

A & L Health Care Ltd

Hillside Homes

Inspection report

2 Denford Way
Wellingborough
Northamptonshire
NN8 5UB

Tel: 01933327669

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Hillside provides residential care and support to five adults with learning disabilities and mental health conditions, which enables them to maintain their own independence. The service is situated in the suburbs of Wellingborough, Northamptonshire. There were three people using this service at the time of our inspection.

People's experience of using this service and what we found
We have made a recommendation about care records.

Right Support

- Staff supported people to have the maximum possible choice, control and independence, be independent and they had control over their own lives. People were supported by staff to pursue their interests.
- People had a choice about their living environment and were able to personalise their rooms. Staff gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their needs. Relatives felt the home was safe and homely which was important to them and the people at the service.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
- Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing, including access to screening and primary care services.
- We saw conversations were had with people about their medical needs and what worked well for them, what didn't work for them and what they would like to happen next.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. We observed people interact comfortably with staff involved in their care and support. Staff understood how to protect people from poor care and abuse.

- The provider had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests. Staff, people and their relatives spoke about social and leisure events they had enjoyed and their future plans.
- Staff cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care and support because staff could meet their needs and wishes. Staff were alert to emotional communication and addressed signs of distress or frustration.
- People and those important to them were involved in planning their care. The provider evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The management team had good oversight of the service and were making continuous improvements to people's experiences of care. The provider has set a culture that valued reflection and learning. Staff told us they could raise concerns with managers and they felt safe.

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

Rating at last inspection

The last rating for this service was good (published 29 November 2017).

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hillside Homes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

One inspector carried out the inspection.

Service and service type

Hillside Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillside Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. People who used the service who were unable to verbally communicate with us used different ways of communicating including their body language. We observed people's interactions with staff.

We spoke with seven members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager, a senior team leader and care workers. We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so.
- One external professional told us, "[The care staff] wanted to try to keep [the person] as safe as possible and out of hospital for as much time as they could."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they felt safe and their relatives told us people were safe. One relative told us "It's been so difficult with COVID-19, we haven't been able to see them due to our health. [The care staff] have kept everyone safe."

Assessing risk, safety monitoring and management

- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risks to people associated with healthcare conditions had been assessed and mitigated. For example, people at risk from seizures or shortness of breath had individualised risk assessments in place for staff guidance.
- Safety checks were carried out on the environment and equipment used. Personal emergency evacuation plans were in place and instructed staff on how to safely evacuate people in the event of an emergency, however inspectors found there were inconsistencies in the versions in people's care folders.
- Inspectors also found that people's accident and emergency information was handwritten and not always clear to read, which could cause delay in understanding important health information.

We recommend the provider consider good practice guidance on care records and take action to update their practice, accordingly.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The registered manager told us that analysing incidents gave all staff an opportunity to reflect.
- Managers were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Managers and staff supported the review process and changes made from any learning shared.

Staffing and recruitment

- The service had enough staff. A new care worker had just been recruited, so that people could be supported to take part in more social or leisure interests. Relatives and staff had expressed concerns that COVID-19 had made the people living at Hillside Homes become socially isolated. Everyone was now looking forward to getting out and about again.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability or autistic people or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff had received training in supporting people with medicines. Staff could competently explain consent and best practice guidance around the administration of medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- Staff told us how they supported one person to monitor their epilepsy. Staff were able to explain the difference in the seizures that might take place. This reflected the person's care plan.
- Multi-disciplinary team professionals were involved in support plans to improve people's care. One professional told us, "I was asked to support the home with some issues they had around GP practice. I felt the staff were trying their best to act effectively in sorting a smooth but comprehensive handover of this person's care from one GP practice to another, due to [their] very complex health needs. [Care staff] showed a very concerned and caring attitude when I spoke to them."
- When people developed health needs which required further investigation, the registered manager was proactive in ensuring these were acted upon promptly.

