PhiLori Care Limited

Hillcrest House

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

Hillcrest House provides personal care support for up to five adults that have learning disabilities and/or autism spectrum disorder and may have challenging behaviour and/or mental health needs. This unannounced inspection took place on 23 June 2016 and at the time of our inspection there were five people using the service.

There were two registered managers in post, one of whom undertook the day to day management of the home and one who was also the registered provider. 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 felt safe in the home and received safe care and support. Relatives said that they had no concerns about people's safety and we observed that people were comfortable in the home. Staff had an in depth understanding of their role in safeguarding people and they knew how to report concerns. Staffing levels ensured that people received the support they required at the times they needed it.

The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. Staff received the training and support required to enable them to understand and meet the care needs of each person.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt access to healthcare services when needed.

People were fully involved in decisions about their care and support needs and this had a positive impact on their ability to be as independent as possible. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information in the most appropriate format to enable them to make informed decisions and encouraged people to make their own choices.

Staff were passionate about the work they did and had very good relationships with the people who lived in the home. People interacted in a relaxed way with staff, and relatives consistently spoke about the positive impact living in the home had made to people's lives.

Comprehensive care plans and risk assessments were in place detailing how people wished to be supported and had been produced in conjunction with people using the service. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

People participated in a large and varied range of activities within the home, the local community and further afield. The atmosphere in the home was vibrant and people were enthusiastic about holidays and activities planned for the future.

Staff were aware of the importance of managing complaints promptly in line with the provider's policy. People living in the home, their relatives and staff were confident that any issues would be addressed and that if they had concerns they would be listened to.

The service was well led and people's relatives and staff had full confidence in the leadership of the registered manager. The provider ensured that the service was well supported and effective systems were in place to assess and monitor the quality of service provided.

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.

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 continually reviewed and managed in a way that enabled people to safely pursue their independence and receive safe support.

People were involved in the safe recruitment practices and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received bespoke and mandatory training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People had developed strong and positive relationships with staff that worked at the service.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people living at the house and staff. People and their relatives were happy with the support they received from staff.

Staff had a very good understanding of people's needs.

Is the service responsive?

Good

This service was responsive.

Thorough pre-admission assessments were carried out to ensure the service was able to meet people's needs. People were given various opportunities to try the service and meet staff to ensure they were well supported throughout the moving in process.

People's support plans were person centred and flexible and were promptly adapted to meet people's changing needs.

People were supported to become more independent and had input in to decision making as much as they were able to. Staff respected people's right to make their own decisions and supported them to reach their goals

People using the service and their relatives knew how to raise a concern or make a complaint and there was a transparent system in place for all feedback.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible to people using the service and their relatives. They worked alongside staff and offered regular support and guidance.

The registered manager strived to include people in effective learning and development that would provide the knowledge and understanding they needed to live life more independently.

There were effective systems in place to monitor the quality and safety of the service and actions were completed in a timely

manner.

Hillcrest 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 23 June 2016. The inspection was unannounced and was undertaken by one inspector.

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.

During this inspection we visited people in their shared home. We spoke to people as much as they felt able and observed their interactions with staff and the registered manager. We spoke to one relative during the inspection and four relatives on the telephone. We looked at care records relating to three people. In total we spoke with four members of staff, including the registered manager. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety and were provided with guidance in an easy read or pictorial format about how they should keep themselves safe and what to do if they suspected abuse was taking place. People were encouraged to consider important aspects of their own safety, such as; "how I should be treated" and "making choices". Training in safeguarding had been adapted for people living in the home and some people had been provided with training in adult abuse awareness. People's relatives told us that they were extremely happy with the care and support provided by staff. One person's relative said "I have complete trust in the staff". We observed that people in the home were happy and comfortable with the staff supporting them and that people interacted freely with one another.

