

SCC Adult Social Care

Hillside Resource Centre

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 27 January 2016. Hillside is a residential home providing care and support for up to 22 people with a learning disability and or physical disabilities. Some people are also supported with mental health needs. It is owned and managed by Surrey County Council (SCC) Adults and Community Care Services. The accommodation is arranged in three self-contained units within the home and all people have their own rooms. Each unit has its own kitchen and lounge/dining rooms. On the day of our inspection 18 people lived at the service and two people were using the service for respite care.

There was a registered manager in place that was present on the day of the inspection. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had not informed the CQC of significant events.

Although records were kept securely people's records were not always easy to review due to the number of places they were stored. We recommend that the provider reviews how they maintain records for people.

People told us that they felt safe at the service and that there were enough staff to meet their needs. One visitor told us "I haven't heard of anything bad that's happened when I've been here. It's very safe."

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse and there were enough staff deployed around the service to meet people's needs quickly. During our inspection we saw that people were supported by staff when they needed. Appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service.

People received their medicines safely and medicine management and administration of medicines was appropriate. One relative said "When we took (the family member) away on holiday the medication was very well-organised with plenty of clear instructions."

Risk assessments were managed in a variety of ways and there was guidance to staff on how to safely support people. Accidents and incidents to people were recorded and action taken to reduce the risk of something happening again. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) that ensures that people's rights are protected. Staff understood the importance of gaining consent from people and people confirmed that this took place.

People were receiving care from staff that were competent in the role. Training had been provided to staff around the needs of people and staff's competencies were reviewed regularly.

People told us that they were able to have the meals that they wanted and staff supported people to have healthy and nutritious meals. One person said "I eat anything. There's always enough to eat and drink. They keep an eye on checking we have a balanced diet. They cook nice dinners." People weight was monitored and everyone had access to health care professionals where needed.

People felt that staff treated them with kindness and dignity. One person said that staff were caring and kind and showed them dignity and respect. Relatives told us that they were able to visit whenever they wanted.

We observed staff to be kind and considerate during the inspection and treat people with dignity and respect. People's care plans included information about the life history and their 'goals' and 'dreams' and there was guidance for staff on how best to communicate with people. People were encouraged and supported to live as independently as they could.

People and relatives told us that they felt that the staff responded to their needs well. One person told us "Staff is there to help you. They're doing their best." One relative told us that since being at the service their family member's mobility had improved. Health care professionals told that staff responded to people's individual needs.

Care and treatment was provided that met people's individual and most current needs. Assessment of people's needs were undertaken regularly that ensured that staff had the most up to date information. Staff communication information about people that informed them of any changes.

People participated in a variety of activities both at the service and outside. People were supported to live their lives to the full.

There was a complaints procedure in place for people to access which was in picture format to help people understand. Complaints were dealt with appropriately.

People and staff told us that they felt supported by the manager at the service. One person and their family members told us that staff promoted a transparent and open culture, and that they had seen 'massive changes.'

There were effective systems in place to assess and monitor the quality of the service through regular audits and feedback obtained.

During the inspection we found one breach of Regulation 18 of the Care Quality Commission (Registration)

regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were sufficient qualified and skilled staff at the service to meet people's needs.

Staff knew about risks to people and managed them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Is the service effective?

Good ●

The service was effective.

Staff had a good understanding of the Mental Capacity Act 2005 and people's capacity assessments were completed.

Staff felt supported and had received up to date training to make sure people were receiving the correct care.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned to meet their particular needs.

There were activities that suited everybody's individual needs.

People knew how to make a complaint and who to complain to.

Is the service well-led?

Requires Improvement ●

Although the service was managed well improvements were required around the lack of notifications being sent to the CQC and record keeping.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

Hillside Resource Centre

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

We undertook an unannounced focused inspection of Hillside Resource Centre on the 28 January 2016. The team inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive to people's needs and is the service well-led. The inspection was undertaken by two inspectors and one expert by experience. The expert by experience had experience of caring for or supporting a person with a learning disability.

During our inspection we spoke with the manager, three people that used the service, three visitors and three members of staff. We looked at three care plans, recruitment files for staff, audits of the service, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed care being provided throughout the day including during a meal time. After the inspection we spoke with three health care professionals that visited the service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service called 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 looked through notifications that had been sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law.



Our findings

One person that we spoke with told us that they felt safe. They told us "Most of the time there are enough staff to support us." They told us that they there were the odd time that they felt they couldn't get the attention of staff quickly. One visitor told us "I haven't heard of anything bad that's happened when I've been here. It's very safe."

