

Achieve Together Limited

Hilltop

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

About the service

Hilltop is a residential care home providing personal care and accommodation to up to 7 people. The service provides care and support to autistic people. At the time of our inspection there were 7 people using the service.

The home is set over 2 floors with a communal lounge, dining room, garden.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

People's medicines were managed safely.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

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.

People were supported by staff to pursue their interests, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals.

The service gave people care and support in a safe environment. People were able to personalise their rooms.

Governance systems monitored and assessed the quality of care regularly.

Right Care:

The service was working to stabilise staffing after recent changes. Supervision of staff and training compliance was a focus for the service to complete.

People received kind and compassionate care. People's independence was promoted. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received care that supported their needs and aspirations and was focused on their quality of life.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

People's quality of life was enhanced by the service's culture and inclusivity.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency and respect.

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

Rating at last inspection

This service was registered with us on 1 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 3 April 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Hilltop

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector and an expert by experience who made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hilltop 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. Hilltop 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 manager in post. They were not yet registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 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 spoke with 4 relatives and 7 staff members which included the manager. We reviewed 4 people's care records and 3 medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed. We received feedback from 1 health and social care professional.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Rotas demonstrated safe staffing levels were maintained, this was with the use of agency staff. The service had been through recent management and staff changes and was beginning to stabilise. The provider was working to reduce sickness levels and agency staff use.
- Comments from staff included, "Staffing has improved," "Staffing hasn't been great, we are reliant on agency" and "People get their allocated 1:1 hours."
- Staff knew people's individual needs well. A relative said, "There have been a few staff changes, but the new ones are good as well."
- The service followed safe recruitment processes. This included checks on identity, previous employment and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks to people had been individually assessed. For example, around accessing the community, personal care and health conditions. Guidance directed staff how to support people safely whilst maintaining people's independence. A relative said, "[Name of person] has 2 carers when going out as has no understanding of risks."
- Checks were conducted on the environment and the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed effectively.
- Regular checks were conducted on fire safety equipment. Personal Emergency Evacuation Plans (PEEPs) described the specific level of support people required to be safe in an emergency.
- We highlighted where identified actions in relation to fire safety and maintenance requests had taken some time to complete. The provider said these would be monitored.

Systems and processes to safeguard people from the risk of abuse

- People were safe as systems were in place to protect people from abuse. A relative said, "The quality of care is excellent."
- Staff had received training in safeguarding and knew how to identify and report concerns. A staff member said, "I would notify the shift leader or the manager. I know things to look for. For example, a change of behaviour or bruising."
- The manager reported safeguarding concerns to the local authority and Care Quality Commission as required. Staff told us they were confident concerns were thoroughly investigated.

Using medicines safely

- Medicines were managed and administered safely. Information described how people preferred to take their medicines. For example, "[Name of person] prefers medicines to be put in a plastic pot."
- Written protocols gave clear information where people had medicines prescribed, 'as required,' (PRN). A relative said, "Medication is well managed."
- Staff had received training in STOMP (stopping over-medication of people with a learning disability, autism or both) and supported people in attending medicine reviews.
- Regular medicine audits were conducted. Where medicine errors had occurred, these were identified and managed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits in line with current guidance. Relatives said they were welcome to visit.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to prevent reoccurrence.
- The manager shared information to ensure lessons were learnt. For example, in written communication, verbal handovers and staff meetings. A staff member said, "When lessons need to be learnt, retraining is completed. We get emailed what has happened and it gets raised at team meetings."

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.

Staff support: induction, training, skills and experience

- The provider was open that staff supervisions were not up to date. The service was working towards ensuring regular supervision for staff occurred. Staff told us they were supported and could speak to the manager at any time. A staff member said, "With [Name of manager] I can raise anything. I am supported."
- Staff completed regular training in areas such as autism, first aid and person centred care. A relative said, "Staff are well trained." We observed staff supporting people in line with training and people's care plan guidance.
- Training compliance rates for some areas such as safeguarding, fire awareness and positive behaviour needed increasing. The manager said this would be addressed.
- Staff spoke positively about their induction experience. A staff member said, "I shadowed staff and learnt a lot about the individuals that live here." The manager was ensuring the induction reflected the specific needs of people living at Hilltop.
- New staff completed the Care Certificate when appropriate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- DoLS applications had been made as required. No one had any current conditions in place. People's current DoLS status was not always clear for staff. The manager said this would be addressed in care plans.
- Where people lacked capacity to make a specific decision, a mental capacity assessment had been undertaken and a best interest process followed. This included relevant people such as health and social professionals and families.
- The service had ensured information was provided in a format suitable for the individual. For example, in easy read or pictures.

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

- There had been no recent admissions to the service. People's support was regularly reviewed to ensure it met people's needs.
- Care plans reflected people's protected characteristics under the Equality Act 2010 to ensure these were identified and respected. This included people's wishes in relation to their religion and sexuality. Information guided staff how to support people in these areas.
- Staff were knowledgeable around the MCA and how they reflected the principles in their daily work. We observed staff obtaining consent and offering choice to people. For example, around food and activities. Independent advocates were facilitated for people.

