

Hillgreen Care Limited

# Hillgreen Care Ltd - 185 Herbert Road

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 27 February 2017 and was unannounced. The last comprehensive inspection was completed on 27 January 2016. It was rated as "good" overall but with a breach of Regulation 17. The provider subsequently sent us an action plan that identified how they planned to address the issues that led to the breach. At this inspection we found that action had been taken to improve the service and to meet the breach of legal requirements.

We saw the provider had met the recommendations made by the London Fire Brigade at their inspection of the service in August 2015. Improvements were made to the garden and the provider carried out a range of feedback surveys, checks and audits to monitor the quality of the service that were effective in identifying areas for improvement.

We have improved the rating for the key question 'Is the service well-led?' from 'requires improvement' to 'good'. □

185 Herbert Road provides care and accommodation for up to three men with learning disabilities and autism. On the day of the inspection three people lived at the home.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us they felt people were well cared for and safe living at the service. This view was confirmed by the health and social care professionals we spoke with. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed. Staff knew how to minimise risks and manage identified hazards in order to help keep people safe from harm or injury.

There were sufficient numbers levels of staff to meet people's needs. This was endorsed by the relatives of people we spoke with and by staff.

People received their medicines appropriately and staff knew how to manage medicines safely.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure people are only deprived of their liberty in a safe and correct way. There were policies in place in relation to this and appropriate applications were made by the provider to the local authorities for those people who needed them. Staff supported people to make choices and decisions about their care wherever they had the capacity to do so.

People had varied and nutritious diets and choice of meals. They were supported to stay healthy by staff who were aware of people's healthcare needs and through regular monitoring by healthcare professionals.

Relatives and professionals told us staff were consistently kind and caring and established positive relationships with people and their families. Staff valued people, treated them with respect and promoted their rights, choice and independence.

Comprehensive care plans were in place detailing how people wished to be supported. They had been produced jointly with relatives and where possible people using the service. Relatives told us they agreed the care plans and were fully involved in making decisions about their family member's support.

People participated in a wide range of activities within the home and in the community and received the support they needed to help them to do this.

There was a complaints procedure in place and relatives felt confident to raise any concerns either with the staff or the registered manager if they needed to. The complaints procedure was available in different formats so that it was accessible to everyone.

We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it.

We saw staff were motivated in their work and were keen to improve their learning. They told us and we saw they had access to good and relevant training. Staff received regular and effective supervision. The registered manager had completed qualifications in management in care and supported a culture where staff training, support and development was emphasised.

We found the provider was meeting the breach of regulation 17 because they had implemented a new system that sought feedback about the quality of the service from different people involved with the service. There were systems in place to use the feedback received to improve the service where necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

We found that action had been taken to improve the service and to meet the breach of legal requirements.

The provider carried out a range of checks and audits to monitor the quality of the service that were effective in identifying areas for improvement.

We have improved the rating for well led from requires improvement to good.

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## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector on 27 February 2017 and was unannounced.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the registered manager, deputy manager and two members of staff. We were not able to speak to people because they had complex needs. We therefore observed and heard how staff interacted with people to understand their experiences of using the service. After the inspection we spoke on the telephone with one relative and two social care professionals who supported people within the service.

We inspected the premises and looked at three people's records which related to their care needs, three staff files and other records associated with the management of the service

# Is the service safe?

## Our findings

We saw that people were safe when they received support from staff. Relatives told us they thought their family members were treated well by staff because of the kind, compassionate and informed approach to the care they provided to people. Health and social care professionals told us that they thought people were safe because they said staff were able to meet people's needs.

Staff were able to describe what constituted abuse and they knew the correct procedures to report any concerns they had about people's safety. One member of staff said, "I would report any concerns I had to the registered manager, or if they were involved, to the head office or to the social services if this was necessary." Another member of staff told us, "I would go to senior staff or to the manager. I know I can go to the CQC (Care Quality Commission) too." Staff were also well aware of the provider's whistleblowing policy and procedure. One staff member said, "I would not hesitate to whistle blow to protect the people who use the service if I had to. They depend on us to protect them."

We reviewed records which showed that when incidents occurred at the home the registered manager took appropriate actions which included liaising with relevant agencies such as the local authority and CQC. This helped ensure improvements were made to people's safety at the service?

