

# Surrey and Borders Partnership NHS Foundation Trust

## Hillcroft

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Hillcroft provides personal care and accommodation for up to 10 adults with a learning disability. On the day of our inspection there were nine people living at Hillcroft.

There was a registered manager in post. 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 registered manager assisted us during our inspection.

Staff had identified and assessed individual risks for people. Accidents and incidents that occurred were recorded, although we found records in relation to these were not always comprehensive or completed in line with the Trust policy.

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff said they felt supported and told us they met with their line manager on a one to one basis to discuss training or any aspect of their work. Staff were aware of their responsibilities to safeguard people from abuse and were able to tell us what they would do in such an event and they had access to a whistleblowing policy should they need to use it. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

People lived in a homely environment and staff treated people with care and respect. We observed good relationships were established between staff and people. People had the opportunity to participate in activities both in and outside of the home. People's care plans were written in line with people's own wishes.

People were supported to be independent and encouraged by staff to make their own decisions, from the food they wished to eat to what they wanted to wear or how they spent their time. Staff supported people to keep healthy by providing nutritious foods and everyone was involved in the menu planning. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities. Staff knew people well, understood people's individuality and needs and respected

people when they wished to have time alone.

Staff received a good range of training which included training specific to the needs of people living at Hillcroft. This allowed them to carry out their role in an effective and competent way. Staff met together regularly as a team to discuss all aspects of the home.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Actions identified from these were acted upon.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place. We read people would be evacuated to another of the Trust's homes should the need arise.

A complaints procedure was available for any concerns. People and their relatives were encouraged to feedback their views and ideas into the running of the home.

During the inspection we made one recommendation to the provider.

## 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 was safe.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

Medicines were administered and stored safely.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it. There was a plan in place in case of an emergency.

### Is the service effective?

Good ●

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were involved in choosing what they ate, and were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

### Is the service caring?

Good ●

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were extremely caring and kind and showed empathy when it was needed.

People were independent and made their own decisions on matters.

Relatives and visitors were welcomed and able to visit the home at any time.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care records contained up to date information about people.

People were able to take part in activities that meant something and interested them. People chose which activities they would like to undertake.

Staff responded well to people's changing needs and people and their relatives were knowledgeable about their care plans.

Complaint procedures were available for people in a way they could understand.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Records held by staff were not always complete,

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Everyone was involved in the running of the home. This included the people who lived there, their family members and the staff.

Staff felt the provider had a good management oversight of the home and supported them when they needed it.

# Hillcroft

## 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 was 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 was an unannounced inspection that took place on the 15 January 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected this service sooner than we had planned.

We spoke with two people during the inspection and observed the care and support being provided by staff. We talked to three relative's following the inspection.

As part of the inspection we spoke with the registered manager, two members of staff and one health care professional. We looked at a range of records about people's care and how the home was managed. For example, we looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two staff recruitment files.

We last inspected Hillcroft in June 2014 when we had no concerns.

# Is the service safe?

## Our findings

Relative's felt their family member was safe. One relative said, "I would know if he was apprehensive and he has the freedom to move about but in a safe way."

People were kept safe because staff understood people's individual risks. For example, some people living in the home smoked or had particular behaviours and risks had been identified. Other areas of risk had been identified and managed. For example, one person was at risk of falls and we read staff had assessed this person as requiring more appropriate footwear to reduce this risk.

Staff followed good procedures in relation to the handling of medicines which meant people received their medicines in a safe way. Medicines were stored in a lockable cabinet, secured to the wall. The medicines administration records (MAR) were completed properly, without gaps or errors which meant people had received their medicines correctly. Each MAR held a photograph of the person to ensure staff gave the medicine to the correct person and there was information on how a person liked to take their medicines. For example, on a spoon or with a drink.

People had personalised care plans for their medicines which meant staff had the most up to date guidance in relation to this. These care plans detailed what medicines people were on, why they needed to take them, the frequency of dosages and what the medicines looked like. In addition, each person had homely remedies (medicines that be bought over a counter without a prescription) and PRN (as required) protocols in place. All of this information gave staff a clear picture of when people may require medicines and what triggers may indicate a person would require a medicine.

There were a sufficient number of staff on duty to support people with their needs both within and outside of the home. The registered manager explained they had experienced some staffing problems over the previous four months, but gradually things were returning to normal and they had recently recruited a further two staff who were due to start in February 2016. She told us the housekeeper was currently off sick which meant care staff were required to carry out domestic duties, as well as the laundry and cooking. She explained this had put pressure on care staff and everyone had worked extremely hard to ensure this did not impact on people's care or them being to access the community. One staff member said it had been a very busy time recently and staff were working very hard.