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

- People were supported to make their own choices around food and drink. For example, one person chose their breakfast using pictorial aids.
- Care plans gave clear information about people's preferences for food and drink and usual routines. A relative said, "He eats really well. Home cooking and lots of fruit and yogurt."
- People's weights were monitored and actions were taken where people's weights had increased. A relative said, "Care is taken with healthy eating." Another relative commented, "His weight has been discussed. However, outings are always centred around food and snacks."

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

- People were supported with their healthcare needs. Care plans described how people preferred to access health care. A relative said, "Staff are very quick to report any health issues."
- The service worked with other health care professionals. For example, the GP and podiatrists. The manager was acting to ensure people's annual health checks were completed.
- People's health appointments were monitored. Such as dentists and opticians. Actions to take were shared within the staff team. People had hospital passports in place to support them should an admission be required.

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

- People had personalised rooms, which reflected their interests and likes. A relative said, "There is a sensory room and things to play with."
- People had supervised access to garden areas. Which included seating, a swing and garden games.

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; and involved as partners in their care.

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

- People were supported by staff who were kind, caring and respected their individuality. A relative said, "The staff are really nice. I visit about once a month." Another relative said, "They [Staff] amaze me all the time. They value and respect [Name of person]."
- People were supported in their religious needs. Care plans described celebrations people enjoyed. A relative said, "[Name of person] is taken to a church service once a month."
- We observed staff knew people well and the strategies in place to support people in different areas of their care. A relative said, "This is the best place he has been to. He loves going back."

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

- Information was provided to people in their preferred formats to be involved in making choices about their care. For example, we observed staff asking if a person wanted to go to the shops.
- Staff observed and shared how people reacted and enjoyed different activities. This enabled activities to be adapted and changed with people's preferences.
- Regular reviews took place with people, staff, relatives and social care professionals. A relative said, "We attend care reviews, but don't get a copy."

Respecting and promoting people's privacy, dignity and independence

- Care plans demonstrated how people's independence was promoted. This enabled people to develop and maintain skills. For example, in personal care, preparing food or being involved in doing their laundry.
- People's privacy was respected and people's dignity upheld. Care plans gave information about how people indicated they wanted time by themselves. For example, by signalling to staff.
- People's visitors were welcomed. A relative said, "Staff facilitate [Name of person] coming home for Sunday lunch."

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 through good organisation and delivery.

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

- Care plans were person centred, up to date and accurate. They gave clear information how to support people in the way they preferred.
- People's routines, likes and dislikes were described. For example, a care plan said, "Dislikes bowling, likes being in the car, likes to play with his toys."
- Staff knew how people wished to be supported. A relative said, "We have a good relationship with staff."

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 had individual plans to participate in activities they enjoyed. A relative said, "The staff are amazing. Really focusing on activities specific to him. He likes cars and caravans and goes to the motor show." Another relative said, "Activities are well planned. He has a trip every week, donkey sanctuary and safari park. He goes for a walk every day."
- People went swimming, walking and horse riding. A relative said, "Staff ring me most nights and tell me what he has done. Then when I speak to him, I can comment on things and he listens."

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.

- Communication plans described people's methods of communication in detail and gave clear guidance for staff. For example, a care plan said, "I understand simple communication and prompts. I understand simple sign language. Uses a visual timetable."
- Staff knew how to communicate effectively with people. A relative said, "There are symbols and he can point to it. On the iPad they use photos and he can point to his choice of breakfast."
- Information displayed in the service and provided for people was in easy read formats.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the service. Systems were in place to record and investigate concerns or complaints. The service had received 1 complaint in the last 12 months which had been resolved.

- Relatives told us they spoke regularly to staff and would be happy to raise any issues.

End of life care and support

- The service was not currently supporting anyone with end of life care. Information was held about people's wishes or arrangements in their care plan.

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

- Staff and relatives said the home was well-led and managed. A relative said, "The new manager is amazing. I have seen such a difference in the home. The staff morale has gone right up." A staff member said, "The manager is proactive. Gets on with things straight away." Another staff member said, "The manager knows how to run the place. Knows people well. Will listen if we raise a concern."
- The service focused on achieving positive outcomes for people. A relative said, "They are doing admirably with high standards of care." A staff member, "It is still an amazing home, still do great things. It is very person centred."

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 manager understood the duty of candour legislation. The service was open and honest when something had gone wrong.
- We received positive feedback about communication with families. A relative said, "I'm always well informed with emails and phone calls."

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

- Systems were in place to monitor and assess the quality and safety of the service and make improvements as identified. For example, audits were conducted for care plans, infection, prevention and control and medicines. Actions identified in quality audits were regularly monitored for progress and completion.
- Staff roles had recently changed. The service was managing and adapting to these changes.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Meetings were held with staff. Staff told us they could raise anything and information was shared with them. A staff member said, "Regular team meetings are held. Separate ones for night staff. Staff will bring things up."
- Surveys were conducted with families, staff and people. Overall results for the service were positive showing people received good care. A relative had commented on the stability of staffing. Staff survey

results indicated areas for the wider organisation in regard to staff well-being, management of change and feeling valued by the provider.

- Staff worked as a team. A staff member said, "Overall we are quite good. Very much a team. We talk quite openly."

Working in partnership with others

- The service worked in partnership with health and social care professionals such as advocates, social workers and psychiatrists.