Safeguarding policies and procedures were in place and were accessible to staff. Staff were committed to the people living in the home and fully aware of all aspects of safeguarding. They demonstrated a thorough understanding of the potential risks that may impact on the people they were supporting and the provider had created an open and transparent atmosphere which enabled and encouraged staff to raise concerns. The staff that we spoke with had never needed to raise a safeguarding concern but were able to describe the process they would follow if they needed to.

Comprehensive risk assessments were in place to identify areas where additional support was needed to keep people safe. The service was based around supporting people to become as independent as possible and this ethos was reflected in people's individual risk assessments. People were encouraged to take reasonable risks with appropriate support and understanding. Risks were assessed in a positive way, staff were encouraged to ask questions such as "What training could be offered to the client" and "What strengths does the client have in relation to the risk behaviour – how might these be maximised?" The emphasis was always seeking to accentuate positive risk taking and the benefit of this on the outcomes for the person. One person's relative told us "[Name] has become more independent since being at Hillcrest, since they've been here, they've seemed so much happier."

Individual risk assessments were created promptly in in response to any changing needs and cross referenced to care plans and daily care records. Risk assessments included a section in which the assessor was asked to judge whether a potential risk was current, likely or unlikely based on the person's recent history. The level of risk was regularly updated to reflect a person's current needs. Where possible the person had been involved in the development of their care plans so that they understood what was required to mitigate the risks. For example one person was at risk from traffic when accessing the local community; they had been involved in developing their plan of support for this and their responses were recorded in their own words.

People lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Health and safety matters were regularly discussed at service user and staff meetings. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation and had been shown how to evacuate the home in a fire and be fire safety aware.

Staff recorded all accidents and incidents and these were monitored and analysed by the registered manager; this included near misses and occurrences that may have escalated into an incident. The registered manager regularly checked that people's care plans had been updated in response to any incidents and that measures to reduce the risk of the incident happening again had been recorded and were being implemented by staff. There was a team approach to any incidents in the home and staff worked together to maintain the safety of the people who lived there.

There were enough staff to keep people safe, meet their needs and provide a personalised, person centred approach to people's care and support. The registered manager responded promptly when people needed extra support and worked with staff to ensure that people were supported by adequate numbers of staff. Staff allocation was directed by the needs of the people living in the home. The registered manager had adjusted the staff shift pattern in response to staff concerns about continuity when working with people. This had worked well and the registered manager had noticed that it had reduced the number of incidents related to behaviour that occurred in the home.

People were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory employment and personal references were obtained before they started work. Staff also confirmed that these checks had taken place. People were actively involved in the recruitment of staff and were supported to be involved in the interview process. The provider had developed an easy read "qualities" tick sheet to help people record their thoughts and support them to make their own decisions about recruiting staff. The provider and registered manager put a great emphasis on the feedback given by people who used the service and the final decision whether to recruit a new member of staff was based on the majority decision of the people living in the home.

People's medicines were safely managed. People had care plans in place which detailed the medicines they were taking, the reasons they had been prescribed and possible side effects. Staff had attended training in the safe administration of medicines. This training also involved being observed in the home by senior staff and assessed as competent to administer medicines. The medicines policy covered receipt, storage, administration and disposal of medicines. Records were maintained and monthly medicines audits took place to checks that stock levels and records were in order. Actions from previous audits had been completed.

Good

Is the service effective?

Our findings

People were supported by staff that had received in depth training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction that consisted of shadowing experienced staff, meeting the people who lived in the home and reading their support plans and key policies and procedures. Staff that we spoke with confirmed that they had undergone a thorough induction and we saw records of the induction that had taken place in staff files. The provider was using the Care Certificate for the formal training element of the induction and new members of staff had twelve weeks to attain this. The Care Certificate is based on fifteen standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The learning contained in the Care Certificate had been built on by the registered manager to include training specific to the needs of the people living in the home. For example they had added autism and epilepsy training to the induction syllabus

All staff mandatory training was in date and there was a plan in place for on-going training so that staff's knowledge could be regularly updated. Staff were positive when reflecting on the training that they had received, one member of staff said that their training had "helped me to know what to do in different situations, I feel more confident". Bespoke training was provided to ensure that staff had accurate and specific guidance about how best to support each person. For example the registered manager had a diploma in autism awareness and a train the trainer qualification and had combined the knowledge from these to develop and deliver a course on autism. Competency assessments had been introduced to follow up on training. These were designed to formally check staff knowledge and skills in areas such as safeguarding, medication and dignity and respect.