People's care records included assessments of risks associated with their care and support. We saw that these assessments were comprehensive and covered all the necessary areas of people's lives in the home as well as time spent out into the community. As an example, we saw there were risk assessments for people using public transport such as buses and trains. There were clear and useful strategies identified as part of the care plans for staff to follow to deal with these risks.

The registered manager and staff were positive in their approach to risk tasking for people. They told us it was important to assess how an identified risk might impact on people's quality of life. This included the potential benefits of a person taking a risk to maximise their independence and quality of life, or how not taking the risk would affect the person involved. They also considered what strategies the person and staff needed to put in place to support a person to take a risk of their choice in the safest way possible.

The premises and equipment were well maintained. This protected people from risks associated with their environment such as trips and falls. People were also supported to keep safe in the event of emergencies such as a fire. We saw personal evacuation plans were in place for each person and had been reviewed in the last three months. Records showed that all the fire equipment was maintained and checked annually by appropriate service engineers. One staff member told us, "We check the fire alarm each week and go over the fire drill."

There were sufficient numbers of staff to support people in a safe and person-centred manner. The registered manager determined staffing levels based on people's assessed dependencies and needs. Staff told us that the staffing levels allowed them to support people to participate in their chosen activities. One member of staff said, "We have enough staffing to provide one to one care for people and sometimes when

we go out with people and provide two to one care." The staffing levels we saw allowed people to be supported to go out to attend their various activities. Health and social care professionals told us that staffing levels were sufficient to meet people's needs.

The provider operated a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people using the service. They carried out all of the required pre-employment checks before a new worker was allowed to start work. These included evidence of good conduct from previous employers, and a criminal records check. These checks helped to make safer recruitment decisions and prevent the employment of staff who may be unsuitable to work with people who used care services.

People received their medicines as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people's medicines. Medicines were stored safely and securely in a central medicines cabinet. Storage of these medicines followed relevant guidelines. Staff followed required protocols when they supported people with their medicines. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medicines administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts.

# Is the service effective?

## Our findings

Relatives we spoke with told us that they were happy with the support their family member received from staff. One relative said, "People are treated with respect and they are very happy there and that makes me happy too." The professionals we spoke with were of the same view, that people received effective care from well informed staff.

Staff were skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager or the deputy manager who reviewed their progress and offered support. Training was provided during induction and then on an ongoing basis. Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, medication and moving and handling.

The training programme in place included courses that were relevant to the needs of people who lived at 185 Herbert Road. These included epilepsy, diabetes and autism. This meant that staff were provided with training that enabled them to support people appropriately.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. The registered manager told us that the aim was for staff to receive regular supervision every six to eight weeks and we saw evidence that this carried out. All the staff we spoke with said they were fully supported to undertake their roles.

All of the people living in the home had limited capacity to give consent about the activities they wanted to undertake. We observed that staff assisted people to understand what they were being asked about and they waited for people to respond before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary and used non-verbal forms of communication in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions. In this way people were encouraged and enabled to give their consent where ever possible about their wishes and preferences.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met.

We saw that people's consent was sought prior to providing care, even though people were not able to give their verbal consent. Staff were heard to ask people questions such as, "are you ready for a drink?" before care was provided. Staff had all received training in MCA and DoLS training and understood their responsibilities under the Act. If people were unable to give their consent about certain decisions then a meeting was called with their relatives and other relevant healthcare professionals to ensure it was in their best interests. We saw that if the decision involved a possible deprivation of their liberty, such as restricting their freedom to go outside unescorted, then a DoLS application had been made and authorised by the appropriate local authority. This helped to ensure that people were only having their liberty deprived after following the correct procedures. The registered manager understood their responsibilities in relation to the MCA and DoLS. Mental capacity assessments were completed and best interest meetings held and recorded.

People were supported to maintain a healthy diet. One member of staff said, "We listen to what people say or indicate they would like to eat and sometimes we have to encourage them to have a healthy option. On the whole people do choose to eat healthily." We saw the weekly menu was displayed in pictorial format so that people knew what was on the menu. If people did not like the options then they could choose something else. Staff told us that menu choices were discussed at the residents' meetings and their choices and preferences were included in the weekly menus.

