

Care Management Group Limited

Hillview Merstham

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

Hillview Merstham provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 11 people using the service at the time of our visit.

A registered manager was in post who was present on both days of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We inspected Hillview Merstham on 29 November and 11 December 2018. The inspection was unannounced on the first day and we told the provider when we would be returning for the second day.

Our previous inspection took place in November 2016 when we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service told us they liked living at Hillview Merstham and felt safe there. They said they were treated in a respectful and caring manner by regular staff members who knew them well and supported them effectively.

Appropriate numbers of support staff were allocated to help keep people safe with regular temporary staff used to cover vacancies. People spoken with were happy with the support provided by the staff working at Hillview Merstham.

We saw staff members had been safely recruited and had access to both mandatory and specialist training. Staff also received regular one to one supervision and additional support when required.

Staff understood how to help protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their strengths and needs.

Medicines were administered in a safe way. Staff received training and a competency framework was in place to make sure they understood and followed safe procedures for administering medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed. Staff understood the importance of gaining people's consent before assisting them.

The service completed a detailed personalised support plan for each person. They kept people's needs under review and made changes as required.

People using the service felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The service was well led. People using the service, their relatives and staff told us that they thought the service had improved under their leadership of the current management team and said they found them to be approachable and responsive. The registered manager monitored the quality of the service and made changes to improve the service provided when required.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Hillview Merstham

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 checked 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.'

We inspected Hillview Merstham on the 29 November and 11 December 2018. The inspection was unannounced on the first day, announced on the second day and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service including the last inspection report. During the inspection we checked two people's care records, four staff files and records relating to the management of the home. We also spoke with two support workers, the deputy manager and the registered manager.

Is the service safe?

Our findings

At our last inspection in November 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People told us they felt safe living at Hillview Merstham. One person said, "No-one hurts me." Another person commented, "I feel safe. I can lock my door." A third person told us, "Yes I do feel safe." A relative commented, "We are very pleased and reassured by the high level of care and support that [person] receives."

Medicines were being managed safely at Hillview Merstham. There were policies and procedures in place to help ensure staff administered medicines safely. Staff received training in the safe administration of medicines and people were supported to retain as much independence as possible when taking their prescribed medicines. Audit systems were in place to check people had received their medicines as prescribed. People's Medicines Administration Records (MAR) we looked at were signed and up to date showing when medicines had been administered.

People told us there were usually enough staff on duty. One person said, "Yes enough. They're good." Staff told us that there had been improvements under the current management team and they felt the staffing levels were now safe. One staff member commented, "There used to be lots of different agency staff" and told us about how stressful it had been working with staff who did not know the people using the service. The registered manager told us that recruiting permanent staff for the service was an on-going challenge. However, a number of new support workers had started in recent months and only regular agency staff were used to cover vacant shifts.

Organisational and local authority safeguarding policies were available for reference which included the different types of potential abuse and staff responsibilities. Staff completed safeguarding training and knew the correct action to take should they witness or suspect abuse. They told us they would report any poor or abusive practice and were confident the registered manager would take appropriate action to ensure people were properly protected. A staff member said, "She [the registered manager] is quite open. Very approachable."

Any risks to people and staff were identified and managed. People's support plans included information about what staff should do to help them to stay safe. Risk assessments were completed in relation to people's needs and abilities such as the support they needed when accessing the community, managing their money or taking prescribed medicines. We saw the risk assessments were regularly reviewed and updated when people's needs changed.

Health and safety checks took place regularly to help keep people safe. These included fire safety checks and checks on the home environment. Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed the support they would require to evacuate the building safely. Any incidents or accidents in the home were reviewed to identify if there was any learning to help prevent a similar issue from reoccurring.

Safe recruitment practices helped protect people from the employment of unsuitable staff. We looked at the personnel files for four members of staff. Completed application forms included references and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with proof of identity.

Is the service effective?

Our findings

At our last inspection in November 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

The needs of people using the service were assessed before they came to stay at Hillview Merstham. We saw referral information and assessments were provided by the local authority. Familiarisation visits were arranged so the person could come to see the service where possible. An individual support plan and assessments were completed by senior staff that were used to discuss with the person and / or their representatives about how they wanted to be supported.

People spoken with were happy with the support provided by the staff working at Hillview Merstham. One person said, "The staff are really helpful." Another person told us, "I like all the staff. They help me with cooking." A third person commented, "All good so far." A relative told us, "Hillview provide a first-class professional service and the staff are always available and willing to discuss [person's] wellbeing."

There was an organisational training and development programme for staff that included a structured induction and mandatory learning for all new staff. The organisation had implemented the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. New staff shadowed more experienced staff members on shift when they commenced employment.

The training programme for existing staff consisted of regular updates to make sure mandatory training was kept up to date. Training sessions addressed behaviour, handling medicines, safeguarding, Equality and Diversity, The Mental Capacity Act (MCA) and First Aid amongst other topics.

Staff confirmed they were supported by senior staff through regular staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this. One staff member commented, "I have regular supervision. I just had one the other day."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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.

Some people required support to access the local community, whilst other people could come and go independently. The registered manager understood their responsibility for making sure the least restrictive options were always considered when supporting people and ensuring they were not unduly or unlawfully restricted. Electronic door locks operated by key fobs and codes were used to help people have control over their home and personal space. Capacity assessments, best interest decisions and DoLS applications and authorisations were recorded when required. Staff completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively.

Peoples nutritional needs, including any allergies, preferences and special dietary needs were recorded and met. People were supported by staff to prepare food and drinks when they were able and were supported to make choices in what they had to eat and drink including menu planning. One person said, "I cook independently." Another person told us, "I choose the food and go shopping."