People's needs were met by staff who were effectively supported and supervised and staff were happy with the level of support they received. One member of staff said "[Registered manager] is so approachable; we know we can talk to them". We saw that the registered manager regularly worked alongside staff and this provided opportunities for informal supervision. Staff received regular one to one sessions and different topics were discussed to support learning and development, for example safeguarding and mental capacity. One member of staff said "supervision is so supportive and helpful". Staff also took part in an annual appraisal to discuss their progress and future aspirations. This was viewed as an opportunity for positive reflection and described by one member of staff as "Always done in a progressive, supportive way".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the

Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities under the MCA and DoLS code of practice. Staff understood the need to gain consent from people and what to do if a person does not have the capacity to consent. There were easy read versions of the MCA and DoLS policies available. Care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff that we spoke to knew where to find information relating to MCA and this was regularly discussed in staff meetings. We saw documents that showed that the registered manager had followed the legal process when applying for DoLS authorisations to place restrictions on people's liberty.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. Menu choices were discussed at weekly client meetings and people were supported to make their choices using pictorial aids. A pictorial cook book had been developed by staff to support people to be more independent when preparing food. One person was trying to lose weight and they were following a weight loss plan; they were supported to weigh themselves regularly and they were losing weight as they wished.

People's healthcare needs were effectively monitored. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as dentist, mental health professionals and specialist nurses. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on their instructions.

Good

Is the service caring?

Our findings

Without exception there was a person centred approach to everything the service offered and people were treated with kindness, care and compassion. One person said "The staff are good, they're friendly". People's relatives consistently spoke about the caring approach the staff in the home provided. One person's relative said "They're amazing, such amazing people, everyone is superb". And another said "It's lovely, absolutely fantastic; the staff are lovely and very helpful". Relatives were made to feel welcome when they visited and the staff were proactive in involving them in their family member's life. One relative said "They are very good at ringing and keeping us in touch, they've kept us involved" and another said "They [staff] communicate very, very well with us".

Staff had an empowering and empathetic attitude to supporting people in building their life skills and reaching their full potential. Key to this was the team ethos that people would be best able to develop their independence through learning how to take responsibility for their actions. This was evident in the way the staff behaved in the house; enabling the people who lived there to take the lead; one member of staff emphasised "We are guests in their house". People were supported positively to take responsibility for the household chores that needed to be completed; for example sharing the cleaning of communal areas. Staff were enthusiastic when people completed tasks and activities, we heard staff consistently praising people for the things they had done and emphasising the positives of completing these activities.

Staff spoke about the people who lived in the house in a way that emphasised their respect for them as individuals and they clearly felt personally proud of the achievements of people who had moved on to more independent living. One member of staff talked passionately about supporting people to become more independent and move on, they said "The whole team is behind this and we have a proven track record". We saw letters from people who were now living more independently describing the impact this achievement had had on them and how staff had supported them to reach their goals.

People felt listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual. Staff used imaginative and innovative ways to support people to communicate. For example people who were unable or uncomfortable about expressing their emotions or support needs were empowered to use non-verbal communication methods which staff understood and responded to promptly. Staff had learned Makaton to support one person to communicate and another person used emotion cards to express any feelings of anxiety; staff would then support the person on a one to one basis before these feelings escalated. Staff had a thorough understanding of the different ways they could work with people to support them to remain calm and feel in control of situations. For example using distraction and breathing techniques to try to de-escalate situations at an early stage.