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

- Staff completed a comprehensive assessment of each person's physical and mental health needs upon moving into the service, which supported them to create detailed care plans.
- People had care and support plans that were personalised, holistic and reflected their needs and aspirations. People, those important to them and staff reviewed plans regularly together.
- Staff knew people and how to care for them. Care plans reflected care we observed on the day of the inspection. For example, for one person, it was important to them that if someone was coming to see them at a certain time, then this should happen. Care staff were seen letting the person know that a member of staff was returning back to the home at a different time in advance. The person was then able to manage their anxiety around this and not become further distressed.
- People's care plans included a variety of needs to help staff look after people. They included information to help understand how a person might be feeling. For example, staff were able to tell us how they understood and communicated with a person who relied more on non-verbal communication, as they found long conversations difficult.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. One person told us about their favourite foods and told us, "I like most of the food."

- People could have a drink or snack at any time. We saw one person make themselves hot drinks with staff supervision, when they wanted to.
- People's individual needs were met around mealtimes. For example, when people enjoyed the social experience of eating together in a communal dining room.
- Staff discussed the benefit of making healthy choices with the people living at Hillside Homes and staff discussed how they could support people in this area at regular team meetings.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and homely environment which supported people's individual needs.
- People had their bedrooms personalised according to their preferences. One person told us they chose the colour of the walls and another person told us they chose their TV.
- The kitchen, dining room and lounge were well used by people throughout the day. The service also had a garden and a summer house, which was used by people for their own hobbies or as a quiet space.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care and support. People and their relatives told us how people were supported to make everyday choices, such as their clothing and activities. We saw people chose how they spent their day.
- Staff had a good understanding of what consent to care means and were able to tell us how they sought consent to care and treatment.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's records contained professional and relative input.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability may have, mental health needs, epilepsy and human rights.
- Inspectors signposted the registered manager to information on training for its staff, in line with the quality standards on how to support people when they are distressed. We signposted the provider to resources to develop their approach.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights

were respected. This was because staff put their learning into practice.

- Training and refresher courses helped staff continuously apply best practice. For example, the provider obtained local health training on pressure sores for staff, following a person returning from hospital, who had developed a pressure sore during their time at hospital.
- Staff received support in the form of supervision, appraisal and recognition of good practice.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection the question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A relative told us, "[Care staff] do things with [people] that they like. What [they] are interested in. I know this means a lot to [my loved one]."
- The friendship between staff and people was evident and we observed positive and warm relationships between people and staff.
- One staff member had built up a very trusting relationship and good understanding of a person's particular health needs who they were key worker to. We saw they had attended hospital appointments with them on their day off or had changed their days off so they could make sure they attended, which lessened the person's anxieties.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- People and their families were active partners in their care. Staff always empowered people to have a voice. People's individual preferences and needs were always reflected in how care was delivered. For example, people were fully involved in the care planning and risk assessment process and staff actively sought their feedback on the quality of care provided.
- People were encouraged and supported to make their own decisions about their care and lifestyles. There were regular community meetings, with care staff, where people were supported to express their views and be involved in decisions about their care and the service. For example, people discussed how they felt about COVID-19 restrictions opening up and what it meant to them to be able to see family members again, outside of the house. People also began planning for a summer party.
- People who shared accommodation had developed their own rules for how they respected each other's views and space within the accommodation.

Respecting and promoting people's privacy, dignity and independence

- People made decisions about how they spent their free time and had access to transport which enabled them to visit places and attend activities.