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices to guide staff and people about what they needed to do if they suspected abuse with specific information that related to which safeguarding authority that needed to be contacted. One health care professional told us that they were quickly notified by the staff at the service of any safeguarding incidents. There was also information available for people living at the service around who they needed to speak to if they were concerned at all. One member of staff said "Straight away I would go and see the manager and I feel confident I could do that. I could always go to senior management as I know them or the locality team if needed."

There were sufficient staff deployed around the service to meet people's needs. During our inspection we saw that people were supported by staff when they needed. One visitor said "Now and again staff members don't come in but it's usually covered. I've never seen any impact on the residents." The manager told us that they regularly assessed people's needs to determine the level of staff that they needed. They told us that additional staff were brought in to support people on a one to one basis and we confirmed this from the staff rotas. Staff told us that there were enough staff to meet people's needs..

One visitor told us that staff ensured that their family member had the medicines that they needed. They said "When we took (the family member) away on holiday the medication was very well-organised with plenty of clear instructions."

Medicines were kept in each person's room along with their Medicines Administrations Records (MARs) charts. Steps were taken by staff to encourage people to take their medicines independently. One person had a device in which one week's medication is stored and which was linked to the service call system. This meant that staff were automatically alerted if a dose of medication had not been taken within 20 minutes. We looked at medicines management and administration at the service. Medicines were stored appropriately and audits of all medicines took place. For each person there were easy read descriptions of how they liked their medication to be administered. We looked at the MAR charts for people and found that

administered medicine had been signed for. All medicine was stored and disposed of safely. There were photos of people in the front of each chart to identify who the medicine had been prescribed to. There was guidance for staff around homely remedies and 'as and when' medicines for people. One visitor said "Staff care very much about medicine and the welfare of their clients. I always hear them talk about it and making sure it's correct."

There were risk assessments for people in place that detailed the support people needed. This included management of manual handling, nutrition, skin care and personal care. Risk assessments were also in place for identified risks which included malnutrition, choking and risks whilst out in the community and action to be followed. One member of staff said "We allow people to take risks but in a safe way." They gave an example of one person being independent whilst going out. They said that they person may need some support with road safety so would support the person from a small distance and offering guidance when it was needed.

People were safe because appropriate checks were carried out on staff to ensure they were suitable to support the people that lived at the service. Staff recruitment included records of any cautions or conviction, DBS checks, references, evidence of the person's identity and full employment history. Staff told us that before they started work at the service they went through a recruitment process.

Accidents and incidents to people were recorded and action taken to reduce the risk of something happening again. The manager told us that they would look at all of the incidents and accidents recording and 'sign' them off when they felt that sufficient action had been taken. One person slipped and fell and more support was provided by staff to this person.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. There were personal evacuation plans for each person that were updated regularly which was kept in a copy in the reception.



Our findings

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We did raise with the manager that there was no mental capacity assessment around one person having a listening device in their room at night. They told us that they believed that this was covered under the person's general mental capacity assessment and told us that they would address this straight away. We saw that there were mental capacity assessments specific to particular decisions that needed to be made. Where a best interest decision had been recorded there was a mental capacity assessment around this decision.

Staff gave examples of where they would ask people for consent. One member of staff told us "(Staff) assume they (people) have capacity unless it has been proved otherwise." We saw that where the manager felt that people's liberty may be restricted appropriate applications were submitted to the local authority.

People were receiving care from staff that were competent in the role. One visitor told us "Staff are sufficiently skilled to do what they're here for. There's always learning and improving and training going on." Staff were trained around the specific needs of people that lived at the service including mandatory training. We saw that staff were up to date with refresher training that ensured they were provided with the most up to date guidance. This included safeguarding, moving and handling and medication training. One health care professional told us that staff were knowledgeable about the needs of people and that they demonstrated an understanding of people's conditions. Another health care professional told us that they felt staff were experienced and had the knowledge of people's conditions they needed to ensure good care was provided. One member of staff said "I had a mixture of induction and shadowing when I started here." All of the staff felt that had received the right amount of training.

Staff were supported in relation to the work that they carried out. The registered manager told us that one to one supervisions took place monthly. We saw these had been recorded and gave staff an opportunity to address any additional training needs they had and their performance. Six monthly appraisals also took place that staff were up to date with. One member of staff said "I have a half year and yearly appraisal and supervisions every four or five weeks."

