

Tebmar Ltd

Hillcrest

Inspection report

Tebmar Limited
Hillcrest
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

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

Hillcrest provides support to five adults with autism. At the time of our inspection, four people were receiving long term support from the service and one person regularly stayed in the home for respite care.

At our last inspection on the 4 January 2016, we rated the service "Good." At this inspection we found that the service 'Required Improvement'.

There was a registered manager in post at the time of the inspection, they were also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were not always protected against the risks associated with the appointment of new staff as the provider had not consistently followed safe recruitment practices and recruitment records were incomplete. The registered manager took prompt appropriate action in response to our feedback and needs to ensure that these processes are followed going forward.

The quality assurance processes in place to monitor the quality and safety of the service and drive improvement required strengthening. Audits had not resulted in sufficient action to mitigate risks to people's health and safety. There was insufficient oversight of staff training records, which did not provide up to date information regarding the training staff had received.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety. Staffing levels ensured that people's care and support needs were safely met.

People received their medicines as prescribed and risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

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

demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People's diverse needs were met by the adaptation, design and decoration of premises and people were involved in decisions about the environment.

People were encouraged to make decisions about how their care was provided and staff had a good understanding of people's needs and preferences. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

Staff supported people to access support from healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. The provider had a process in place which ensured people could raise any complaints or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Staff recruitment processes required strengthening.

Improvements were required to ensure that where environmental concerns were identified, action was taken to mitigate the risk to people.

Procedures were in place to ensure the safe handling of medicines.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way, which enabled people to receive safe support.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

The quality assurance processes in place required strengthening to ensure sufficient oversight of the service.

A registered manager was in post; they were also the provider and were active in the day-to-day running of the home.

There was a clear vision and a positive culture of person centred care and support that was understood and put into practice on a day-to-day basis by staff.

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 was planned to check 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 second comprehensive inspection took place on the 20 and 21 February 2018. The first day of the inspection was unannounced and we made telephone calls to relatives and a health care professional on the second day.

The inspection was undertaken by one inspector and one inspection manager.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us; a statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority and clinical commissioning group, who commission services from the provider. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection, we spoke with two people who used the service and the relatives of two people who were unable to communicate with us on the telephone. We spoke with five members of staff including support workers, senior support workers, the business support manager and the registered manager. We also spoke with a health care professional who had experience of working with the service.

We looked at two records relating to people's care needs and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff, staffing rotas and arrangements for managing complaints.

We asked the registered manager to send us information relating to environmental safety, accidents and incidents, staff training and recruitment following the inspection. This information was provided as requested.

Is the service safe?

Our findings

People were not protected against the risks associated with the appointment of new staff. The provider had not assured themselves of the suitability of staff, as they had not consistently followed safe recruitment practices. Records showed that two staff had started work without Disclosure and Barring Service (DBS) checks or written references. The DBS Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults and help employers make safer recruitment decisions. The registered manager provided assurances that staff had not started work until initial DBS checks had been completed. However, records were unclear and there were no risk assessments in place to mitigate the risk that people's support would be provided by staff unsuitable to work with vulnerable people. Application forms did not contain a full employment history for two staff recently recruited and there was no record that these gaps had been investigated prior to the staff being recruited. These concerns were discussed with the registered manager, who informed us that the gaps on one member of staff's application form had been discussed with them prior to them being recruited but this had not been recorded. The completed application form was provided for the other member of staff following the inspection. This record demonstrated that the staff member's full employment history had been provided to the registered manager prior to them being recruited. The appropriate documentation was already in place but not filed correctly and therefore not available for review during the inspection visit.

People could not be assured that the environment they lived in was always safe. Regular checks of water temperatures were carried out, however these demonstrated that the hot water in one person's bathroom was too hot and posed a risk to this person's safety. Staff were not aware of the maximum safe temperature and had not acted to mitigate this risk. These concerns were discussed with the registered manager who immediately arranged for this to be rectified and took action to ensure staff responsible for safety checks were aware of their responsibilities.

