

Tebmar Ltd







Hillcrest

Inspection report

Tebmar Limited
Hillcrest
Wellingborough
Northamptonshire
NN8 5BD
Tel: 01933 272281

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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	

Overall summary

The inspection took place on 4 January 2016 and was unannounced. At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

The service is registered to care for up to five people with autistic spectrum disorder. At the time of our inspection five people were using the service.

A registered manager was in post. 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 staff had a good understanding of what constituted abuse and of the safeguarding procedures to be followed to report abuse and we found that appropriate systems were in place to safeguard people from the risk of harm and abuse.

Risk assessments and accident management systems were in place and used to identify and manage risks to

Summary of findings

peoples' health and welfare. The staff were aware of the risks, specific to people using the service and followed the risk management plans to promote people's safety and independence.

Appropriate systems were in place to protect people from risks associated with medicines and ensured people received their medicines safely.

The staffing arrangements ensured there was enough staff available to continually meet people's needs. The staff recruitment systems ensured that staff were suitable to work with people using the service.

Staff were provided with comprehensive induction training and on-going training. A programme of staff supervision and annual appraisals enabled them to reflect on their work practice and plan their learning and development needs.

Staff treated people with dignity and respect and ensured their rights were upheld. Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards codes of practice were met.

People had varied and nutritious meals and healthy eating was promoted. People were supported to acquire the skills of home cooking and meal preparation within their capabilities.

Staff cared for people with kindness and compassion. Partnerships were forged and the staff and relatives who worked in collaboration to care for people using the service. The views of people living at the service and their representatives were sought and areas identified for improvement were acted upon to make positive changes. Information was made available to people and their representatives on how to raise any concerns or complaints.

People and their families were fully involved and in control of their care. The care plans were detailed and reflected people's needs and choices on how they wanted their care and support to be provided.

The service was led by a registered manager, who continually strived to provide a quality service. Staff met regularly with the registered manager to receive information and to discuss plans for the service.

Regular audits were carried out to assess and monitor the quality of the service. The vision and values of the service were person-centred and made sure people were at the heart of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protected people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and wellbeing.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to eat a healthy diet in sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

The service was caring.

The staff cared for people with compassion.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

The staff worked in partnership with relatives and supported people to maintain regular contact with their families.

Good



Is the service responsive?

The service was responsive

People's care was personalised to reflect their wishes and what was important to them.

Care plans were person centred and reflective of people's needs and preferences.

People were at the heart of the service and were able to take part in a wide range of activities of their choice.

Good



Summary of findings

The views and experiences of people and their representatives about the service were sought and action was taken to improve the service based on the feedback.

A complaints policy was made available for people to use if they had any concerns or complaints about the service.

Is the service well-led?

The service was well led.

There was an open and positive culture which focussed on meeting people's individual needs.

There were good links with the local community.

The registered manager operated an 'open door' policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The care provision was consistently reviewed to ensure people received care that met their needs.

Good



Hillcrest

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection visit took place on 4 January 2016. It was unannounced and carried out by one inspector.

Before the inspection, the provider completed a 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. We also reviewed the other information we held

about the service. This included previous inspection reports and statutory notifications (information about important events which providers are legally required to notify us by law).

We met with all people using the service, however some people had complex communication difficulties associated with their learning disabilities and they were unable to hold full conversations with them. As such we relied on our observations of care and discussions with relatives and staff to form our judgements; we also spoke with one relative.

We spoke with the registered manager, two care staff and a senior member of staff. We reviewed the care plans and associated records for three people using the service, three staff recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

People were kept safe by staff that could recognise the signs of potential abuse and knew what to do in response to any safeguarding concerns. One relative said, “I know my [family member] is very safe living at Hillcrest, I have no concerns at all about their safety”.

The staff told us they had received safeguarding training that was updated annually to ensure they kept up to date with current safeguarding practice. This was also confirmed by looking at the staff training records. One member of staff said, “Yes I know what I need to do if any form of abuse is suspected, I would immediately inform the manager and make sure people were safe from any harm”.

The registered manager was aware of their responsibility to report all potential or actual instances of abuse to the local authority and to the Care Quality Commission (CQC). We also saw that safeguarding referrals had been made appropriately by the provider.

