

Candour Care Services (Hillcrest) Limited

Hillcrest

Inspection report

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Date of inspection visit:
30 January 2020

Date of publication:
20 February 2020

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

Hillcrest is a residential care home providing personal care and support for nine younger adults and older people living with learning disabilities and physical and sensory impairments. Hillcrest accommodates up to nine people living in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was one of three domestic style properties owned by the provider and operating as care homes. It was registered for the support of up to nine people. Nine people were using the service on the day of this inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe and protected from the potential risks of abuse and avoidable harm. People were supported and encouraged to be as independent as possible following robust risk assessments. Where risks to people's health, well-being or safety were identified staff were knowledgeable about these and knew how to respond safely. Incidents and accidents were recorded, investigated and reviewed by the management team. There were enough safely recruited, experienced, skilled and qualified staff deployed to meet people's needs. Staff supported people to take their medicines in accordance with prescriber's instructions. Staff had received infection control training.

Staff received training and refresher updates in basic core areas as well as training specific to meet the needs of the people they supported. Relatives said staff were skilled and competent. Staff felt listened to and supported by the management team. Staff supported people to eat a healthy, balanced diet. People had access to health and social care professionals relevant to their needs. Health professionals told us people received appropriate support from the service. Staff sought people's consent to the care and support they received, together with that of their relatives or external advocates where appropriate.

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.

Whilst the registered manager was not familiar with the published guidance the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's relatives complimented the staff team for the care and support provided. Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs and personal circumstances. Relatives, where appropriate, were fully involved in the planning and reviews of people's care and support.

People received personalised care and support that took account of their preferences and personal circumstances. Staff helped and supported people to develop the skills and confidence necessary for them to live as independently as they could. People enjoyed a varied social life according to their personal preferences with the encouragement and support of staff.

The provider had a robust quality assurance process which meant that shortfalls in performance were swiftly identified and addressed in a timely manner. The staff and management team were clear about the provider's values and the purpose of the services provided. People's relatives were positive about how the service was managed and the management team.

The provider routinely distributed quality survey forms to people's relatives, the staff team and health professionals. Health and social care professionals told us that the staff and management team were responsive to any comments and suggestions and were committed to working collaboratively with people, their families, specialists and professionals.

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

Rating at last inspection

The last rating for this service was Good (published 31 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Hillcrest

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 Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Hillcrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People who used the service were not able to share their views with us. We spoke with four members of staff

including the provider, registered manager, deputy manager, and a support worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included one person's care record and multiple medication records. We looked at a sample of staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one professional who regularly visited the service. We spoke with relatives of three people by telephone to gain their feedback about the care and support provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about what and how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- The registered manager had reported any safeguarding concerns to the relevant agencies appropriately.
- People were not able to give us feedback about whether they felt safe however, our observations showed people were confident to approach and engage with staff.
- People's relatives told us they felt that the care and support people received was safe. One relative said, "I do feel my [relative] is in safe hands at Hillcrest."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. This included in basic core areas such as personal care as well as for holidays, activities in the community and trips away from service. Staff were able to tell us about the risks associated with people's health and how these were managed.
- People had individual personal evacuation plans for in the event of an emergency such as fire. Staff had a clear understanding of the actions they would take to promote people's safety in the event of such an emergency. The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.

Staffing and recruitment

- Staff told us there were enough staff deployed to provide safe and effective care for people. The service did not use any agency staff. The provider operated two other services next door to Hillcrest and the staff team had been trained and inducted to be able to provide cover for staff sickness or annual leave across all three services.
- Staff told us about a person whose night time support needs had suddenly escalated. Staff told the provider about this and staffing levels overnight were changed to ensure that safe care was given to the people using the service. This showed the provider took prompt action to meet the needs of the service and maintain safety for people and staff.
- Safe and effective recruitment practices were followed to help ensure staff were of good character and physically and mentally fit for the roles they performed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS) before staff were employed by the service.

Using medicines safely

- People's medicines were managed safely, stored securely and administered as required. Medicine administration records were clear and accurate. Medicines prescribed on an as required basis were supported by clear protocols to guide staff.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed following the training and at regular intervals afterwards to confirm staff had a good understanding in this area.
- The service had been involved with the STOMP project. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations helping to stop the over use of these medicines enabling people to stay well and have a good quality of life. For example, we were told about one person who had benefitted from this project. This person was now sleeping better and enjoying interaction with staff and other people more than they used to.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment, such as gloves and aprons, was provided for them. The service was clean and fresh.