People using the service and their relatives continued to feel safe with the support they were receiving. People we spoke with smiled and indicated that they felt safe and comfortable with staff. One person's relative said, "The staff make sure that [name of person] is safe." Staff were aware of safeguarding procedures and had received training in this area. One member of staff said, "I've never had any concerns here but if I did I would speak to the manager, but if I needed to I could go to the safeguarding team, the contact details are in the office."

The service provided care to people living with autism and behaviours that may challenge the service. People's relatives told us that they felt staff were competent at managing the risk present in people's lives and balancing this with their choices and independence. One person's relative described how staff supported their relative to regularly access community activities; they told us, "The staff aren't afraid to take positive risks in a safe way." People had risk management plans in place to mitigate the risks in different areas of their lives and facilitate positive risk taking. These included; their mental health and wellbeing, behaviour and the impact of physical illness. We saw that assessments were completed in a way that promoted people's choices and independence.

There were enough staff to support people safely. One person's relative told us, "There are enough staff to make sure that [name of person] is able to do all that they want to do." Staff said they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. The business support manager told us, "We don't use agency staff, one of the managers will always work on shift, or we have bank staff we can use." We observed sufficient numbers of staff on shift to support people and rotas showed that staffing levels were consistent.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred within the service, these were reviewed by senior staff and action taken as necessary. We saw that updates on people's care were regularly shared within the staff team to enable learning and improvement around people's safety. Records were updated to reflect any changes in people's behaviour to enable staff to support people in the safest manner possible.

We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. Staff carried out regular checks of the cleanliness and suitability equipment and the environment to minimise the risk of the spread of infection.

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. The service had not received any new admissions since the last inspection; however, appropriate arrangements were in place to ensure people's needs would be assessed before the service agreed to provide their care and support.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person's relative said, "Autism is very complex and the home manages brilliantly. The staff are of very good quality and know the residents very well. The staff who support [name of person] all work with [name of person] very well indeed."

All new staff undertook a thorough induction programme. New staff received an induction, which included shadowing experienced members of the staff team as they got to know the people living at the home. Staff did not work with people on their own until they felt confident to undertake the role. Newly recruited staff completed the Care Certificate, which covers the fundamental standards expected of staff working in care.

Staff had received on-going training and supervision to enable them to confidently and competently support people. One member of staff said, "We do a lot of training together in-house and any extra training we want to do, we ask the manager. I've just started my NVQ." The staff team was currently undertaking distance learning training in autism awareness and safeguarding. The training records that were available at the time of inspection reflected that some staff had not completed all required training. We discussed this with the manager, who explained that these staff had completed all mandatory training as part of their induction; but the records had not been updated. Records to demonstrate that staff had completed the training required were provided following the inspection.

People were supported to maintain a healthy and balanced diet. Any special requirements people had, for example, allergies or food intolerances, were clearly documented within care plans. For example, one person required specific support from staff at mealtimes; photos were available to demonstrate how this support should be provided. People were involved in deciding what meals they had each day and were encouraged to help to prepare them.

People were supported to access a wide variety of health and social care services. We spoke with a health care professional about their opinion on the service. They told us, "Hillcrest is very receptive to advice and keen to work with us to get positive outcomes for individuals." Staff had a good knowledge of other services available to people, including multi-disciplinary health services and mental health support.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person's relative said, "The staff are excellent at picking up on any health needs. They regularly take [name of person] to the dentist and doctor when necessary." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's needs were met by the adaptation, design and decoration of premises. One person's relative said,

"[Name of person's] room is lovely, the home is adapted to meet their needs." People's rooms were comfortable and personalised and any equipment they required to meet their needs was readily available; for example pressure relieving equipment to ensure that their skin remained healthy.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people. A health professional told us, "They [staff] have asked for advice whenever they have had any concerns and carried out assessments and applied for DoLS appropriately."