- Staff knew when people needed their space and privacy and respected this. One person told us, "I love living here. Best place to live."
- Respect and dignity were values upheld by all staff and embedded into their way of working. relative commented, "[People] come first. I feel so comfortable with the way they care for [my loved one]"
- Two of the provider's values included being compassionate and effective. We found a strong commitment to empathetic care and the value of inclusive care for people. The culture of the service encouraged independence and choice.
- One person had started to experience difficulties with climbing the stairs. The staff worked together with the person and their family to discuss the matter and find a resolution. The person did not want to move their bedroom downstairs, as this had been their bedroom for many years. The provider installed a stairlift. This meant the person was able to access their bedroom more easily and this had improved their self-esteem and dignity.
- Systems were in place to protect people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans in place which included information about their personal needs, choices and preferences. People's abilities were set out along with guidance for staff to follow to support people in the way they preferred, using "I statements".
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. For one person, this meant they were able to be supported by less care staff when out and about in the community, which is what the person wanted.
- Staff told us communication and handovers were effective and spoke positively about good teamwork. These all contributed to people receiving high quality, personalised care. One staff member told us, "The handover is the most important part of the day, so we all know what is needed and expected from us for the [people] [at Hillside]." We also observed staff communicating well within the team which ensured people were appropriately supported at all times.
- We gave feedback to the provider how care plans could be strengthened further. For example, by including more information about people's future aspirations and goals. Also, developing the care plans to include consideration of people's equality and diversity characteristics such as their cultural, religious, identity and sexuality/personal relationships needs and how these could be supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service had a range of communication abilities and ways of communicating their needs, wishes and feelings. Care plans included information about people's individual communication needs and preferences. We saw staff and people communicate effectively together throughout the inspection.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in social and leisure interests and staff had good knowledge of people's preferences. To ensure people had the opportunity to do plenty of the activities they enjoyed and

were meaningful to them, the registered manager told us care staff regularly reviewed how activities were planned across the week. This was to ensure they had the right balance of time spent relaxing at home and time spent engaged in activities in and out of the service.

- Staff helped people to have freedom of choice and control over what they did.
- People who used the service spent time regularly with people who were important to them. This included visits to their family homes as well as relatives visiting the service. People were also supported to use the phone to keep in touch with loved ones. One relative told us how they had regular times to speak on the phone in the week with their loved one. They told us, this was especially important when they could not leave their house, due to COVID-19.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

Supporting people at the end of their life

- There was an end of life policy which would be followed in the event this type of care was ever required.
- The provider's ethos of the service was clear, they wanted people to be able to live at Hillside Homes for as long as they were able to meet people's needs and were committed to doing everything, they could to support this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.
- The provider worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff told us they could raise concerns with managers without fear of what might happen as a result.
- Management and staff put people's needs and wishes at the heart of everything they did. Staff spoke passionately about care people received. One staff member told us, "Nothing is too much trouble, the managers think highly of [the people who live here] and do enjoy seeing them. I think the management are very caring and will listen with interest to what [people] and staff have to say."

Continuous learning and improving care

- The provider demonstrated aspects where they had kept up to date with national policy to inform improvements to the service.
- We signposted the provider to the CQC's Smiling Matters report, which recommends mandatory staff training for Oral Health.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The provider shared an ongoing quality development plan which they used to drive continuous improvements to the service.
- The provider had also utilised an external quality consultant to support continuous improvement at Hillside Homes.

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

- The provider had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.

- There were effective systems in place to monitor the quality and standards of the service. This included monthly manager audits and analysis to identify potential issues or patterns, so that actions could be taken pro-actively.
- The registered managers had effective oversight of all areas of the service. They had developed and embedded good practice in staff training, recording and follow up incidents and the staff team were clear about what constituted good and poor practice in this area.
- Regulatory requirements and responsibilities were met by the registered managers. Notifications to the CQC were submitted as required. Policies were in place to support the safe and effective running of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service. One staff member told us, "For example, when we have a team meeting and put an idea forward for [opportunities] for people, we are asked to [develop this] and find out what in particular [people personally] would like to do."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. One relative told us, "[The managers] will listen to me and always call me back when [to discuss things]. The [provider] is very good like that. As are all the staff."

Working in partnership with others

- Staff engaged in local and national quality improvement activities.
- The provider engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system.
- The provider was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.
- The service worked well in partnership with the advocacy organisation and other health and social care organisations, which helped to give people using the service improve their wellbeing.
- The provider worked in partnership with other organisations. We reviewed care plans which identified support from the learning disability team and epilepsy team. This enabled people to receive joined up care to meet a variety of needs.