Learning lessons when things go wrong

- The registered manager took appropriate actions to investigate following any incidents and learning was shared with the staff team at handovers and team meetings. A staff member told us, "[Registered manager] is very good in giving us reassurance and helping us with actions we need to take." Risk assessments and care plans were updated after accidents and incidents to help ensure that any measures introduced were effective.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before care delivery started the registered manager undertook assessments to establish if people's needs could be fully met. Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs.
- Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.
- Staff told us they believed they provided a good standard of care for people. One staff member told us, "People have really complex needs but with consistent staff and the robust training we receive people's behaviours have reduced. The environment is calmer as a result and we have really built the trust of the people and their families."
- A music therapist who regularly visited the service told us people received effective care and support. This was because they had seen significant engagement and improvement in people's communication skills over the years they had been working with the service.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. People's relatives said they felt staff had the right skills to support the people living at Hillcrest. One relative said, "[Staff] do such an amazing job, especially as [person's] needs are so complex and their behaviours can be so difficult."
- Staff completed a robust induction programme at the start of their employment. New staff told us they shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- The management team and staff confirmed that there was a programme of staff supervision. Staff told us they received support as and when needed and were confident to approach the management team for support.

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

- People's nutritional needs were met. Where people were at risk of weight loss, staff took appropriate action to monitor and prompt people to eat sufficient amounts.
- People's individual dietary needs such as allergies or food intolerances were known and understood by staff and catered for.

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

- Staff and management knew people well and were able to promptly identify when people's needs

changed and seek professional advice.

- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interests. The external professionals involved with the service included psychiatrists, occupational therapists, community nurses, psychologists, dieticians, chiropodists, opticians and epilepsy nurse.

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other specialist equipment people needed for their safety and wellbeing.
- The registered manager told us the environment was scheduled for some refurbishment, painting and decorating to help ensure it was well maintained and comfortable for people. We discussed that the service had an institutional feel and lacked homely touches. The registered manager acknowledged this and undertook to review the refurbishment plans.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out to establish if people had the capacity to make decisions affecting their health and wellbeing.
- Decisions made on behalf of people who lacked capacity were taken following a best interest process. This involved relatives and health and social care professionals to ensure the care people received was in their best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's relatives told us staff were kind and caring. One relative said, "The staff are kind and caring towards my [relative]. Especially their key worker who has a very calming effect on [relative]."
- Staff had a good understanding of people's individual needs and preferences and showed kindness towards people.
- Staff took action to comfort people when they needed support. For example, the registered manager and deputy manager had attended the service on their day off to support a person as they had not responded well to the staff on duty at the time. This had the effect of reassuring the person.

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

- Staff supported people to make as many decisions and choices about their care as possible. This involved a variety of communication methods including gestures and pictures. They observed people's likes and dislikes and their behaviours to understand what people wanted.
- Staff involved health and social care professionals in people's care so that any decisions would be made in people's best interests.
- People's relatives told us that staff let them know if there were any changes to people's needs. One relative said, "[Staff] keep us in the loop and let us know if there any changes in [person's] needs, we visit every week."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. They knocked on people's doors before they entered.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms were nicely decorated homely spaces that reflected people's personalities.
- Records were stored securely, and staff understood the importance of respecting people's private and confidential information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were detailed about people's likes, dislikes and preferences. People received care that was individualised because staff knew and understood people well.
- People's care plans were developed with personalised information about how people communicated, what may upset them, and what action staff should take to support people if they became distressed. Care plans were kept under regular review to ensure they reflected up to date guidance to support staff in providing consistent personalised care and support.

