

Achieve Together Limited

Hillside

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

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

About the service

Hillside is a residential care home providing personal care to up to 2 people. The service provides support to younger adults with learning disabilities and autistic people. At the time of our inspection there were 2 people using the service. Hillside is a purpose-built bungalow, the service has a communal bathroom, a lounge and dining area and a large accessible garden.

People's experience of the service and what we found:

Right support:

Staff were recruited safely, there were sufficient numbers of staff with the necessary training to support people safely and meet their needs. People were protected from the risk of abuse and relatives told us they felt the service was safe. Risks to people and staff had been assessed and people's care plans were regularly reviewed and updated.

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

Right Care:

Care plans provided information about people's choices and preferences, we found detailed information to guide staff on how to support people with their daily routines. Staff training was relevant and up to date and included specific training to meet people's individual needs. People were supported to access healthcare and staff had a good understanding of guidance external professionals had provided.

Right Culture:

People were fully included and respected by staff at Hillside. Staff understood people and were skilled at supporting them to make choices. People were supported to pursue hobbies of interest to them and maintain relationships with their friends and relatives. The provider and registered manager had a robust quality assurance system in place which ensured all aspects of the service were regularly audited, findings from these audits were shared with staff to drive improvements when required.

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

Rating at last inspection

The last rating for the service under the previous provider was good (published 17 September 2018).

Why we inspected

This service was registered with us on 22 February 2022 under a new provider and this is their first inspection.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hillside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

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

Registered Manager

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

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

During the inspection

We observed how the staff interacted with people and how each person reacted to them, including body language and facial expressions, this helped us understand the experience of people who could not talk with us. We spoke with 2 relatives about their experience of the care provided. We spoke with 6 staff members including the regional manager, registered manager, deputy manager and support workers. We reviewed a range of records. This included both people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Staff had received training in how to safeguard people from abuse. They understood how to report any concerns they had to relevant professionals.
- Relatives told us they felt the service was safe. One relative told us, "It's very safe, [person] is well cared for."
- Safeguarding incidents had been correctly reported, recorded and investigated. Appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.
- The registered manager and provider both regularly carried out audits to monitor the safety and quality of the care people received.
- Environmental risks were well managed, regular checks of the environment and equipment were carried out and recorded.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff to support people.
- The provider operated safe recruitment processes. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff and relatives felt staffing levels were at an appropriate level. A staff member told us, "Yes there is enough staff, staffing has been increased to meet [person's] needs." A relative told us, "Yes, staffing levels are suitable, there is always enough staff when I visit."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Medicines were administered by trained staff.
- There was clear guidance for staff for safe administration of 'when required medicines' (PRN). This meant people received these medicines when they needed them.
- We observed staff supporting people to take their medicines in their preferred way and in line with best practice.

Preventing and controlling infection

- People were protected from the risk of infection as staff had completed infection, prevention and control training and we saw they were following safe infection prevention and control practices throughout our inspection.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager regularly analysed accidents and incidents to identify any emerging themes or patterns in order to improve the care provided. These findings were then shared with the staff team.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Care plans and risk assessments clearly identified people's needs and risks. They showed the action staff should take to minimise any risk of avoidable harm.
- Care plans detailed information about people's choices and preferences, we found detailed information to guide staff on how to support people with their daily routines, we observed this in staff practice throughout our inspection.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff training was relevant and up to date.
- Staff were provided with specific training to meet the needs of the people using the service. Staff told us the training was good. One staff member said, "The training is good, it's really detailed and interesting."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff ensured people's individual choices and preferences were met. Where people had specific dietary needs this information was shared and known by staff.
- When people needed support with eating and drinking, we observed staff to offer this support in a kind and dignified manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People had healthcare plans in place which detailed their health needs and the support they required.
- Guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding of guidance in place and we observed the guidance to be followed in staff practice.
- People were supported to live healthier lives, access healthcare services and support.
- Relatives told us when their family member had been unwell, staff acted promptly by seeking medical assistance and keeping them informed.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- We found people's bedrooms were individually styled to ensure they were personalised based on their preferences.
- Sensory stimulation was seen in the garden and outside buildings which people could access for a quiet area to relax.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- Mental capacity assessments and best interest decisions were detailed and had been completed in line with best practice.
- People were supported to make choices and staff were skilled in identifying the needs and preferences of people who were unable to verbally communicate. They looked for signs through the use of body language and other methods of communication

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well supported and treated. People's diverse needs and experiences were equally respected.
- Relatives consistently told us they felt their family members were supported and treated well. One relative told us, "The staff are absolute diamonds, they know [person] well, staff are great, all of them, I cannot fault them." And another relative told us, "Staff are compassionate and [person] is very happy."
- We observed people to be treated with respect and care throughout our visit, staff continuously involved people and respected their choices.
- Staff had a good understanding of equality and diversity and had received training in this area. Care plans contained personal information about people's backgrounds, this helped staff gain an understanding of the people they were supporting.

