

Hillcrest & Lyndale Care & Support Services Limited

Hillcrest

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Hillcrest on 13 February 2015. The visit was unannounced. Our last inspection took place in June 2013 and there were no identified breaches of legal requirements.

Hillcrest provides personal care and accommodation for up to 20 adults with learning disabilities. It is part of a care complex owned by Hillcrest and Lyndale Care and Support Services Ltd that also includes 1 and 2 Hill Close.

The home had 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.

People we spoke with told us they felt safe living at the home. We saw risks to people were managed appropriately whilst ensuring people were safe and given their freedom. Training records showed staff were trained in safeguarding. We spoke with six staff who told us they

Summary of findings

understood how to recognise and report any abuse. Staffing levels were sufficient which meant people were supported with their care and enabled to pursue interests of their choice in the community.

No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw that medicines were managed safely at the home. We looked at medication administration records (MAR) which showed people were receiving their medicines when they needed them.

We saw staff had developed good relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity were respected. People were encouraged to be as independent as possible in all aspects of their lives.

People's nutritional needs were met and they received additional health care support when required.

From our observations it was clear the staff knew people well. We saw they staff were trained, skilled and competent in meeting people's needs. Staff told us they were supported and supervised in their roles. We saw records which confirmed this.

People we spoke with told us they were happy living at the home. We saw there was good evidence in place to show the home had care plans in place for people which were individually tailored to meet their needs. We also saw people were involved in the planning and reviewing of their care and support.

Records we looked at showed there were systems in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were actively involved in developing the service. There was strong leadership which promoted an open culture, which put people at the heart of the service.

We saw there was a complaints procedure in place which was displayed in the home. People we spoke with told us they knew how to complain but had never needed to. The home had not received any complaints since our last inspection in June 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living at the home. Risks to people were managed appropriately ensuring people were safe and given their freedom.

Staffing levels were sufficient which meant people were supported with their care and enabled to pursue interests of their choice in the community.

Robust recruitment practices were followed to make sure staff employed were suitable and safe to work with vulnerable adults.

Medicines were managed safely.

Good



Is the service effective?

The service was effective. Staff were trained and supported to meet people's needs.

No-one living at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff were trained in, and had a good understanding of, the requirements of the Mental Capacity Act 2005 and DoLS.

People had access to additional healthcare services when they needed them.

People were involved in the planning, preparation and cooking of meals and had free access to food and drink.

Good



Is the service caring?

The service was caring. People told us staff were kind and caring. Staff had developed good relationships with people and supported them in making decisions.

People were supported to be as independent as they could be. People's privacy and dignity was respected and maintained.

Outstanding



Is the service responsive?

The service was responsive. People's care and support was planned with them and staff worked flexibly to meet people's individual needs and preferences.

People accessed activities of their choice in the community. People's views were listened to and acted upon by staff.

People knew how to raise complaints. We saw that no complaints had been received in 2014.

Good



Is the service well-led?

The service was well led. People and staff were actively involved in developing the service.

There was strong leadership and systems were in place to monitor the quality of the service.

There was an emphasis on continuous improvement and development of the service.

Good



Hillcrest

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.

This inspection took place on 13 February 2015 and was unannounced. The inspection was carried out by one adult

social care inspector. We reviewed the information we held about the home. We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with five people who were living in the home, six members of staff, the registered manager and the provider.

We looked at two people's care records and four staff files as well as records relating to the management of the service. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person told us they had lived at the home for a long time and staff were very kind. Another person told us “The staff are very nice here; they are like friends to me. I like going out with them. They help me.” Another person said “If I need anything I just go to [the manager] they know what to do.”

We spoke with staff and it was clear they had a good understanding of how to protect vulnerable adults. They told us they knew people well and believed they would know if there was neglect or abuse taking place. They also told us they had received training recently in safeguarding. Staff told us they would speak to senior staff or the manager immediately if they had any concerns ensuring they made accurate documentation of this. They said they were sure action would be taken but knew how to escalate concerns both internally and externally if action was not taken. The manager told us they had not had any safeguarding incidents in the last 12 months. Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. This showed staff were aware of how to raise concerns about abuse and recognised their responsibilities regarding the protection of vulnerable adults.