The registered manager said in the event of staff shortage they used agency staff but always ensured they use three regular agency staff. She told us she had also requested additional help with housekeeping and this had been arranged by the Trust on an ad-hoc basis. During the inspection we did not see people having to wait to be supported. Staff worked well together as a team and made sure people were attended to when they needed. If people were going to outside activities we saw there were staff available to take them.

People were kept safe because the provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or

were barred from working with people who use care and support services.

People were provided with information on keeping safe in a way they understood and one person told us, "If we are worried about anything we must speak to staff." Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Information was available for staff and they told us who they would go to if they had any concerns relating to abuse. One member of staff said, "If I thought someone was being abused, I would approach them to make sure they were okay. I would then report it to the (registered) manager or social services or the police." There was also whistleblowing guidance for staff which meant they would know how to report any concerns they had about any aspect of the home.

People would continue to receive appropriate care as there was a contingency plan in place in the event of an emergency. There was information and guidance for staff in relation to contingency planning and actions and each individual had their own personal evacuation plan (PEEP). People would be evacuated to another of the Trust's homes should the need arise. Regular fire alarm tests and fire drills were carried out and staff were up to date on their fire training which meant they would know what to do in the event of a fire.



## Is the service effective?

### Our findings

Staff received appropriate and relevant training to enable them to feel confident in their role and to help them meet people's specific needs. Staff undertook the Trust's mandatory training, such as safeguarding, infection control, health and safety or basic first aid. Where staff were overdue in some of their training the registered manager was aware and was arranging appropriate courses. For example, all staff required refresher training in moving and handling. The registered manager explained to us that in order to ensure people were not at risk the Trust's moving and handling adviser had been to the home twice to give advice and they were planning a training session.

People were cared for by staff who were supported in their role. Staff were able to meet with their line manager on a one to one basis. This was a way for the manager to check staff were putting their training into best practice and to ensure they were following the standards expected. Some staff had not received supervisions since August 2015 however the registered manager was aware and had put plans in place to address this. For example, they were able to show us they had carried out supervisions for the majority of these staff in the last few weeks in order to catch up. Staff were up to date with their annual appraisals which was an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had.

People were supported to have a varied and nutritious diet to help maintain their health. People participated in choosing the foods they ate through the regular house meetings that were held. We observed lunch time and saw people were provided with food that looked appetising. We saw staff offer people choices and let them make their own decisions in relation to how much they ate. People's meals were served according to any specific dietary requirements they had, such as a soft diet. Staff took the time to tell people what they were having. For example, we heard one member of staff say to one person, "Right x, we have a nice bit of fish." One person told us they liked the food – especially the fish and chips on a Friday.

Dietary risks to people's health had been identified and staff sought appropriate guidance from external professionals. For example, the registered manager told us some people living at Hillcroft were at risk of choking and the Speech and Language Therapy team (SaLT) had assessed these people and developed guidance to ensure they could eat their meals in a safe way. We saw this was available for staff in the kitchen area and saw it was followed during lunchtime.

People at risk of malnutrition were supported by staff. Staff told us one person had lost a lot of weight during a stay in hospital. Since returning to the home staff had been providing this person with fortified meals and weighing this person monthly to check their weight was increasing, which it was. A relative said, "Staff are taking the time and care to feel him and slowly his weight and energy is increasing."

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented appropriately. 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. Mental capacity assessments had been carried out for people. For example, in relation to dental treatment, or having a blood test. A relative said, "Staff are always asking what she wants to do before they do it. They would never make her do anything she didn't want to."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that staff knew of the implications of the MCA and DoLS. DoLS applications were made where necessary. For example, in relation to the locked front door.

People were supported by staff to maintain good health and were referred to appropriate health care professionals when required. For example, one person had been referred to the wheelchair service for a more appropriate wheelchair to meet their needs. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or district nurse.

# Is the service caring?

## Our findings

One person told us, "It's alright living here. I'm looking forward to my birthday. I like the people here and staff gave me a lovely wet shave." One relative told us, "I don't think it could be better. He is clearly happy there. Staff are amazing and sensitive to people's needs." Another said, "It's the best place she's ever been. Staff are very, very nice and very kind. I cannot fault them." A further told us, "Care wise I can't fault them."