People's care plans were individualised to record the support each person required with mealtimes, and where necessary additional support had been obtained from a dietician. Staff had also obtained advice from health care professionals for one person who was at risk of choking on certain types of food. We saw a detailed plan for this person in relation to the food they could eat safely.

Our inspection of people's care records showed that people had good access to appropriate health care professionals as needed. We saw there was a good working relationship with the local GP and other healthcare professionals. Staff told us that maintaining good health for people living at 185 Herbert Road was essential and they made sure people saw health professionals as necessary.

Each person had a health action plan that contained all their necessary health information. People had their own diary of all the medical appointments they had attended. This demonstrated people had regular check-ups and were able to see these professionals as they needed to do so. The recording of this information helped to identify any trends or patterns of illness or issues that could need action to be taken for people. Every person also had a hospital passport that went with them if they had to go to hospital. It contained all the necessary information about the person to inform health professionals about their needs.

Relatives confirmed that staff supported their family members to visit their GP, dentists and opticians. Records showed people were supported to annual healthcare reviews with their GPs. People were also supported with their mental health needs. This included regular appointments with psychologists and behaviour support teams.

# Is the service caring?

## Our findings

We saw from our observations over the period of this inspection that people were treated with kindness and compassion in their day to day care by staff. A relative told us, "Staff do care for people there; they are very caring for them." Positive, caring relationships had been developed with people and this was helped by the fact that people and the staff team had been together for some time and were established. One member of staff said, "It is like a big family here, we know the people well and they know us well." A relative said, "Staff have good relationships with people, they know each other well and it really helps." A healthcare professional told us the people seemed to be happy in the home. They said the staff and the registered manager were really caring and provided people with, "wonderful care." Another relative said, "I am too old now to look after my [family member] but I wouldn't want him to be cared for anywhere else, they are so kind to him."

We saw frequent, positive engagement between people and staff. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed with lots of laughter and banter between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

The registered manager told us that they spent time with people on a daily basis in order to build good relationships with people. Records confirmed that the registered manager also discussed staff practice within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in their company.

Each person was allocated a member of staff as their own key worker. A keyworker is a member of staff who has the lead role for the care of that person and who has additional responsibilities such as helping someone to write their care plan. We saw monthly records of meetings that keyworkers had with people and we saw that people were very much central and involved in their care planning. Relatives told us they were kept well informed about their family members support and care and when changes in people's needs happened. Although people were unable to tell us they were comfortable in their relationships with staff, we could see from their body language and facial expressions that they were. Staff were very knowledgeable about people living in the home and were able to tell us what people enjoyed doing and what their goals were.

We saw that staff respected people's privacy, knocking on their doors before entering and ensuring their personal care was carried out in private. The relative who we spoke with told us they were encouraged to visit whenever they wished, although they were not able to do so very often. They did tell us they had frequent contact by telephone and were always made to feel welcome by staff and the registered manager. We saw there was a confidentiality policy in place and the registered manager told us they ensured it was implemented.

# Is the service responsive?

## Our findings

Individualised support plans were in place that provided clear information for staff on how to deliver people's care. We saw that relatives of people as well as health and social care professionals who knew people well had contributed to these plans. Records included information about people's social backgrounds and relationships that were important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued.

Relatives confirmed that staff supported people in line with their wishes and the contents of their support plans.

This helped to ensure that people's support plans were person centred and included details about the emotional and communication support people required. Staff understood that people's communication needs varied. They were able to tell us about the individual needs of people. For example, one member of staff explained, "[Service user's name] cannot talk but uses gestures and communicates by laughing and clapping. We [staff] know what he means by these gestures and other signs and we understand him."

People were supported to access and maintain links with their local community. Relatives told us and we saw from our inspection activities that people received a responsive service that met their individual needs, preferences and aspirations. Staff were committed to ensuring people received individualised care and support. One relative said, "He [family member] loves all the activities he does in the week. He so much enjoys swimming, ever since he was young, and he does that every week. He also loves cycling and he does that too each week. Going for a walk in the park, for he loves being outside. All these things the staff help him to do and he enjoys it all."