Throughout the inspection visit we observed that people looked relaxed and at ease with the staff and with each other. We saw that information on how to raise any concerns about people’s safety was available in written and pictorial formats. The information urged people how to speak up if they had any concerns about their safety or welfare.

Risks of harm to people were minimised through individual risk assessments being in place. One relative told us they were fully involved in their family members care and they said the staff managed everyday risks well.

We saw that risk assessments had been developed with the person and / or their representatives and had been subject to regularly reviews. They identified actual and potential risks and guided staff on how they could promote and protect people’s safety and individuality in a positive way. They covered areas such as, participating in social and leisure activities and managing behaviour that challenged the person and others.

Emergency contact information was available for staff in the event of any breakdown with the heating, water, electrical and fire systems. Each person had an individualised Personal Emergency Evacuation Plan (PEEP) carried out in the event of them having to be evacuated from the service. However we noted that the emergency

contingency plan did not clearly indicate where people would be evacuated to in the event of a full evacuation having to take place. The registered manager confirmed a local hotel had agreed that people could take shelter there in the event of a full having to evacuation of the building and agreed they would update the plan with this information.

We saw that management checks were carried out regularly to the environment and areas identified for maintenance work were attended to without delay. The provider told us that regular health and safety checks were carried out and we saw that records were kept. They said that essential maintenance work was carried out during ‘residential week’ while people using the service were away on holiday as this was when it was the least disruptive to people using the service.

Systems were in place to record all accidents and incidents and we saw they were regularly monitored to identify any extra measures needed to minimise the risks of repeat incidents. We saw that staff followed individual behaviour management guidelines, which ensured continuity in effectively managing behaviour that challenged the person and others.

The staffing arrangements ensured that staff were always available to meet the assessed needs of people using the service. One relative said, “If anything I would say they are probably overstaffed, there always seems plenty of staff about and they don’t have a big turnover of staff”. Staff said they thought there was sufficient numbers of skilled staff available to meet people’s needs. On the day of the inspection we observed there was enough staff available to support people in meeting their daily needs.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care setting. Staff told us that prior to starting work at the service they had to provide details on their previous employment history and give their consent to pre-employment checks being carried out. The staff recruitment records evidenced that gaps in employment histories, knowledge and experience were explored, written references had been obtained and suitability checks were carried out through the government body Disclosure and Barring Service (DBS).

People’s medicines were safely managed. The staff and the registered manager told us that medicines were only administered to people by staff that had completed

Is the service safe?

medicines training and competency assessments. A member of staff explained to us the systems they followed for the ordering, receipt, administration and returning of

medicines and records showed that people's medicines were safely managed. We looked at the storage and administration records and found they were maintained appropriately.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills they need to carry out their roles and responsibilities. One person gave a big smile in response to us asking them if the staff knew how to care for them.

Relatives told us they thought the staff were well trained knew how to meet their family members needs appropriately. One relative said, “The staff seem to know everything about [family member], I don’t think there is anything they don’t know about [family member]”. We observed the staff provided guidance and reassurance when supporting people to manage any anxieties.

There was an established team of staff working at the service. They spoke highly of the training they received and that it equipped them with the knowledge and skills to carry out their roles and responsibilities appropriately. One staff member said, “We have lots of training, some of it is provided through e-learning and some is face to face”. The registered manager confirmed that staff received regular training to keep their skills up-to-date. The service training records showed that new staff were expected to complete a full induction programme and all staff had comprehensive training provided, which covered mandatory health and safety training and training specific to meeting the needs of people using the service. For example, caring for people with a learning disability, advanced communication, low level behaviour and equality and diversity. During the inspection we observed that staff were very skilled in caring for the people using the service.

People’s needs were met by staff that were effectively supported and supervised. One member of staff said, “The manager is very supportive, we can go to her at any time”. Staff told us they had regular supervision meetings and that the meetings provided them with the forum to discuss in confidence their work and areas for further training. The staff said the registered manager and the senior staff were very approachable and always took the time to offer support, advice and practical help whenever needed. Records showed that staff received regular supervisions and an annual appraisal. We also saw that the registered manager took appropriate action to address performance issues with staff to improve care practice.