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 engage in activities including cycling, trampolining, swimming, bowling, dining out, walks in the park, going to the cinema, watching and play football with an external group, and the disco.
- The service embraced the principles of Active Support. This is a way of enabling people with learning disabilities to engage more in their daily lives changing the style of support from 'caring for' to 'working with.' It promotes independence and supports people to take an active part in their own lives. For example, staff supported a person to do their laundry. Other activities that were supported at the service included arts and crafts, using the sensory room, playing the drums, playing the piano, accessing the internet, aromatherapy and music therapy.
- Staff gave examples of some challenges they faced when trying to introduce opportunities for communal engagement. One staff member said, "The group cannot enjoy whole house activities such as watching a film together or having a communal meal because of some individual sensitivities. We try to put people who are compatible with each other together for communal activities such as this."
- Staff supported people to maintain family relationships and attend family events. For example, staff extended their working hours to accompany a person to a special family event. Another example given was where a person requested a specific staff member to support them to attend a funeral.
- An external professional told us people were encouraged and supported to access music therapy sessions and it was clear to them that staff put people's needs first.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had information their care plan describing the way they communicated. Staff used a variety

of methods people preferred to ensure they could effectively communicate and get people involved in their care. For example, they used pictures, gestures and easy read documents to communicate with people.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was shared with people and relatives to ensure they knew how to raise their concerns.
- People's relatives were encouraged to share any concerns and complaints with staff or members of management. One relative said, "I would be confident to raise any concerns with the management but have never had cause to." Another relative told us, "They listen, they don't shrug things off. Whenever we have raised anything it has been dealt with immediately."
- People who used the service didn't have the capacity to raise concerns formally. A 'grumbles' form had been created for staff to log if a person indicated they were not happy about any aspect of their care and support. These forms were escalated to the registered manager to review and take any action necessary to investigate further or to make improvements.

End of life care and support

- People had plans in place for the end of their life. However, these were basic and did not cover people's spiritual and emotional needs. We discussed this with the registered manager who told us that they would review the plans in place for people.
- No end of life care was being delivered at the time of this inspection. The registered manager was aware of what was required to support people with end of life care when needed and reported that staff training was scheduled in this area.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People were at the heart of the service and staff and management continually strived to provide the best care and support they could.
- Relatives told us they felt the service was well-managed and they gave positive feedback about the registered manager. One relative told us, "Overall I do think the service is well managed. [Registered manager] is constantly striving to improve things and do the best they can."
- The provider and registered manager were passionate about providing good care and support. For example, the registered manager identified an issue with transport for people using the service. They addressed this with the provider and actions were taken to ensure that an extra driver and vehicle were put in place for people to use. This ensured people were able to be supported in activities away from the service.
- The provider and registered manager ensured action was taken to reduce people's anxieties and stress. For example, one person became jealous of another person's computer tablet which resulted in some challenging incidents. To address this the registered manager suggested to the provider that a laptop was purchased specifically for the use of people who used the service. The provider agreed and the laptop was purchased resulting in a reduction of anxiety and stress for the person.
- Staff were happy in their role and told us they felt valued. Staff praised the registered manager for being supportive and always available to help. One staff member said, "[Registered manager] really enlightened me. They helped me feel more confident with the support they give me. My competency has improved because they are always reassuring me and giving advice. They are quick to act on any concerns or complaints and they welcome any suggestions we make. They are a good listener."
- Accidents and incidents were recorded, investigated and reported to safeguarding authorities and CQC when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed to help ensure the quality of the service was maintained. Action plans for any identified shortfalls were developed with the registered manager. Audits included care plans and risk assessments, medicines, incidents, accidents and health and safety. Where actions were identified these were clearly recorded and followed up to ensure actions had been taken.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles. Staff meetings were held to support communication about how the service functioned and to cascade

information. Staff understood what was expected of them to ensure good standards of care were always maintained.

- The provider was committed to continuous learning and improvement. They had robust quality monitoring systems to assess and monitor the service provided. The registered manager and provider shared a passion for delivering safe and effective care that empowered and enabled people to grow and develop.

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

- People's relatives and other stakeholders had opportunities to regularly give feedback about the care and support provided for people living at Hillcrest. An annual quality assurance survey was distributed to all relevant parties to explore people's feedback about the service. Staff kept in close contact with people's relatives to give them the opportunity to communicate their opinions, ideas and contribute to their family member's care.

Working in partnership with others

- The service worked closely with a range of health and social care professionals involved in people's care and support.
- Local authorities that commissioned the service inspected it regularly. This meant that checks were made that people consistently received the support they required and expected.