Relatives said that they were very happy with the choice and range of activities available for people. We saw that each person had their own varied activities timetable for the week based on their individual needs and preferences. Both individual and group activities took place. Activities included swimming, cycling art and crafts, sensory stimulation, day trips and visits to local restaurants. All the activities had been risk assessed to ensure that people were kept as safe as possible without infringing too much on their enjoyment of the activities.

The registered manager and staff actively supported people with their relationships, cultural and spiritual needs and looked at innovative ways of doing this. Relatives we spoke with confirmed this. One relative told us they had regular contact with their family member and that this included talking to them on the telephone as well as home visits. We saw that the menu in the home included cultural choices that met the person's needs.

People's relatives told us they were aware of how to make a complaint. One relative said, "I don't have any complaints but if I did I would talk to the staff or the manager." Other relatives told us they would talk to staff if they were not happy with something. They also told us that staff regularly asked them if they were happy or whether they wanted anything to be done differently.

There was a complaints procedure, which was available in an accessible format to help people understand how to complain. The registered manager confirmed that they had received no formal complaints since our last inspection and told us if people's relatives had any concerns they would invite them to a meeting so problems could be resolved as soon as possible.

# Is the service well-led?

## Our findings

At the last inspection we rated this key question as "requires improvement" because we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider subsequently sent us an action plan that identified how they planned to address the issues that led to the breach. At this inspection we found that the actions taken by the provider had made the necessary improvements and the breach was now met.

At the last inspection we noted that some recommendations made by the fire service had not been met. At this inspection the registered manager told us that the recommendations made by the fire service were to ensure that all fire doors shut properly, that a fire risk assessment was implemented and that evacuation procedures and risk assessments for people and staff were carried out. The registered manager confirmed that these actions had all been met soon after the last inspection and we saw evidence that supported this at this inspection.

At the last inspection we also noted that the garden had become overgrown and required attention. The registered manager told us that he had requested from the head office to have a gardener to tidy up the garden area so that it could be used by people for their leisure activities. At this inspection we saw that the garden had been cleared and made tidy. The registered manager told us that a regular gardener was now employed to maintain the garden to an acceptable standard.

Additionally at the last inspection we found that although the service had obtained and received advice from professionals on specific care issues related to people who use the service, it did not look at other ways to gather feedback to ensure that the service continually developed and improved. When we spoke to the registered manager about this they said that feedback was received from staff during staff surveys and team meetings.

At this inspection the registered manager told us they implemented a number of new feedback surveys in 2016 and analysed all the information they received. An action plan was put in place and improvements made. We saw evidence that this was the case; an example being where the registered manager received feedback that care provided should be more transparent and that care planning meetings should involve all partners and stakeholders. We saw that all care planning meetings now involved all partners and stakeholders. Staff sent to care managers and social workers a monthly update sheet which summarised all the key events with regards to the service user for the month covering their health, behaviour that might challenge the service, diet, and activities.

We found there was an open and transparent culture in the home where staff were encouraged to share in the development of the home for the people living in it. When we spoke with staff they said the registered manager encouraged them to contribute to making decisions about the running of the home. They said there were regular staff meetings that took place and their views were listened to. This helped them to feel they were an important part of the services being provided to people. Staff described the registered

manager as very approachable and committed to the home and the people living in it. They said they felt quite comfortable to raise any concerns with the registered manager.

The registered manager had worked at this home for several years and knew both the staff team and the people who lived in the home well. Staff said they always had access to management support during the day and night. We saw staff were motivated in their work and were keen to improve their learning. They told us and we saw they had access to good and relevant training. The registered manager had completed qualifications in management in care and supported a culture where staff training and development was emphasised.

Staff told us that they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day.

We saw staff were required to read the home's policies and procedures and then sign to say they were understood. This had helped staff to keep up to date with all aspects of running the home and of the procedures to do with caring for and supporting people.

The provider and registered manager had a comprehensive quality assurance system in place. Records showed audits were carried out weekly and monthly by staff and the registered manager and three monthly by the service manager. This included the completion of a detailed report that included information about staffing levels. Accidents and incidents were reviewed so that improvements could be made where needed; infection control procedures and general cleanliness of the premises were checked; care of people and the documentation of people's care were monitored; health and safety checks and an audit of medicines and the administration of medicines were a part of the overall quality assurance process.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able review the notifications and decide whether any action was needed on their part.