences were valued and supported. Staff told us they treated people as unique individuals and welcomed lesbian, gay, bisexual and transgender (LGBT) people to use the service. A staff member told us, "I would put in a report to the line manager if I noticed someone being abused on the grounds of their protected characteristics." Another staff member commented, "During [LGBT] pride week, we put up rainbows on our display board, we have a significant Jewish community, we celebrate festivals such as Hanukah and Passover."
- The results of the most recent tenants survey showed that people were positive about how the service met their cultural needs.

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

- The value of inclusion was supported and celebrated to make sure that staff worked in partnership with people using the service and their relatives. A relative commented, "I know [my relative] is well looked after and they will always contact me if they have any concerns. I feel that we work as a team with [my relative's] well-being the mutual focus."
- People told us, and records confirmed that people were involved in making decisions about their care. Staff respected people's views in relation to their care and followed their lead with sensitivity.
- Records of meetings between the registered manager and people showed that everyone was involved and participated as far as they could. The registered manager told us they made sure everyone had a voice and could express their views. A relative told us, "I am full of admiration for all the staff. [The registered manager] is always approachable and always happy to listen to suggestions. We all know [my relative] is in good hands."
- The management and staff positively welcomed the involvement of advocates, and actively worked with them to support people to explore their care and support options.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves.
- Respect for privacy and dignity was at the centre of the service culture and values. All staff were trained in dignity and respect. People and relatives consistently told us staff treated them with dignity and respect. One person commented, "They do what needs doing and chat all the time to me. They help me shower and treat me with respect." A relative told us, "We come in unannounced. I have watched staff being so kind and caring. Treating her as a person, with respect."
- Staff gave us examples of how they maintained people's dignity and privacy when providing care and understood the importance of confidentiality. A staff member told us, "When I am doing personal care I make sure the door is closed, I ask them how they would like me to support them."
- People's personal information held by the service was being treated confidentially and in line with legal requirements.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

At our last inspection of this service we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to person centred care. At this inspection we found that the improvements had been made and the provider was no longer in breach.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were involved in planning their care, from the initial assessment through to reviews and updates when required. There was a strong emphasis on collaboration and we saw people who used the service and their relatives had updated care plans as required.

- As part of a general review of care planning systems, people and their relatives had been asked to co-produce a suitable care plan template.

- These revised care plans were comprehensive and person-centred. They gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.

- A wide range of activities were provided by the service, free to all tenants. We met with the activities-coordinator who knew all the people very well. People told us the activities were varied and improved their well-being. The activities-coordinator was assisted by a large number of volunteers. A volunteer, who had been visiting the home for over 40 years, told us, "Staff are fantastic, they really care about the tenants, they know everything about them, I enjoy working with them."

- Every plan included a one-page profile. This gave staff information about 'what people like, admire and appreciate about me', 'what matters to me' and 'how best to support me'.

- The care documentation showed that the service identified people who had different communication needs and recorded how they wished to communicate. Staff understood the way that people expressed and communicate their needs and wishes. This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. One person told us, "I have never made a complaint but if it was really bad I would talk to [the registered] manager."

- Records showed that the registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. We saw that people had received a written apology where mistakes had been made.

End of life care and support

- The provider had systems in place to support people with end of life care and palliative care needs. Where

people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in their care plans.

- Currently, no one was being supported with end of life care and palliative care needs. The team leader told us, "We work closely with the palliative care team and their GP when their health has deteriorated, and they require palliative care support. We have plans in place to support people with their palliative care and end of life care needs."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection of this service we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to good governance. At this inspection we found that the provider had made improvements and were no longer in breach.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People who used the service spoke highly of the registered manager. One person told us, "[The registered manager] is very pleasant. He is a good manager. I have never seen him annoyed. Always smiling and always helpful."
- Relatives told us the management was approachable and were positive about how the service was run. A relative commented, "I can't fault [registered manager]. [He is] very concerned things are done properly. [The service] is well run, always someone in the office, always greets you, always very friendly and keen to get things right."
- The registered manager demonstrated a good understanding of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and knew their responsibilities in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- Staff told us they were now clear about their roles in relation to the quality standards of care the provider had set out for the service. A team leader said, "We [now] have got more clarity in relation to our roles and responsibilities."
- Staff told us the registered manager listened to them. A staff member commented, "He is very receptive and listens to me. [The registered manager] spends time [with us] and goes over things with us, he gives us feedback constantly."
- Staff and a volunteer told us they enjoyed working with the provider. A staff member commented, "I have been very happy in my post. [Registered manager] communicates very well, if you have a concern he is ready to stop and listen." One volunteer told us, "I am impressed with the care [people] receive. I find [registered manager] much more hands on approach, if there is anything he would be there. When he started working here he introduced himself and met every single [person], so was impressed with that."
- Since the last inspection the registered manager had reviewed systems and processes to audit the quality and safety of care provision which enabled them to have a better oversight of the management of the

regulated activity. A team leader said, "We have more systems in place now compared to last year."

- There were records of regular monitoring checks and audits these included care reviews, weekly checks, unannounced visits to people's flats, and audits of care plans, risk assessments, medicines administration charts, daily care logs and staff files. The checks were in date and the registered manager had taken actions where they had identified areas of improvement.
- This meant the registered manager had a good oversight of the service, and continuously learned and improved care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us the service had improved since the last inspection. One person said, "[The service] is much better than before."
- The provider engaged with people, relatives and staff on an ongoing basis to seek their feedback on the quality of service and to keep them updated of any changes.
- The provider ensured the engagement methods that were developed met people, relatives and staff's diversity needs. The registered manager told us, "Since the last inspection we have worked on how to engage better with people. For example, we have taken co-production approach in person-centred care planning."
- These systems ensured that people's views about the care delivery were routinely sought and improvements were made when issues were highlighted. This had a positive effect on outcomes for people.
- The provider held regular people's and relatives' meetings where they had open discussions about various aspects of care delivery. A person said, "[Registered manager] has got a good hold on it all. I go to the tenants' meetings." A relative commented, "We have a meeting every six months. [The registered manager] is responsible and keen to get it right."
- The registered manager held regular staff meetings to discuss people's care. Records confirmed this. Staff told us they attended team meetings and found them helpful. A staff member said, "[Staff meetings] are really good, chance for everyone to come together, gets to raise their problems and aired right there and then. We talk about the organisation's values."
- The provider had a quality assurance policy and processes in place that promoted continuous learning and improving care.
- The registered manager told us they had introduced a people's survey since the last inspection where they asked people about what changes and improvements they wanted to see in the service and they actioned people's suggestions. For example, the service created activities based on people's suggestions. Records and people confirmed this.

Working in partnership with others

- The provider worked in partnership with community organisations, local authorities and other healthcare professionals to improve people's experiences.
- The registered manager told us, "Our links with Highgate group practice GPs, pharmacists, local district nursing team and occupational therapists, and community pharmacist are very good."