Staff displayed such kind, caring behaviour. It was clear to see that people and staff enjoyed spending time together because there was easy going banter between them. Staff played a guitar in the afternoon and everyone was invited to join in with some singing. During the morning there was music playing on the television and staff fetched percussion instruments for people to hold or shake in order to join in. A relative told us, "At their previous home's they (family member) were always miserable, but every time I visit her here she is happy and that makes me come away happy." They added, "X has always loved music and for Christmas staff got her something she has always wanted – a record player. She was absolutely over the moon with it!"

People lived in a homely environment. People's rooms were individualised and personalised. There were several areas where people could sit and relax to watch the television or listen to music. During the morning most people congregated in a small room off the kitchen. Here we observed people watched the television or undertook activities such as puzzles. Staff sat with people and there was a general, light hearted atmosphere in the room with staff making conversation about things on the television or assisting people with their activity.

Staff treated people respectfully and made them feel they mattered. Staff regularly checked people were okay and always acknowledged people when they came into the room. The relationship between people in the home was good. We heard people check each were okay and express concern for their companions. Shortly after lunch we saw one person and a member of staff 'play-fight'. This resulted in the person smiling and laughing out loud as he liked to interact with staff in this way.

People received empathy from staff when it was needed. One person became upset during lunch time and we watched how staff took time to find out what was wrong. When this person decided not to eat their lunch but return to their room, staff respected this offering them lunch again once they returned to the dining room a short while later. One member of staff said, "Would you like to have your dinner now?" We observed following this the registered manager took this person for a coffee outside of the home to help calm them down. A person told us, "When I'm fed up I speak to staff." Another said, "I'm happy, very happy. I will talk to staff if I have any problems."

People could have privacy when they wished. We saw throughout the inspection people returned to their rooms when they wished. We saw some people had chosen to spend time in a separate lounge from the others where it was quieter and they watched the television or snoozed.

People's individuality was respected. We heard how one person liked steam engines and saw that staff had

put a programme on television about them. We heard staff talk about the trains to this and other people.

People were encouraged to be independent and make decisions when they could. We saw staff offered up two different sauces to people during the lunch period so they were able to see the choice in order to make their decision. Following lunch some people were going to the day centre and they made a choice about what they wished to wear to go out. One person told us they walked over to the day centre by themselves without a staff member. Another said one day each week they distributed the post to the different homes on the St Ebbas site.

Staff were dedicated to their job. One member of staff said, "You can see there is a bond, you get attached." Another told us, "I would have my own family here." This was borne out by a compliment we read from a healthcare professional which praised the staff and their commitment and dedication during the recent staffing shortages and building works.

Relatives told us they were able to visit when they wanted and were made to feel welcome. Relatives told us they would speak with staff and the registered manager regularly when they visited.

## Is the service responsive?

### Our findings

People had care plans that were person-centred, comprehensive and contained relevant information to ensure they received the correct support and treatment. Each person had a hospital passport. This is a document which includes useful information about the person should they need to go into hospital. These were completed fully and comprehensively.

People were involved in developing their own care plans and making decisions about the care they wished to receive. Care plans were written in conjunction with people and specific to their requirements. For example, one person who smoking had requested staff support them in a regime which meant they would smoke less. This person had recorded they preferred to have a bath in the morning and we saw this happen during the inspection. Relatives were encouraged to be involved. Relatives told us they knew that their family member had a care plan and they would discuss any changes or review of care with staff and these would be recorded.

When people's needs changed, staff responded appropriately. For example, one person had recently had a minor operation and staff had used the communication book to draw staff attention to some new information about this person following the operation. Another person had a medicines review and the registered manager had updated their MAR chart and put a note in the communications book to this effect so that staff would know of this person's changed medicines. A further person's health had deteriorated following a recent illness and staff had made appropriate referrals to external healthcare professionals in relation to this.

People were supported to maintain relationships that were important to them. One person spent time with their relative each week and staff facilitated this by transporting them to Epsom town centre. We read in this person's care records this was something that was meaningful to them. People were able to make their own decisions about the activities they participated in. For example, one person had decided to reduce the number of times they attended the day centre and this had been respected by staff. Other people had religious interests and there were supported to attend church services.

There was an opportunity for people to participate in activities that meant something to them both in and outside of the home. One person told us how much they liked going to the day centre. They said, "I wish I could go there every day." They said how much they liked steam engines and watched programmes about them on the television. Another was eager to go to their woodwork class in the afternoon and was sitting with their coat on waiting to leave.

