Hilltop House Limited

Hilltop House

Inspection report

30 Hilltop Road
Twyford
Reading
Berkshire
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Date of inspection visit:
15 May 2017

Date of publication:
20 June 2017

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

This inspection took place on the 15 May 2017 and was unannounced. This was the first inspection of this service under new ownership and was registered on 21 May 2015.

Hilltop House is a care home which is registered to provide care (without nursing) for up to eight people with mental health needs some of whom are older adults. The home is a large building situated within a row of houses on a residential housing estate on the outskirts of Twyford in Berkshire. It is located near to local amenities and public transport. There were seven people living in the home at the time of the inspection.

There was a registered manager for the service. 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.

The recruitment and selection process ensured people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a core of dedicated staff who had received support through supervision, occasional staff meetings and training. People's care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with general, personal and specific behavioural and/or health related issues. They generally helped to promote people's independence whilst minimising the risks. Staff treated people with kindness and respect and had some contact with people's families, where appropriate and possible to make sure they were informed about the care and support their relative received.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. The provider had taken some steps to periodically assess and monitor the quality of service that people received. Quality was monitored through general oversight, care reviews and feedback from people and their representatives.

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.

Community professionals told us that they had no concerns about people's safety.

Staff knew how to protect people from abuse.

The provider had emergency plans in place which staff understood and could put into practice.

Staff had relevant skills and experience and were sufficient in numbers to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met periodically with their line manager for support to identify their learning and development needs and to discuss any concerns or ideas.

People had their freedom and rights respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People were supported to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as far as possible.

The staff team worked hard to make sure they understood people and people understood them.

People responded to staff in a positive manner. Staff knew people's preferences very well.

Staff knew the needs of people well and used this understanding to enhance their quality of life and sense of wellbeing.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were recorded in their care plans which provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

Professionals and staff said the manager was open and approachable.

People could have confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager had carried out some audits to identify where improvements may be needed.

Hilltop House

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 inspection took place on the 15 May 2017 by one inspector and was unannounced.

Before the inspection we looked at all the information we had collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law. We looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care and support in the communal areas. We spoke with six people who lived in the home and received feedback from two community professionals who had contact with the home. People living in the service provided us with positive feedback about their experience of the care provided. We observed positive interactions between people and staff. We spoke with the manager of the home, the deputy manager and three staff. We contacted a range of health and social care professionals and received information from a local authority commissioner and a local authority safeguarding representative.

We looked at three people's care plans and records that were used by staff to monitor their care. We also looked at the duty roster, menus and records used to measure the quality of the services that included health and safety audits. We were sent additional information following the inspection visit which was either not immediately available or was easier to review in electronic form.

Good

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were readily available in the office. Staff were aware of the organisations whistle blowing procedure and were confident to use it if the need arose. Staff were confident they would be taken seriously if they raised concerns with the management. One community professional advised us by email that they had no concerns about the safety of people in the home. One person told us, "Oh yes, I'm kept very safe. The staff always look after me". Another said, "The staff always go out with me to the shops and make sure I'm ok".

The provider had recruitment practices which helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were obtained to check on behaviour and past performance in other employment. A full work history was obtained for all prospective staff where this was possible. No new staff had been recruited within the last 12 months and most of the staff had worked at the service for many years.

The staff rota was seen and demonstrated that there were enough staff throughout the day and night to meet people's assessed needs. This included two care staff throughout the day time hours and a sleep in person at night. Of the twelve staff employed two worked full time hours. Working patterns were described as flexible and staff were always willing to cover for short notice absences although we were informed that these were very infrequent. No agency staff were being used at the time of the inspection. Staff told us that there were sufficient staff on duty to meet people's needs and to keep them safe, however, additional staff were deployed when individuals had appointments or activities planned.

Risk assessments were carried out and reviewed regularly for each person. The risk assessments aimed to keep people safe whilst supporting them to maintain their independence as far as possible. However, we found that some risks such as using the tea urn or the use of window restrictors were applied to everyone regardless of whether a specific individual risk had been identified. This blanket approach had the potential to limit people's freedom. In addition, a risk score was used from 1 to 10 but there was no explanation of what the scores meant or what action should be taken when a score was deemed to be high. We discussed this with the registered manager and the deputy manager who accepted that the potential outcomes of such a system could be detrimental to people by restricting their freedom. They undertook to completely review the risk assessment process and ensure that staff fully understood the concept of person centred risk assessment and management. Risk assessments relating to the service and the premises including those related to health and safety and use of equipment were in place. The fire risk assessment for the building had been reviewed within required timescales.

Regular checks were carried out to test the safety of such things as water temperature, gas appliances and electrical appliances. The fire detection system and the fire extinguishers had been tested in accordance

with manufacturer's guidance and as recommended in health and safety policies. Fire drills had been conducted twice in the previous year. We saw that a contingency plan was in place in case of unforeseen emergencies. This provided staff with contact details for services which might be required together with guidance and the procedures to follow if events such as adverse conditions occurred.