Consent was sought from people before they received care. Relatives confirmed that staff always checked with their family members before providing their care and support to

ensure they were in agreement. We observed that staff consistently asked for people’s consent, this was achieved through communicating with people using verbal and non-verbal methods. The staff were skilled in responding to people’s individual ways of communicating, such as facial expressions, sounds and gestures.

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 as least restrictive as possible. From their actions we concluded that the staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

In addition 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us, and records confirmed that the staff had received training on the requirements of the MCA and DoLS.

The registered manager explained they had liaised with the local authority where they had any concerns about a person’s fluctuating capacity. They explained how decisions were made in people’s best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure their human rights were upheld. Relatives told us they were involved in reaching ‘best interest decisions’. One relative said, “I have sat in on all of [person’s name] care reviews, I feel fully involved in all decisions about their care”.

People’s care records contained assessments of their capacity to make decisions and where they lacked capacity to make decisions ‘best interest’ decisions were made on the person’s behalf following the MCA 2005 and the DoLS legislation and code of practice. For example, where restrictions were placed on people leaving the service unescorted in order to keep them safe.

Is the service effective?

We also found that the registered manager had appropriately submitted applications under the MCA Deprivation of Liberty Safeguards (DoLS) for some people using the service. Their actions showed they fully understood their responsibilities under the DoLS arrangements.

People were supported to eat a varied balanced diet that met their preferences and promoted healthy eating. We saw that people were supported by staff to choose each day what they wanted for their meals through the use of food picture cards and foods took into account dietary needs and food intolerances. We saw that themed meals were arranged each month, for example, each month people chose a meal based on foods from around the world. One person said they liked the meals and snacks and they could choose what they wanted. One relative said, "The meals always look very tasty, it's good home cooking, there seems a variety of different dishes available". The staff told us they encouraged people to be involved in food preparation within their capabilities and they discussed healthy eating with people to promote a healthy lifestyle.

The staff were mindful of ensuring people were provided with a relaxed environment to take their meals. As such some people had their meals at staggered times to minimise any disruption. We saw that specially adapted plates and cutlery were used by some people and the staff

supported and encouraged people to prepare their meals within their capabilities. The registered manager told us that plans were in hand to extend the building to provide scope for more seating and dining areas to be created.

We saw that people's care records contained nutritional assessments that were regularly reviewed and the staff tactfully monitored people's food and drink intake. The staff worked in collaboration with health professionals, to ensure people received a diet that was nutritious and met their specific dietary needs.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. The registered manager told us they worked collaboratively with other professionals to improve the quality of life and well-being of people using the service.

The staff and relatives of people using the service told us that people saw health professionals when needed. On the day of our visit a person was supported by a member of staff to attend a pre-arranged health screening appointment and information was confidentially shared with the staff to ensure they followed the advice of the healthcare professional. Records showed that the staff took prompt action in response to any deterioration or sudden changes in people's health conditions and acted on the instructions of the health professionals and appropriate information was shared with relevant professionals to ensure people's needs were consistently met.

Is the service caring?

Our findings

Positive caring relationships were developed between the staff, people using the service and their friends and relatives. People appeared happy, smiling, laughing and relaxed in the company of each other and staff. Relatives spoke highly of the staff, they said they were always made welcome, whatever time of day they visited. One relative said, “The staff are absolutely brilliant, we feel part of one happy family”. They said, “There is a god, [person’s name] is so happy, they are always smiling and laughing, the staff amazing”.

The staff were motivated and inspired to provide care that was kind and compassionate. They spoke warmly about people and had a detailed knowledge of each person’s individuality, preferences and dislikes. They assisted us with communicating with people who had limited ability to express themselves verbally to us. It was apparent from the interactions we observed that people using the service and the staff understood each other very well. The staff demonstrated they were skilled in understanding and responding sensitively to people through, the use of touch, sounds and gestures.

We observed that people were comfortable approaching staff to ask questions and seek reassurance about things. The staff responded to people with interest and a smile that made people feel at ease to speak with them.