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. We observed good interactions between the people and staff, and people clearly felt comfortable in the company of staff. People's relatives told us that their family members had positive relationships with staff. One person's relative said, "The staff are brilliant, first class. [Name of person] has been there for [number of years] and they know them so well. [Name of person] regularly comes to stay with us, but they love going back to Hillcrest." Another person's relative said, "I can't fault them, they are very caring, the staff put everything in to the way they support [name of person]."

People's choices in relation to their daily routines and activities were listened to and respected by staff. Where people were not able to express their choices verbally, pictures were used to support them to communicate their choices. People had individual pictorial schedules that they had been supported to devise. These showed the range of activities that were planned for the day and supported people to transition between activities. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in supporting them in the way they chose.

All staff respected people's privacy and dignity. If people wished to have their room locked, the safety of this was assessed and appropriate measures implemented to mitigate any risks whilst respecting their wishes. We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. A health care professional said, "The staff know individuals so well and are always encouraging them to develop and be as independent as they can be."

Is the service responsive?

Our findings

People had individualised care plans, which detailed the care and support people required; this ensured that staff had the information they needed to provide consistent support for people. Throughout our inspection, we observed that staff supported people in accordance with their care plans. People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings. Staff told us that they had begun using a lap top and projector to carry out reviews, encouraging people to choose photos of activities that they would like included in the review. This had resulted in people having more involvement in their review meetings.

People were supported and encouraged to follow their interests and take part in activities. One person told us that the staff supported them to do the activities they enjoyed, including; swimming, shopping, trampolining and bowling. Another person's relative said, "[Name of person] goes ten pin bowling, to the cinema, the pub, shopping and out for walks. They also go on holiday with staff every year and we always get a post card."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the service had used social stories to support one person to prepare for medical treatment. Social stories are a tool to help individuals on the autism spectrum better understand communication, interpersonal skills and processes.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The service had not received any complaints and the people we spoke with said they had not had to make any complaints but would do so if needed.

One person's relative said, "We've never had anything to complain about, we feel fortunate that [name of person] is at Hillcrest." Another person's relative said, "We have no concerns, Hillcrest meets all [name of person's] needs and more. We would not want them to be anywhere else." Information regarding how to make a complaint was provided in different formats to support people's understanding.

Is the service well-led?

Our findings

Improvements were required to the quality assurance systems in place to monitor the quality and safety of the service. Health and safety audits had not identified that the checks in place to ensure that water temperatures were safe were not effective. There was insufficient oversight of staff training records, as they did not provide up to date information regarding the training staff had received.

People could not be assured that they received care from suitable staff as the recruitment processes were not consistently followed and recruitment records were not complete. The provider did not have suitable processes in place to mitigate the risk of people receiving care from staff who may be unsuitable to provide care to vulnerable people.

These concerns were discussed with the registered manager during the inspection and prompt action taken to address the concerns identified.

The provider had some arrangements in place to monitor the quality of the service that people received, as regular audits had been carried out by the registered manager and staff in other areas; for example medicines and equipment audits.

The service had a clear vision and values, that all staff were committed to working together to achieve. One member of staff said, "There is good team work, we all care about the guys [people who use the service] and have the time we need to get good outcomes for them." The registered manager was also the provider; they were supported by a senior management team and had a good awareness of the day-to-day running of the service. Staff told us, "The manager is very understanding and we can go to them with any concerns."

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. One member of staff said, "We are a close team, we have regular supervision and team meetings and can discuss anything we need to." We saw minutes of team meetings held, and these reflected an open and transparent culture with discussions about the needs of the people who lived in the home, activities, safeguarding and health and safety.

The people using the service, their relatives, staff and people who had other involvement with the service were able to feedback on quality. We saw that quality questionnaires were completed by people's relatives, which enabled them to provide their view of the service their relative received. We saw that feedback was positive.

The service worked in partnership with other agencies in an open honest and transparent way. We saw that questionnaires completed by community services staff had worked with to provide people's support were very positive. For example, local day centre staff had completed a survey stating, "They [Hillcrest staff] appear to care greatly for [name of person] and we have a good working relationship." Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. The registered manager was aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information when required.