Maintenance was undertaken as required by a general maintenance person deployed by the owner. Any issues which required specialist expertise were addressed by the engagement of appropriate contractors. We noted that the stair carpet was due to be replaced and was being measured in preparation during our visit to the service. There was a five year refurbishment plan which detailed work that had been undertaken and equipment and furnishings which had been replaced.

People were given their medicines safely by staff who had received training and guidance from senior management. There had been no medicines errors in the last year. The service used a monitored dosage system (MDS) to support people with their medicines. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) and stock were checked on a monthly basis by a member of the management team.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were trained and supported by the manager and provider. Staff knew people well and understood their needs and preferences. They obtained people's consent before they assisted them and discussed activities with them. One visiting professional advised us that they thought people's health care needs were addressed in a timely manner. People told us they could see the doctor when required. One person said, "The staff are very good, they make sure we have regular appointments for dentists and opticians when needed."

The manager and staff knew of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. The Care Certificate was used by the service for all care staff. All new staff received an induction when they began work at the service. This included time shadowing more experienced staff until individuals felt confident working without direct supervision. They also spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. Following induction, staff continued to receive further training in areas specific to the people they supported such as epilepsy and understanding behaviour that challenged the service. Training was refreshed for staff regularly and further training was available including national vocational qualifications to help them progress and develop. We saw the staff training record which provided an overview of training undertaken and when training was either booked or was overdue. However, this only related to the current year.

Individual meetings were held between staff and their line manager on a regular basis. The service aim was that at least four meetings with individuals were to be held each year. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people using the service. We were told by staff that these meetings provided guidance by their line manager in regard to work practices and opportunities were given to discuss any difficulties or concerns staff had. We were told that there was an open door policy and that staff could seek support or guidance from the registered manager at any time. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff. These were scheduled to commence imminently for all staff. Staff told us that the manager was very approachable and that they could always speak with her or the deputy manager to seek advice and guidance.

Staff meetings were held periodically and included a range of topics relevant to the running of the home. Staff told us they found these very useful. At the meetings staff were provided with an opportunity to discuss people's changing needs and suggest ideas for more effective interventions and support. We saw that a meeting was scheduled within the week of the inspection visit with the last formal meeting having occurred in December 2016.

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 the least restrictive

option. 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). Staff had received training in the MCA and generally understood the need to assess people's capacity to make decisions. At the time of the inspection everyone living in the home had the mental capacity to make decisions.

People's health needs were identified and effectively assessed. Care plans included the history of people's health and their current health needs. People received regular health and well-being check-ups and any necessary actions were taken to ensure people were kept as healthy as possible. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. Appropriate contacts with health professionals were made and maintained in the interests of individuals. These included GP's, district nurses, hospital specialists and occupational therapists.

People were supported to make healthy living choices regarding food and drink. Their meals were freshly prepared and well-presented. Each person's preferences were recorded in their care plan. Activities sometimes included eating out where individuals continued to make their own choices. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet. There had been a food safety review undertaken by the Environmental Health Department on in March 2017, which was a self-assessment and confirmed the previous 5 star rating (very good).

The home was maintained and generally refurbished as the need arose. All faulty equipment was replaced without undue delay. The standard of the fixtures and fittings was reasonable. Contractors had undertaken work on the garden area which had resulted in a more pleasant space for people to relax.

Good

Is the service caring?

Our findings

People told us the staff were, "lovely", "alright", "really nice", and "they are all great." Three people said they were very happy. There was a relaxed and homely atmosphere and people came and went from their rooms or for walks as they chose. Staff spoken with were knowledgeable about people's needs and they respected people's privacy by knocking on doors or waiting for agreement before proceeding with something.

Each person had an identified member of staff who acted as their keyworker. A keyworker is a member of staff who works closely with a person, their families and other professionals involved in their care and support in order to get to know them and their needs well. Throughout the visit staff were communicating and interacting with people in a respectful and positive way and it was evident that staff knew people's preferred way of communicating their needs. This included time needed for personal space or understanding when a refusal was not what was meant or where sensitivity to people's mood and demeanour was required.

Staff were clearly committed to their role and were proud of the standard of care that was provided. Staff told us that they provided person centred care which ensured that relevant support was always available. It was apparent through discussion with the registered manager, deputy and care staff that people's individual needs and preferences were well understood. This ensured that any changes in a person's health and/or care needs were quickly acted upon in a calm and professional manner.

Care plans provided detailed descriptions of the people supported. There had been input from families where appropriate, historical information, and contributions of the staff team who knew them well together with the involvement of people themselves. Care plans were written by the registered manager with contributions, changes and updating undertaken by key workers.

Policies and procedures were in place to promote people's privacy and dignity and to make sure people were at the centre of care. Staff made reference to promoting people's privacy and clearly demonstrated an in-depth knowledge of the people using the service. They knew what people's preferences were and how they liked to spend their time. Staff described the communication in the home as good. They told us they were kept fully informed and up to date with any changes in people's support requirements. This was achieved through daily handover meetings, reading the communication book and general updates through daily discussion.