There was a strong, person centred culture and interactions between people using the service and the staff demonstrated that people’s individuality was promoted and protected. One relative said, “living at Hillcrest is more

like home to [person’s name] than home actually is. The staff know [person’s name] so well”. Most of the people using the service had lived there for some time and we found that people’s daily routines and activities matched their individual preferences.

People and their representatives were involved in making decisions and planning their own care. Relatives said they were involved and consulted in care reviews and knew which member of staff was their family members named keyworker. (A keyworker is a member of staff that is matched to each person using the service; their role is to oversee the care of the person to ensure their needs are fully met). The registered manager told us that staff had written their own working code of ethics for Hillcrest and the philosophy of the home was one of openness, honesty and that of a learning culture with regular contact with parents and carers.

People were asked whether they wanted to share information about themselves such as, things that mattered to them and important events in their lives. The information went towards building an individual profile so that their care and support could be tailored to meet their specific needs and preferences.

We noted that staff were very mindful of respecting people’s privacy when carrying out any care tasks and when discussing personal matters. We saw that confidential information held at the service was stored securely.

Most people in the service had the support of relatives but systems were in place to access formal support, such as advocacy services should this be required.

Is the service responsive?

Our findings

People received personalised care according to their needs and preferences and supported to make choices. Relatives told us they were fully involved in the admission process. One relative said, “We are so lucky this County has a home like Hillcrest, the staff really know [person’s name] so well”. They also said, [person’s name] doesn’t like change, the staff know their routine so well and know how to support them with this”. We observed that people’s care and support was individually provided based upon their needs and preferences. The registered manager told us that before people moved into the service they worked very closely with the person and their family.

The registered manager told us that pre-admission assessments were carefully carried out to ensure that people moving into the service were right for the service, considering needs balanced with the needs of people currently using the service.

Each person had a care plan that was used to guide staff on how they needed to assist people to be in control of their daily lives. The plans detailed people’s individual talents and skills and the things that were important to know about them. For example, one person liked to keep a daily notebook, write letters to their family and receive postcards from their family weekly. They recorded their achievements such as, preparing meals, writing their own shopping lists, and going shopping and buying themselves treats. From our observations and the records seen we concluded that people received care and support that was based upon their individual preferences and needs. We saw that care reviews took place regularly and all the relatives we spoke with confirmed they were invited to attend the reviews and felt very much involved in any decision making. The reviews also included the input of professionals involved in the people’s care.

We also observed that staff communicated with people through using each person’s preferred method of communication. One relative said, “The staff know [person’s name] so well, they communicate really well with [person’s name]”. During the inspection we observed that staff understood people’s needs and we saw they were competent and confident when supporting people.

People were encouraged and supported to engage in educational, social, occupational and recreational

activities. We saw that people’s care records contained information detailing their interests and hobbies and people were encouraged to share information about their likes and dislikes, hobbies and interests. This was so that activities could be arranged to suite individual needs and preferences.

We saw that a separate area of the home was used for people to engage in educational activities so that people could have the time to concentrate on reading, writing and numeracy. We saw that the support and encouragement provided by the staff had resulted in people improving their skills in basic numeracy and literature. One relative said, “My [family member] has come on in leaps and bounds, [name] has become so much more confident”.

The registered manager explained to us that people’s daily schedules were based on the Treatment and Education of Autistic and related Communication Handicapped Children (TEACCH) approach. They said the daily activities provided for people were based upon leading a full and active lifestyle, meeting people’s social, emotional, and physical needs. We saw they were in the process of supporting some people to enrol onto college courses and supported employment.

The staff told us that each day they also supported people to engage in activities of their choice. On the day of the inspection we saw that a small group of people went with staff to a trampoline activity venue, whilst others engaged in activities of their choice with staff.

We saw that information was made available to people using the service and their relatives on how to make a complaint. Relatives said they had no cause to complain about the care their relatives at the service. They said if they did they would speak directly with the registered manager. The registered manager confirmed they had not received any complaints over the past 12 months.

People were supported to maintain relationships with people that mattered to them. Relatives said the staff supported people to visit family members as often on a mutually agreed basis.