One person told us they got their own food and hot drinks and 'sometimes they cook dinner.' They said

there was enough to eat and a good choice. People gave positive feedback on the food at the service. One person said "I eat anything. There's always enough to eat and drink. They keep an eye on checking we have a balanced diet. They cook nice dinners." One visitor said "The food is fine – there are choices."

The registered manager told us that there was no set lunch time. "It's when they want it and it depends on their activities in any given day." We saw that people accessed the kitchen throughout the inspection and had access to nutritious food and drink. We saw that people were encouraged to make healthy choices around their meals. One visitor said that staff were very conscious of healthy living and reminded people that they've just eaten if needed.

Where people needed to have their food and fluid recorded this was being done appropriately by staff. Intake and output of food and fluid was recorded on forms that were kept in people's rooms. This meant that staff had an accurate record of what people had drunk. People were weighed monthly and if there was a change in someone's weight then this changed to weekly. There was a record of some of the people's individual's requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs.

One person we spoke with felt that they were supported with their health needs. They said they had yearly check-ups for eyesight and the dentist. They told us that they were taken to the opticians to get new reading glasses and that they saw a podiatrist regularly.

People had access to a range of health care professionals, such as positive behaviour specialists, social care professionals, the GP, dietician, and speech and language therapists (SALT). People would attend appointments to the GP, optician and dentist. One health care professional told us that staff at the service regularly kept them up to date of any changes in between reviews of their care. Another health care professional told us that staff were able to provide them with accurate information around the person's health which helped them provide the support to the person that was needed. One visitor told us "Staff are proactive in organising healthcare. I heard them talk about oral hygiene on Monday. Someone had bleeding gums and I heard them say that they needed to sort this out."



Our findings

There were positive comments from people around how caring staff were. One person said "Staff are there to help you. They're doing their best." Another person told us staff were caring and kind and showed them dignity and respect. Relatives told us that they were able to visit whenever they wanted.

One person told us that staff knocked on their door before they come into their room. One visitor told us that staff ensured that their family member was given privacy when they needed it. Another visitor told us people were treated with respect and the staff knew them well. They said that staff knocked on doors before they entered their room. One health care professional told us that people at the service were treated as individuals by staff.

We observed staff to be kind and considerate during the inspection. One person asked to go to the toilet. We saw staff quietly speak to the person and encouraged and prompted them to walk to the bathroom. Another example was when one person returned from being out and a member of staff stopped to say, 'hello'. The person took member of staffs hand and the staff member bent their head down to the person touching their heads together in an affectionate way.

People's care plans included information about the life history and their 'goals' and 'dreams'. There was guidance for staff on how best to communicate with people that included Makaton, gestures specific to the person and how best to ask the person questions. One member of staff told us "What is a learning disability, what does it mean, It is just a range of people's experiences and abilities. So people should not be treated differently or made to feel different." They told me how they recognised how people were feeling. For example, one person who did not speak showed they were happy by smiling or rubbing their hands together. Staff at the service had the details of an advocacy service where people needed the support. One person told us "Staff know me well. They know I like autobiographies and (staff) buy me books for Christmas and my birthday."

Staff gave examples of how they would show respect. For example, one staff member said, "I am mindful of closing doors (when giving personal care." They said "When I am doing the meds round I always spend at least five minutes having a chat to each person" Another member of staff said "I make sure people are appropriately dressed and I always listen to the client to hear how they want something done." Another staff member told us, "We always try and provide people with the gender of staff they wish. I give them a choice of a bath or a shower and make sure their doors are closed." They added, "It's about talking to them, knowing what they want and how they like it. For example, some people like their doors open at night." One person

we spoke with told us that staff tried to ensure that a female member of staff provided supported to them.

People's rooms were personalised and staff ensured that people had things that were important to them. One person liked collecting newspapers and magazines and we saw that they had plenty of these on the day. People were encouraged by staff to be independent either accessing the community or within the service. One person was seen drying dishes up the kitchen, and making themselves a hot drink. Another person was assisting a member of staff to prepare food for the evening meal.



Our findings

People and relatives told us that they felt that the staff responded to their needs well. One person told us "Staff are there to help you. They're doing their best." One relative told us that since being at the service their family member's mobility had improved. Health care professionals told that staff responded to people's individual needs.

Care and treatment was provided that met people's individual and most current needs. Before each person moved in a pre-assessment of their needs was undertaken by the registered manager to ensure that the service could meet the person's needs. One health care professional told us that the registered manager would ask for their input to assist with the support of people. They said "Following a referral to us I would initially meet with the (manager) and the person, to establish the need and input required." For those people who stayed at the service for respite care the same level of pre-assessment took place.