People were supported to maintain their independence wherever possible. Staff encouraged and supported people to make choices and take part in everyday activities such as shopping and following their interests. The registered manager and deputy told us that they would continue to encourage staff to involve people more in domestic duties and cooking. Individual care and support plans provided staff with guidance on how to promote people's independence. All documentation about people who lived in the home was kept secure to ensure their confidentiality.

Good

Is the service responsive?

Our findings

Staff were aware of peoples' needs at all times. Staff were able to quickly identify if people needed help or attention and responded promptly. It was apparent through observation and discussion with staff that people's individual preferences in relation to how they spent their time, what they enjoyed and gave them pleasure, was well understood. The service worked in a person centred way but risk assessments were recorded in a manner which did not always support the approach of maximising independence. However, it was not apparent that people were restricted in any way.

Care plans were detailed and daily records were accurate, up-to-date and provided an overview of the person each day. We were told that work had been undertaken to ensure daily records for each person were more fully recorded. This was to demonstrate the choices people had made and provide more information about interactions with staff and/or activities. The registered manager told us that this had already been discussed with staff and was a 'work in progress'. Staff told us that they felt there was enough detailed information within people's care plans to assist people in the way they wanted to be supported. However, the staff team were very well established and knew people and their needs very well.

Care and support plans centred on people's individual needs. They detailed what was important to the person, such as contact with family and friends and attending community events. Daily records were designed to describe how people had responded to activities and the choices that were given. The registered manager told us that this was work was still being refined. One person told us that they were in the process of organising a cinema trip. This had been on hold due to the person experiencing some difficulties with walking. Staff were knowledgeable about the care they were offering and why. The skills and training staff needed to offer the required support was noted and provided, as necessary. Care plans were reviewed annually or more frequently if a change in a person's support was required.

A range of activities was available to people using the service. There was some limit on the number of accompanied outside activities that people could undertake due to the staff ratios. However, staff told us that when such activities were arranged additional staff would provide cover. It was not entirely clear how often people were able to undertake activities and the registered manager undertook to re-introduce a record which previously detailed what people were involved with on a regular basis. We heard from some people that they attended clubs and activities on a regular basis. People were supported to have contact with their families where possible and appropriate.

The provider had a complaints policy and a complaints record to capture any complaints made. At the time of the inspection there had been no complaints or concerns raised about the service since the last inspection. The registered manager told us that any comments or concerns raised by people themselves or their relatives were addressed without delay. Information about how to complain was provided for individuals.

Good

Is the service well-led?

Our findings

There was a registered manager at Hilltop House. They consistently notified the Care Quality Commission of any significant events that affected people or the service. The registered manager was present throughout the day of the inspection process. The registered manager was supported by a deputy manager who assisted with the inspection throughout the day of the visit. One visiting professional advised by email that they were informed and updated about significant developments or incidents and that management staff were always available and accessible.

Staff told us that the registered manager was, "always available and fair in her response." Other staff described the registered manager as very approachable and very supportive. There was an open and supportive culture in the service. Staff said the registered manager had an open door policy and offered support and advice when needed. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the management team and worked well as a team. They told us the management team kept them informed of any changes to the service provided and the needs of people they were supporting. All staff we spoke with told us that they felt happy working in the service, and were motivated by the support and guidance they received to maintain high standards of care. It was apparent that staff were aware of the responsibilities which related to their role and were able to request assistance if they were unsure of something or required additional support. Staff told us they were listened to by the registered manager and felt they could approach her and the deputy manager with issues and concerns.

The registered manager told us she could seek guidance or support from the owner of the business, but there were no formal regular meetings in place. Rather she sought guidance or advice on a when required basis. The registered manager and/or the deputy manager had attended infrequent meetings with the local provider association and would like to attend manager's forums which some local authorities had organised. However, this was not always possible due to the constraints of the staffing ratios and the responsibilities of the role.

The views of people, staff and other interested parties were listened to and actions were taken in response, if required. The service had various ways of listening to people, staff and other interested parties. People had regular reviews during which staff discussed what was working and what was not working for them. There were plans for questionnaires to be distributed periodically in order to obtain feedback. Staff views and ideas were collected by means of occasional team meetings, 1:1 supervisions and informal discussions which occurred each day.

The manager told us links to the community were maintained by ensuring people engaged in activities outside the service. The service supported people's contact with their families where possible and appropriate. The service worked closely with health and social care professionals to achieve the best care for the people they supported.

Overall the service had monitoring processes to promote the safety and well-being of the people who used

the service. Health and safety audits were completed by the registered manager and/or senior staff where actions and outcomes were recorded. We were told that a programme of internal audits was completed by the registered manager and this was confirmed by the deputy manager manager. However, we could not ascertain whether these were systematically undertaken because written records were not maintained for all audits. The registered manager undertook to review the process and introduce a recording tool to confirm when audits were completed and in what areas.

People's changing needs were reflected in their care plans and risk assessments. Records detailed how needs were to be met according to the preferences and best interests of people who lived in the service. People's records were of good quality, mostly completed and up-to-date. Records relating to other aspects of the running of the home such as audit records for medicines and health and safety maintenance records were accurate and mostly up-to-date.