We looked at the way the home managed people’s medicines. Medicines were stored in a locked cupboard with only a senior member of staff having access to the keys. The home used a monitored dosage system. Each person’s medication was supplied on a monthly basis by the pharmacist in a sealed dosette box. Each box was colour coded to show the administration time of each medication. Some medicines were in separate boxes as they could not be stored in the dosette box. These were labelled for each individual. There were records to show the medication that had been ordered each month and the medications that had been received into the home. Each person had a medication administration record (MAR) which was printed by the chemist. This included a picture of the medicine and other information about the medicine including dosage instructions and if the person had any allergies. We looked at 18 people’s MAR charts. These showed no gaps which meant people had received their medicines as prescribed. We saw there was an up to date medication policy in place. The home had completed a

piece of work using NICE guidelines (National Institute for Health and Care Excellence) – Managing medicines in care homes 2014. This involved developing protocols for staff to follow and a comprehensive audit tool for the home to ensure standards were maintained. The provider told us they were planning to commence use of the audit tool in March 2015. We looked at training records for staff who administered medicines which showed they were all up to date with safe handling of medication training. We also saw refresher training was booked for 2015. This meant appropriate arrangements were in place in relation to obtaining, recording and handling of medicines.

We looked at the recruitment records for four staff including one person who had recently been employed. We found recruitment practices were robust and each staff member had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable groups. Each record showed detail of the person’s application, interview and references which had been sought. We spoke with one staff member who confirmed this recruitment process had been followed. This showed that staff were being properly checked to make sure they were suitable and safe to work with vulnerable adults.

We discussed the staffing levels in place at the home with the manager and they explained they had a minimum number of staff on duty at all times. In addition to this there was a number of staff on duty to support people with their daily activities and outings. The manager told us staffing levels were assessed and adjusted according to the needs of people living at the home. They told us that if there was a shortfall, staff were willing to work additional hours. This meant people living at the home could expect consistency of care from staff who knew them well. The staff we spoke with also told us there were enough staff to meet people’s needs. The staff duty rotas showed sufficient staff were on shift at all times.

We found the premises were well maintained. Staff told us any maintenance works were dealt with quickly and effectively. We saw safety records and maintenance certificates, such as gas safety, legionella and portable appliance tests were up-to-date. Where areas had been identified for updating or repair we saw evidence which showed the work had been carried out. The manager told

Is the service safe?

us each person had a personal evacuation plan and we saw evidence of this in both of the care records we reviewed. We also saw records to show both had signed to say they understood the fire evacuation procedures.

We were told by the provider there had been no accidents or incidents within the last 12 months. We saw documentation was available for staff to record incidents should any occur.

We looked at the care records of two people living at the home. We saw a range of risk assessments had been developed in relation to people's safety and welfare these included mobilising around the home, stairs and outside of the home. We saw evidence which showed risk assessments were subject to regular review and involved the person concerned. This gave people the opportunity to take responsibility for their own lives.

Is the service effective?

Our findings

Staff we spoke with told us they received regular training and support they required to carry out their roles. They said they received regular, monthly supervisions and annual appraisals and we saw evidence of this in the staff records we reviewed. Staff we spoke with had worked at the home for a number of years and were knowledgeable about the needs of the people they supported. It was clear from our discussions the staff knew how to meet people's needs.

We spoke with four staff members who told us about their induction. They said it included mandatory training and had prepared them well for their role. They told us their induction had included spending time shadowing more experienced staff and also time to have a look through care records. They also said this had given them the opportunity to get to know what people's needs were and how to support them. This demonstrated that new employees were supported in their role.

Staff said the training was comprehensive and confirmed they received regular updates. We saw there was a detailed induction, training and development programme planned for the year. The training matrix showed the training staff had completed and identified when updates were required. Staff had received core training in subjects such as first aid, infection control, fire safety, food hygiene, medication, moving and handling, epilepsy and safeguarding. The provider told us there were staff who had achieved national vocational qualifications at levels 2, 3 and 4 and also degree level qualifications in subjects which related to the needs of people they provided care for. We spoke with five people who lived at the home and they said they felt staff knew them well and they received care which met their needs. This showed staff had the appropriate knowledge and skills to perform their job roles.

The manager and staff had a good knowledge and understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS). The records showed staff had received training in MCA and DoLS and this was refreshed annually. The manager was fully aware of the latest judgement issued by the Supreme Court in March 2014 in

respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. There were no DoLS in place at the time of our visit. The manager told us all of the people living at the home had full capacity to make decisions for themselves and had consented to the care they received at the home. This meant the home was meeting the requirements of the Mental Capacity Act 2005.