The registered manager sought people’s feedback. One relative said, “I would give them top scores on everything, I’m so happy [family member] is living at Hillcrest, I really couldn’t wish for anything better”. We saw that the registered manager regularly sent out satisfaction questionnaires to people using the service and their

Is the service responsive?

relatives to seek feedback on the service. All of the comments we saw were praising of the care people received at the service, there was no suggestions made on how they could improve.

Is the service well-led?

Our findings

People, their relatives and staff were involved in developing the service. One relative said, “I have completed the satisfaction questionnaires the manager sends out, I as a relative feel very involved in what happens at the home, I have been asked if I have any ideas for improvements but I think everything is perfect just as it is”. They also spoke of how the staff kept them informed of any changes in their family members health they said, [staff name] is [family members] keyworker, she keeps me informed on any changes by phone or text”.

The culture of the care provided at the service was one of openness and transparency, where people living at the service, relatives and staff were fully respected as unique individuals. People knew who the registered manager was and relatives and staff said she was friendly and approachable. One relative said, “We are so lucky to have [manager’s name]”. The registered manager said she operated an open door policy and always made time for people to meet with her.

We saw that systems were in place to record all accidents and incidents. Appropriate action was taken to minimise the risks of repeat accidents and incidents. The registered manager had appropriately notified the Care Quality Commission (CQC) of events as required by the registration regulations.

People and relatives were positive about the staff, and the impact the registered manager had on the service. One relative said, “The manager has worked at the home for at least 10 years we really have every confidence in her, she knows everybody that lives at the home so well, she is very experienced”. We observed that people using the service were relaxed speaking with the registered manager, they were welcomed into the office when they her for help and advice. The staff spoke highly of the registered manager, during the inspection we observed the staff and the registered manager communicated well with each other and it was evident there was mutual respect for each other.

The registered manager told us that each year at Christmas time they treated the whole staff team and people using the service to a three course meal, drinks and a disco. They said it was their way of saying thank you to everybody using the service and the staff for their dedication to people using the service.

The registered manager and staff ensured that people living at the service had daily access to the local community and they were very much integrated and involved with the local community and regularly attended community events

The vision, values including involvement, compassion, dignity, independence, respect, equality and safety were promoted and understood by staff. One relative said, “The staff really do care about the people living at the home, many of the staff have worked at the home for years they have become friends to us, like an extended family”. One staff member said of the registered manager, “She is a brilliant manager, professional and approachable”. The registered manager said she welcomed people, relatives and staff to speak with her about anything and they would always be listened to. We found that people and relatives had full trust in the registered manager and the staff team.

We found staff to be well motivated, caring and trained to a good standard, to meet the needs of people using the service. They were open to constructive criticism and flexible to adapting their procedures to improve on the care people received. The staff told us that meetings were held regularly and we saw the minutes covered areas such as, training and development and staff input in respect of service improvement. The staff said the meetings gave them an opportunity to raise ideas and that they thought their opinions were listened to and ideas and suggestions taken into account when planning people’s care and support.

We also saw that staff handover meetings took place at the beginning of each shift. So that important information on people’s care was passed onto the staff coming onto the next shift. This ensured that people received consistent care and support.

Established policies and procedures for managing the service were in place. They included areas such as, managing medicines, safeguarding, whistleblowing, confidentiality, health and safety and infection control. The policies were regularly reviewed to ensure they were up to date with the correct information.

There was an emphasis on the service continually striving to improve. The quality assurance systems to monitor people’s care were robust and used to drive continuous

Is the service well-led?

improvement. The registered manager explained that as Hillcrest was a small home, any person using the service, relatives, or staff could speak with her or a senior member of staff whenever needed.

We found the registered manager was proactive in monitoring people's needs and the quality of service provision. They responded promptly to any areas identified as requiring additional input. They also operated a 'hands on' approach, whilst monitoring the quality of the care and supporting staff.

The staff told us they were provided with a comprehensive induction programme and continual learning and development opportunities were provided. They also confirmed they received regular supervision and appraisals.

The staff were aware of their responsibilities to keep people safe and protected from abuse. They said they had confidence that the registered manager would always act immediately on any concerns reported to them. They knew how to raise concerns under the providers whistle blowing policy directly to the Local Safeguarding Authority or the Care Quality Commission if they believed the registered manager did not take appropriate action to protect people from abuse.