Staff used pictorial aids known as social stories to support people to progress towards their goals. These enhanced their ability to understand and cope with things they may find difficult and supported them to try new things. For example staff had created a social story for a person who was due to fly in a plane for the first time. Staff were spending time with the person exploring the social story and familiarising the person with what would happen at the airport and on the plane to reduce any anxiety they may feel about the

experience. These were also used to support people in other situations such as understanding their health needs and when moving house.

Staff had a very good understanding of people and treated them with dignity and respect. One person's relative said "They have a good rapport with [name]" and another said "They [staff] are spot on, we couldn't ask any more of them". Staff demonstrated an awareness of people's different cultural needs and were able to describe how they would support people sensitively and in a way that upheld their right to equality and dignity. Staff understood and respected people's wish to spend some time alone and were aware of the importance of not invading people's personal space. One member of staff said "some people will call you if they want you, they don't want staff checking up on them all the time". Staff clearly understood the impact people's support needs may have on their ability to enjoy their own space. One person had a medical condition which meant that they needed to be closely monitored to ensure their well being. Staff understood the impact that this may have on the person and created an innovative way to ensure that they could spend time alone in their bedroom listening to their music when they chose. The person and their family had been fully involved in putting these measures in place.

No one currently living at the service required the support of an advocate, but staff knew how to support people to access advocacy if needed. The registered manager described how they would access advocacy through the Community Learning Disability Team if needed to support people's choice, independence and control of their lives.

Good

Is the service responsive?

Our findings

The pre admission process was focussed on the support needs of people to ensure that they were provided with as much reassurance regarding the move to Hillcrest House as possible. Staff worked with people's existing providers of care to plan their transition to the service and carried out transitional outreach work, sometimes over a number of months. A member of staff who had supported a person to transition into the home described how they had spent time with the person at home before the move and introducing them to Hillcrest House. Before the move, the person had often expressed themselves through challenging behaviour and their relatives told us that they were concerned about how the person would respond to moving from their current home. The person had grown in confidence throughout the process and had settled in to Hillcrest House very well. We observed the person taking part in activities and interacting confidently and freely with others in the home during the inspection.

People had comprehensive assessments before they came to live in the home to determine if the service could meet their needs and ensure that they had sufficient information to make the decision about whether they wanted to live there. The assessment was carried out by the registered manager, who met the person in their current home, often carrying out more than one assessment visit. As part of the initial assessment the registered manager provided the person with information about the home that was contained in the Hillcrest House 'Community Book'. This book had been created by people living in the home and staff and was designed to inform people all about the home and the people who lived and worked there. The registered manager shared the findings of the pre admission assessment with staff at a staff meeting and the person's support needs and any potential risks were discussed.

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. One relative said "It is very noticeable that the staff understand [Name]". People's care plans covered all areas of their support needs including communication recommendations and life skills assessment. The overall emphasis of people's care plans was how staff could support them to achieve a lifestyle of maximum independence and move on to more independent living. One member of staff said since I've been here three people have moved on to the next house. They're so proud". People had reactive management plans in place, which informed staff how to respond to different behaviours that the person may exhibit. These helped to ensure a consistent approach from the staff team and were continuously updated in light of the findings of the detailed analysis of any behavioural incidents that occurred. People's care plans and assessments were regularly reviewed with them. A monthly summary was completed with each person and this provided an overview of their experiences; support needs and future goals.

People were supported to improve their understanding of other people and this enhanced their communication skills, reducing feelings of anxiety. The provider facilitated a regular social group that aimed to help people to support one another to build their confidence in social situations. People set their own goals to become more independent in the community through understanding body language and how to interact with other people. The provider had also developed workshops to support people to identify and manage their behaviours, such as anger management. People took part in small group discussions and

games to help them to understand their reactions to stressful situations. We saw that over a course of time people could manage their anger better as they understood the feelings they were experiencing and could make choices.