People told us they enjoyed the food at the home as they made decisions about what they ate on a daily basis. We saw people were assisted by staff to prepare their lunch. We were also told by one person they would be having a takeaway that evening. We saw people had the opportunity to plan and prepare their meals using the assistance of staff if required. We saw the kitchen was not locked and people told us they could prepare snacks and drinks for themselves at any time of the day. In two people's care records we saw support plans were in place which contained information regarding the person's dietary needs. People's weights were monitored monthly and records showed they remained stable. This showed people's nutritional needs were met.

We spoke with staff who told us people were supported with accessing health care services such as GPs, dentists and opticians. This was confirmed in the care records we reviewed. The manager told us they liaised with people's GP surgery to make sure people's annual health checks were completed. On the day of our inspection one person returned from visiting their GP. Staff told us they had attended the surgery for an annual health check-up. Another person we spoke with told us they had a pair of new shoes which had been specially made for them due to their disability.

We also saw the home had a system which ensured all contact with health professionals was recorded and a contact sheet completed for this. Each person had a medical file which held detailed information of all aspects of their physical health. This showed people who lived at the home received additional support when required for meeting their care and treatment needs.



Is the service caring?

Our findings

We spoke with five people who lived at the home. All of the people we spoke with gave us positive feedback regarding the care they received. One person told us, "I like it here; I get to go to Blackpool. I've never been there before. The staff take us to the caravan and we get to go to the pub." Another person told us they enjoyed watching films at the home with staff. One person told us they visited their family with staff. They said "I like to visit my family. The staff go with me to help me." On the day of our inspection, three people were going out into the local community. They told us "We're going out for a coffee with staff. We like going for a coffee." One person was accessing another part of the service which offered daily activities such as crafts and computers. They told us "I like going to Links. My friends are there and I know some staff who are there. It's a very friendly place."

We saw evidence which showed there was a range of activities available to people on a daily basis. The provider told us that because most people had lived at the home for a long time they all enjoyed suggesting and planning activities which they all took part in. They showed us photographs of the celebrations for the Olympics and the Jubilee in 2014. We saw regular entertainment such as singers were part of the activities on offer to people. In the two care records we looked at we saw evidence which showed each person had been supported to plan the activities they wanted to take part in on a weekly and monthly basis. We spoke with one person about their interests and it was clear the plan of activities included the person's interests. This showed the home was meeting the social needs of people who lived at the home.

One person living at the home asked us if we wanted to look in their bedroom. We saw the person had a key to their room and was able to lock their door whenever they wanted. The person had been supported to personalise their room with photographs, posters and bedding. The person told us they liked their room and it was their space. We looked in another person's bedroom and saw it also contained items which reflected their interests which they had told us about. Staff told us they had supported the person to shop for items which also enabled the person to maintain social skills.

We spoke with one visitor to the service who told us they had known the provider and the manager of the home for many years. They told us "The best thing I can say about this place is I would not hesitate to have a relative of mine living here and I can't say enough good things about this place. I've been visiting here for over 10 years, it's an amazing place. You would not get another provider like this. They take people on holidays with them, they are always here doing what they can for people. It's like one big family; it's a fabulous, fantastic place. The care they provide is fantastic, they treat people as individuals. The provider is so encouraging of people being part of the community and that's what they need. I know of one person's relative who often told me how happy they were with the care provided. The staff are all great and the people who live here are getting the best care I know that for sure."

We found the provider and staff were exceptional in enabling and promoting people's independence in all aspects of their lives. This was evident from our observations as well as people's care records we reviewed. We saw staff recognised and valued people as individuals. Our discussions with staff showed a passionate commitment to maximising each person's potential. One staff member said "I'm here for people. I wouldn't do the job if I didn't love it. The people who live here are so lovely. I think everyone who lives here is happy, we'd know if they weren't. The best thing is people have choices in how they want things to be. It's their life and we want them to be as happy as they can be. It really is a rewarding job." Another staff member told us, "I like being a carer, having a nice bond with people. I feel that I'm a part of people's life and I really enjoy it. When you come to work the days just fly by and it doesn't feel like work at all. There's nothing I would change I think we really do our best. The people who live here are as involved as they want to be. We want what's best for them." Another staff member told us "Everything we do is about the people we care for, they get up when they want, go to bed when they want. It's a really good service. People are always doing something, they're never in. They can't wait to tell staff what they've been doing when they get back. It's nice to know they've enjoyed their day. I know people get a really good standard of care here, we all care too much not to support them as best we can."