Each person had a detailed care plan that provided staff with the appropriate information needed about each person. The care plans included 'behaviour support plans' which included guidance for staff on how to support the person. One person had anxiety when they returned from home to the service and there was detailed guidance to staff on how to approach this and support the person. The care plans were reviewed regularly and contained the most up to date information. Communication about people's needs was shared with staff at handover and at team meetings. Staff told us that information was also left in the 'message' book that ensured staff were aware of any appointments or changes. Each day staff recorded the care that people received that included what activities they had participated in, their general health and any other information that staff needed to know about the person that day.

There was an individual plan for each person around their day to day activities. Some people were supported work whilst others accessed the community day centres and undertook volunteering. The registered manager told us that no two weekly diaries were the same for people who lived there. We found that people undertook a variety to activities outside and in the service that were specific to the person. On the day of the inspection most of the people were out either working, visiting their family or at their chosen activity. For those people who chose to remain at the service they were supported in various activities. People used the sensory room, listened to music, watched television or sat in their room. People were supported to do what they wanted. One visitor told us that people were able to go to town and visit coffee shops and restaurants. Seasonal outings also took place and we saw that there had been an outing to see a show at Christmas.

There was a complaints procedure in place for people to access which was in picture format to help people understand. There were also regular residents meetings where one person told us that it gave them a chance to say what they thought. We saw that complaints were recorded with information on how they were resolved. One relative raised a concern about the family member's medicine box that staff had given them that was difficult to open. The registered manager reminded staff to ensure that this did not happen again. Compliments from people and relatives were logged and kept for staff to see.



Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had not informed the CQC of significant events. The registered manager told us that they were not aware that they needed to send in any incidents of 'alleged abuse' and believed that only safeguarding referrals accepted by the local authority needed to be notified to us. We found that there had been several incidents of alleged abuse that had not been referred to us but had been to the Safeguarding Authority. Regulation 18 of the Care Quality Commission (Registration) regulations 2009 state that any abuse or allegation of abuse must be notified to the Care Quality Commission. Therefore they were in breach of this regulation.

Although records were kept securely we did feedback to the manager that people's records were not always easy to review. When we asked to review people's care plans we were provided with a care plan, a separate risk assessment file, daily notes (that were written in four separate places) and there was a separate file for staff to review new risk assessments that needed to be read by staff and signed before they were placed in the persons file. Some of the new risk assessments had been in this file since November 2015. There was a risk that new staff would not know important information about people's needs as records were kept in several places. all of the files. We did feed this back to the registered manager who told us that they would review this.

We recommend that the provider reviews how they maintain records for people.

Staff told us that they felt supported in their role. One member of staff said, "The manager is very approachable. You can go in and see her." They said they knew of the ethos of the home and the culture that was expected. For example, "For people to get the best out of life." They said they enjoyed working at the home and people had, "A good thing going on. It's very sociable." Another member of staff said, "I feel very supported. I can always ask anyone in the team what they think. I can always discuss things and feel there is a good culture within our team." She said she felt this was achieved by senior managers 'prompting' staff in best practice through supervisions and observations. She added, "The manager is always driving to make things better and she doesn't let the staff sit and stagnate."

People who used the service and relatives said the management of the service was good. One person and their family members told us that staff promoted a transparent and open culture, and that they had seen 'massive changes.' One visitor said "I think it's well-managed, everything's well-covered and the Manager is very approachable. She's very tenacious, a three-month follow-up to a review with (the family members)

care manager last year was meant to take place but didn't happen, and there were no minutes or action plan. The manager chased it up and took it up with the social worker." One health care professional told us "It is a well-managed and well run residential home."

There were effective systems in place to assess and monitor the quality of the service. Monthly audits took place at the service which included health and safety and all aspects of care. We saw that actions plans were produced and action taken where needed. In December 2015 it was identified that 'weight monitoring' needed to be updated and we found that this was being done. Medication audits identified that regular fridge temperature checks needed to be done and we found that this was now being done.

A variety of methods were used to obtain feedback from people, relatives and staff. Regular meetings with people took place within the service. This was used as an opportunity to discuss what people wanted to do, any changes taking place and any other matters that people wanted to discuss. Relatives were provided with newsletters that included a feedback form for them to complete if they wanted to. All of the feedback from this was positive. Staff were asked to complete a survey which was currently being analysed by head office. Staff said they had staff meetings and suggestions were listened to. For example, one staff member started taking people to the local bingo hall; they started a fitness fun group once a month and a film and food evening.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider was not notifying us of all incidents of alleged abuse at the service.