People's health needs were met. Records showed that people had regular access to their GP, opticians, dentists and other healthcare professionals as needed. Some people using the service were being supported to have a flu jab on the first day we visited. One person told us, "I've seen the GP recently. They [staff] are helping me to see a specialist nurse."

Is the service caring?

Our findings

At our last inspection in November 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

People spoken with told us staff were respectful and caring. Comments people made included, "I like all the staff" and "They're good." A relative commented, "I think Hillview provides a real 'home from home' atmosphere that is difficult to find. Staff are friendly, caring and seem to enjoy their work. I know I can pop in anytime unannounced and will be met with a cheery smile and a welcoming atmosphere." Another relative told us, "There is always a calm and caring atmosphere when we visit."

We saw that people were relaxed and at ease with staff supporting them. There was a relaxed and homely atmosphere in the house when we visited. Observed interactions between staff and people using the service were familiar and friendly. Staff were attentive and supported people to get ready for their individual planned activity, helping them to make choices.

Staff supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring people had control of their space and had privacy when they wanted it. Support plans addressed the importance of ensuring each person's privacy and dignity when assisting people with their personal care. Same gender support was provided for personal care as required.

People were supported to undertake cleaning and tidying of their own rooms and were also involved in doing their own laundry in line with their identified support needs. Staff told us how they promoted people's independence and tried to meet their individual needs. One person told us, "I wash up. I make the bed." Another person said, "I'm learning how to cook." People were also supported to budget their own money as far as possible and to pay their own bills.

Care records were personalised and included important information about people's lives and backgrounds. Person-centred support plans gave information about people's history, what they were like, their strengths and the things that were important to them. Each gave good information about how each person liked to be supported, the development of their independent living skills and achieving set personal goals.

There were policies and procedures for staff about caring for people in a dignified way and to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Information about each person was stored securely and confidentially. People had been asked to consent when information had to be shared with others, for example, with healthcare professionals.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. Regular forums were held with relatives and representatives. Past discussion topics had included new staff, activities, maintenance and the role of people's keyworkers. Staff also contacted relatives regularly to give them updates about the person and their activities.

Is the service responsive?

Our findings

At our last inspection in November 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

Many people told us that they were independent and were able to access activities by themselves. Support plans showed that the service pro-actively supported them to access education, engage in activities and be part of the wider community. One person said, "I like to go out by myself." Another person told us, "I go to the disco and the day centre in Redhill." A third person commented, "I go to the day centre, I chill out, I see my family." One person was off shopping independently on the first day we visited and another person had been supported to go for a surprise day out with staff on the second day.

Support plans were detailed, personalised and gave clear information about how to best to support the person, how they communicated, their daily routines and relationships along with their goals for the future.

Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met. One person told us, "My keyworker helps me." People were involved in setting their own goals to achieve based around their personal interests and life skills they wished to learn.

One relative told us, "Their keyworker understands their autism and complex needs and is a fantastic carer." Another relative commented, "I am provided with monthly key worker reports...I am usually informed of incidents, activities they have taken part in and any appointments they have attended." New reports had been introduced for key workers to complete documenting their 1-1 sessions with people in addition to their monthly reports.

People's support plans also addressed their cultural and religious needs. One person told us that they regularly attended Bible classes. Their support plan addressed how important this was to them and outlined the support provided by the service to make sure this continued to happen. Another support plan referred to someone's heritage and the particular foods they liked. Some people using the service had been supported to participate in a Black History event helping to promote the acceptance of other cultures.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their activities, wellbeing and if there was any change to their needs that staff needed to be aware of. Staff handovers were used to share information about changes in people's needs. We saw team meetings were also used to discuss people's individual needs.

The service had a procedure in place to manage any concerns or complaints which was accessible to people, their relatives and other involved stakeholders. People told us they felt able to talk to a member of staff or the registered manager if they had a concern or complaint. One person told us, "I'd go to [the registered manager]. She listens." Another person said, "When we get upset, they are really helpful." Records were kept of any complaints and these were audited as part of the organisational quality assurance

programme.

Is the service well-led?

Our findings

At our last inspection in November 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

There were procedures for reporting any notifiable events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams.

People using the service said they liked living at Hillview Merstham. One person said, "I do like living here." Another person said, "It's a nice place to live." A third person said, "I think it's good." The staff members spoken with said that they felt the quality of care for people had improved significantly and they had no current concerns about the service being provided.

People and their relatives were positive about the management team and told us that the service had improved under their leadership. One person said, "[The registered manager] is the best manager." A relative commented, "The new management have both done an incredible job in turning things around when they took over." Another relative told us, "The manager and deputy manager are exemplary leaders and support staff very well."

The home worked in partnership with other agencies and records documented how medical and health professionals were involved in people's care. People who lived in the home, their family members and visiting professionals were given the opportunity to have a say about the quality of the service through meetings and surveys. Staff meetings were regularly held to discuss people's support and other areas of the service.

There were systems to regularly audit and update information. Scheduled audits were carried out to monitor the quality of the service and to identify how the service could be improved. The registered manager and staff carried out checks on areas such as the medicines, the environment, health and safety and of care records.

Organisational quality checks took place with full audits carried out by a senior manager in April and July 2018. These checks were comprehensive and were mapped against the CQC outcome areas. We saw action had been taken to address identified shortfalls with clear action plans in place for on-going work.

The staff had recently won 'team of the quarter' in the provider organisation's internal awards. People using the service had also taken part and won events at the organisational sports day in 2018.

The registered manager ensured that good practice and new developments in social care were shared and acted on. For example, information about changes to Mental capacity legislation had been downloaded in easy read format and was due to be discussed in the next meeting with people using the service.