Is the service responsive?

Our findings

We looked at the care records of two people who lived at the home. We saw they were comprehensive, person centred and individually tailored to meet the person's needs and focused on maintaining independence. Care plans provided staff with clear guidance on how to meet the person's needs. We saw daily records were completed each shift which showed how support had been given in accordance with the care plans. Records were reviewed on a regular basis and we saw evidence of regular reviews with the local authority.

Care records showed people had meetings regularly with staff where activities, events and holidays were discussed. We saw both people's care records contained records of meetings which had been held recently with each person to discuss where they wanted to go on holiday this year. We spoke with the manager who confirmed plans had been made in accordance with what each person had said they wanted to do.

The manager showed us copies of newsletter which was sent out to people's relatives four times a year. This shared people's stories and celebrated success across all the services in the organisation.

People we spoke with knew how to make a complaint and who to go to if they had any concerns. They told us they had never had to make a complaint. One person said, "I like

everything about living here. I don't want to complain." Another person told us "We talk to [the manager] for anything we might need. We don't have any problems." Another person we spoke with who had moved into the home recently told us, "It's great here. I don't want to complain, there's nothing to complain about. I'd speak to [the manager] if anything was wrong." We looked at the complaints procedure and saw it included contact details for the senior managers in the organisation, the Local Authority, CQC and the Ombudsman. The provider told us there had been no complaints.

We spoke with five people about how they spent their time and they told us they were able to do anything they wanted to do. Two people told us they liked to swim and go to 'Links'. We saw the home had a swimming pool in the grounds which all of the people living at the home had access to. We looked at staff training records which showed staff had completed the necessary training in order to support people to use the pool. People told us there was also two other centres they could attend which were part of the organisation. The 'Garden Base' provided a greenhouse, poly tunnels, arts and crafts and exercise equipment and the 'Links', provided computer equipment, a cinema and a craft area. We spoke with the manager who told us people were able to choose how often they accessed these parts of the organisation and how they wanted to use their time there. This showed people living at the home had access to a range of meaningful activities.

Is the service well-led?

Our findings

The home had a registered manager. This person was also the provider and they told us they had opened the service over 30 years ago. Some of the people living at the home had lived at the home for almost as long as it had been in operation. The organisation's values were based on respect for each other, putting people at the heart of the service and focussing on people's abilities, growth and development. Our discussions with staff and people, our observations of life in the home and how care and support was planned and delivered showed these values were embedded in practice.

We spoke with six staff members who all told us they thought the provider were very open and caring people to work for. One staff member told us, "They are very approachable and I would have no hesitation in asking for their help or going to them if I needed to. They are lovely and they really do care about all of the staff." Another staff member told us, "They involve everyone in the decisions they make about the home, the activities, and the holidays, everything. It's like a big family and they are definitely supportive." Another staff member said, "The home provides a real home for people living here and that's because of the owners. Staff morale is good here because staff can go to the manager and say whatever they need to say. We've all worked together for a long time and we all get on. It's a happy place and you are supported by the manager without a doubt."

We looked at satisfaction survey results from 2014 which had been sent out to people's relatives and people who

lived at the home. The relatives feedback showed 100% satisfaction had been received in all of the areas surveyed for example, "I am confident my relative is very happy there" "I know if I have any worries I can come to you" "Very thorough knowledge of needs and a programme tailored to meet them" "I love the newsletter you send me" and "We are always made to feel welcome, everyone is friendly." We saw feedback from residents was also positive for example when asked 'Do you feel supported in making choices' one response stated "Yes but I am restricted in what I can do because of my health" 'Is your home clean and tidy' "I do what I can and staff keep up with the rest it's nice." The manager told us surveys were due to be sent out in the next few days with the latest newsletter. This showed the home asked for people's views and opinions in the way the service was provided.

We were told by the manager and staff we spoke with that regular staff meetings were held. Staff told us they were asked for their opinions regarding developments within the service on a regular basis and had always felt included by the provider. We looked at previous minutes from resident and staff meetings which showed there was discussion regarding developments at the home as well as across the organisation.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the home, activities, staff records, infection control and health and safety. This showed the provider had an effective system to regularly assess and monitor the quality of service that people received.