People were supported to go on holidays and day trips. Staff incorporated life skills and budgeting into the plans that they supported people to make and made the most of every opportunity to promote people's knowledge, skills and independence. Each person had an individual, flexible activity planner in a pictorial format that they had been supported to devise. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. We observed staff supporting people to engage in activities in an enthusiastic and positive way. Activities were combined to provide people with a therapeutic mix that met both their support and leisure needs. For example one person volunteered as a dog walker through a local charity to walk dogs twice a week for people who were unable to do this themselves. The person talked about the enjoyment they gained from being able to help others.

People said they were very happy with the service provided and had no complaints. There was a complaints policy and procedure in place, but no complaints had been made by people using the service or their families. People were made aware of how to raise a complaint and the information was available in picture and written formats. Staff knew what to do if someone made a complaint to them and said that knowledge gained from any complaints would be used to improve the service they provide. During service user meetings, people were asked if they had any concerns that they wanted to share, there were also regular opportunities for people to speak in private to staff or the registered manager.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who took the lead in the day to day management of the home. People had a great deal of confidence in the registered manager and people's relatives and staff commented on their competence and ability to ensure that the service was providing positive outcomes for people. The registered manager demonstrated passion and commitment to providing an excellent, person centred service for people. They said "we aim to maximise the independence of our service users through developing life skills to help people socially interact safely and appropriately".

The manager provided clear leadership and used systems effectively to monitor how the service was working and whether the aims and objectives of the service were being met. This included their visible presence in the service, working alongside staff. All staff spoken with said that the manager was very hands on and involved in working with staff to support the people who lived in the home. Staff understood the the vision and values of the service and talked about these in a positive way. One member of staff said that they worked at Hillcrest House to "Build life skills, promote independence, and get people ready to move on".

People were involved in understanding how the service was managed, for example the health and safety policy was in an easy read format and contained information on fire safety, first aid and what to do in an emergency. People were involved in undertaking audits designed to keep the environment and themselves safe. For example, they were supported to carry out health and safety and room audits on a regular basis and feedback their findings to the other people living in the home.

There were robust arrangements in place to consistently monitor and improve the quality of the service as regular audits had been carried out by staff, the manager and provider. The registered manager's audits included; care plans, medication, staff management and the environment. These audits were discussed with people living in the home; for example, when auditing the responsiveness of the service the registered manager regularly asked people if they knew how to complain should they need to and where the information on how to complain was displayed. The provider maintained a clear overview of quality within the service by working closely with the registered manager and also carried out an annual service audit. This covered areas such as; home's mission statement, service user guide and internal quality audits.

The registered manager understood their role and promptly sent notifications to the Care Quality Commission (CQC) when required. We saw the provider had updated their Statement of Purpose regularly and in response to any changes. Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity.

People had many and varied opportunities to provide feedback, discuss their views about how the home was run and consider plans for the future. Regular meetings were held and people were also supported by their key worker to complete an easy read, pictorial survey, this asked questions such as 'what do you like? What don't you like? Do staff listen to you?' Feedback from client surveys had been acted upon. For example, one person had requested more opportunities to go shopping; staff had worked with them to manage their

budget to make this a possibility. Relatives were also invited to complete a regular survey and their feedback was extremely positive. For example one person's relative had said "We feel that not only is [Name] being cared for, but he is also making his own life, learning, forming new relationships and carrying out normal everyday activities".

Staff also had the opportunity to make their views about the service known. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the home was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about positive outcomes, people's feedback and safeguarding. The registered manager responded appropriately to feedback received in staff meetings. For example staff had requested a change to the management of staff rotas to make forward planning easier; we saw that the registered manager had responded promptly to this request. Staff were also asked their opinion of the service through regular staff surveys. In a recent survey the idea of a suggestion box for staff had been raised, this has been implemented and any suggestions were discussed at the monthly staff meeting.