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

- People were supported to express their views and make decisions about their care.
- Staff had developed positive relationships with people which enabled them to understand how people wanted their care and support to be provided.
- Care plans provided detailed information on how people communicated, what they enjoyed or disliked, and staff demonstrated they knew people well.
- Relatives told us how staff respected people's decisions. One relative told us, "Everything is on [person's] terms, they never rush [person]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were exceptionally well respected and promoted.
- Staff understood the importance of respecting people's privacy and dignity. They gave us many examples of how they ensured the support they provided respected people's privacy and dignity.
- Staff supported people to maintain their independence by encouraging people and providing opportunities for people to be involved wherever possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- People's care plans reflected the principles of right support, right care and right culture. People's support needs were clearly identified and guidance for staff was detailed and centred around people's individual needs and preferences.
- People's needs were regularly reviewed, and support was adjusted as required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were understood and supported. These needs were detailed in people's care plans with any support required to ensure they were met.
- We found information available throughout the service was provided in different formats such as in pictures and easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests.
- People were supported to take part in a wide variety of activities relevant to them, both in and outside of the service. This included meeting up with friends, holidays, days out and visiting their relatives.
- Relatives spoke positively about the activities available. One relative told us, "They have some great ideas, they know [person] really well and know what [person] enjoys."
- During our inspection, we saw staff supporting people to choose and take part in activities, it was evident people enjoyed this and staff understood how to adapt the activity to ensure people could take part.

Improving care quality in response to complaints or concerns

- The service had not received any complaints, there were systems in place for responding to complaints and concerns.
- Relatives and staff knew who to speak with if they had any concerns and told us they felt confident any

concerns they raised would be actioned.

End of life care and support

- People and their relatives were given the opportunity to express their wishes for the care they would like to receive at the end of their life.
- At the time of our inspection, the people using the service were not receiving end of life care

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team prompted a positive culture where people were empowered and included.
- The provider had systems to provide person-centred care that achieved good outcomes for people. We saw evidence that people were supported to further their everyday living skills and we observed staff to maximise and encourage people's independence.
- Relatives and staff were complimentary about the leadership of the service. A relative told us "The manager is excellent." And a staff member told us, "The management are brilliant, when I have raised things in the past, they have always dealt with them."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had created a learning culture at the service which improved the care people received.
- The provider understood their responsibilities under the duty of candour.
- The service had an action plan in place which detailed the areas they had identified for improvement, this was regularly reviewed and updated with progress made.
- The registered manager ensured learning reflections took place following incidents and accidents in order to improve the care provided.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider and registered manager had a robust quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified action plans were put in place. For example, where medicine errors had been identified, this had been promptly followed up, with appropriate actions taken.
- The service had effective systems in place to support and supervise staff. Staff received regular supervision, were clear about their role and responsibilities, and told us they felt supported in their roles.
- The provider ensured quality of life audits were regularly carried out to understand people's experiences of living at Hillside. The findings from these audits were used to drive improvements to the quality of the service provided.

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

- People were fully included and respected at Hillside. Staff understood people and were skilled at supporting people to make choices, we observed staff to be patient and take time to understand people's communication.
- Relatives had opportunities to provide feedback on the service in various ways. We reviewed this feedback and found it to be consistently positive and complimentary.
- Staff meetings regularly took place. We reviewed the minutes of these meetings and found key information was shared and staff had opportunities to discuss matters arising as a group.

Working in partnership with others

- The staff at the service worked in partnership with other professionals such as GP's and Speech and language therapists to support people to access healthcare when they needed it. This had improved people's outcomes.
- The management team and staff worked exceptionally well with others to ensure people's needs were met. We found when a person's needs had changed, they had promptly engaged with many services to ensure the person's needs were fully met and understood.