The registered manager said they had recently suffered from a shortage of staff who were able to drive the home's vehicle. Although she did tell us people had continued with their normal activities. She explained she now had authorisation from the Trust to use taxi's in the event there was no driver and the Trust had supported her to have additional staff in order people could continue to attend their activities. Staff felt there was enough going on for people and were able to describe to us people's individual likes and dislikes in relation to how they spent their leisure time. People told us they were happy with what went on for them

both inside and outside of the home.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. The procedures was written in a way that people could understand. We read there had been no complaints about the staff or home in the previous 12 months.

## Is the service well-led?

### Our findings

Staff told us they felt supported by the registered manager and Trust service manager. Staff told us the work was, "Challenging at times but if they needed anything the registered manager would always try and help. Staff told us they felt valued and that the registered manager always praised them and told them what a good job they were doing.

The registered manager kept a log of accidents and incidents however we found that records held were not comprehensive or always written up according to the Trust policy. For example, we were told there had been an incident between two people, however the accident and incident log had been written in a way that indicated only one person was involved and they had fallen. On another occasion a further incident between these two people had been written up for the victim but not the perpetrator. This meant staff may not always be aware of all accidents or incidents relating to an individual.

Although we read people had risk assessments in their care records these were not stored in a way that staff could easily identify them. For example, for people who smoked risk assessments were contained in care plans but not stored in the same place as other identified risk assessments.

The registered manager had identified risks to people but had not recorded these for staff in order people could be supported appropriately. The home had recently undergone some quite major building works but no risk assessment had been recorded to determine the impact this may have on people. The registered manager told us, "The work has been horrendous and very noisy which has triggered 'x's' behaviours. I feel we have let them down with the work being undertaken." A member of staff said it had been a very stressful time for people during the building works as they had taken a long time to complete. They said if they had not been so short staffed during this period they would have been able to have taken people out more when the building was noisy. The member of staff added that one person liked to sit in a particular area within the home but due to the building works they were unable to do so which had impacted on their behaviour.

We recommend the provider ensures complete and contemporaneous records are kept at all times.

Relatives were happy with the management of the home. One relative told us, "They (staff) are good at keeping in touch. During the recent building works, staff have risen to the occasion and there has been no deterioration in the care provided." Another said, "The (registered) manager is wonderful. She puts herself out and goes out of her way to do things for people."

People received appropriate care and lived in a suitable environment which was checked routinely by staff. Trust audit visits took place to check the quality of the care being provided by staff. These audits focussed on different aspects of the home, such as records, medicines or cleanliness. We read no actions had been identified from recent visits which matched with what we found on the day.

The home was quality monitored by the registered manager and other staff as they carried out regular audits. These included monitoring of water temperatures, fire checks and health and safety. Actions

identified from these audits were either completed or in progress. For example, an infection control audit identified the oven needed a deep clean and this had been done. Staff were identified as requiring refresher training in moving and handling and the registered manager had explained to us this was in hand.

People were supported by staff who were kept up to date in all aspect of the home. Staff had the opportunity to meet as a team regularly to discuss general information as well as individuals and any good news or concerns they had. We read the minutes of the last two meetings which had good attendance by staff. Discussions included menus, activities and staffing levels.

The registered manager told us she was extremely proud of how her staffing team had coped during the recent period of staff shortages and building work and said she reminded them of this often. As a result she had created a good team spirit within the home and one where staff had shown commitment and care to people.

The caring culture was evident. Staff told us they liked working there. One member of staff said, "It's beautiful here. If I didn't like it I wouldn't come back. It's like a big family and I get to know people and what they like and don't like." Another member of staff told us, "We treat them nice, they are looked after. I would rate the care as outstanding." Staff actions on the day reflected these comments.

People were involved in the running of the home and staff listened to people's suggestions. We read minutes of the house meetings and saw discussions took place around the weekly menus, the premises, staffing and any other important issues. One person was due to have their birthday and we read how they had expressed their wishes during the meeting on how they wanted to spend the day. Staff had organised this for them and they were excited about what had been planned.

People were supported by staff to give their feedback and views on the care they were receiving. We read people met regularly and held 'house' meetings. This gave them the opportunity to raise any suggestions or issues with staff.

Relatives were encouraged to give their feedback of the home. We looked at some questionnaires which had been returned by relatives and noted that relatives were either, 'completely' or, 'very' satisfied with the care that was being provided to their family member.