

# Hillcrest & Lyndale Care & Support Services Limited

## Hillcrest

### Inspection report

35 Carleton Road  
Pontefract  
West Yorkshire  
WF8 3ND

Date of inspection visit:  
29 August 2017

Date of publication:  
08 November 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Hillcrest is home for up to 20 adults with learning disabilities. On the day of our inspection there were 18 people using the service. There are also 2 smaller houses, 1 Hill Close and 2 Hill Close, which are registered separately but form part of one complex with many elements such as staffing and some management functions shared across all three buildings. We inspected these services on the same day as much of the evidence we needed to gather was common to all three. For this reason some parts of each report will be the same.

At our last inspection in February 2015 we rated Hillcrest 'Good', and did not identify any breaches of regulations. At this inspection we found the service remained Good.

Why the service is rated 'Good'.

People told us they felt safe, mainly due to the staff being present. Risks associated with care and the environment in and around the home were well assessed.

Staff were recruited safely, and understood how to recognise and report any safeguarding concerns they had. There were enough staff on duty in the home.

People's medicines were managed safely.

Staff had a thorough induction and had access to on-going training and support. The registered manager carried out checks to ensure training was effective.

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 provider asked for people's consent to care and treatment. Some key information relating to this was in accessible formats.

People enjoyed their meals and were asked what they wanted to be on menus. We saw some innovation in the approach to nutrition which had a positive impact on people's health. The provider supported people to access health and social care professionals when needed.

We saw relaxed and good natured interactions between people and staff. People had access to activities which reflected their interests. Staff understood how to respect people's privacy and dignity.

There was person-centred information in people's care plans. Accessible formats had been used effectively to enable people to write detailed plans for end of life care.

Staff told us they enjoyed working at the provider's services within the complex and said they had a good

relationship with the registered manager. They told us the registered manager was supportive and approachable.

The provider was monitoring quality in the service. People were consulted and the registered manager undertook regular audits to ensure areas for improvement were identified and addressed. We received good feedback about care standards from a visiting health professional we spoke with.

## 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 remains 'Good'.

### Is the service effective?

Good ●

The service remains 'Good'

### Is the service caring?

Good ●

We have rated the service as 'Good'.

People told us they had a good rapport with staff. Their choices were respected, and care plans were person-centred.

### Is the service responsive?

Good ●

The service remains 'Good'.

### Is the service well-led?

Good ●

The service remains '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 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. This was a comprehensive inspection.

Our comprehensive inspection took place on 29 August 2017 and was unannounced. We inspected the provider's services at 1 Hill Close and 2 Hill Close at the same time, as they form part of a care complex and share staffing and management.

The inspection team consisted of two inspectors and an expert-by-experience with experience of services for people with learning disabilities. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted other bodies including the local authority, safeguarding teams and Healthwatch to ask about the service, and did not receive any information of concern. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not send the provider a Provider Information Return (PIR) before this inspection. 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 last requested a PIR in September 2016, which the provider had completed.

During our inspection we spoke with seven people who used the service, three staff, and the registered manager. We also spoke with a visiting health professional. We spent some time looking around the building, and reviewed records including two staff recruitment files, three people's care plans and other records relating to the running of the home.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe living at Hillcrest, with several referring to the fact staff were present as a reason for this. Staff we spoke with knew people and their care and support needs well. We observed staff using equipment such as wheelchairs in a safe way.

We saw people were able to move freely about the home, and could come and go as they wished. Risks associated with people's care and support were assessed thoroughly, and there was clear guidance for staff to follow to ensure any risks were minimised. Staff we spoke with understood how to identify and report any safeguarding concerns.

Records we looked at showed the maintenance of the premises was kept up to date. There were environmental risk assessments in place which showed how the provider managed the premises in order to help keep people safe. We saw there was a risk assessment in place for two upper floor windows which did not have restrictors fitted. Restrictors limit the extent to which windows can be opened and protect people from the risk of falls. We queried these risk assessments with the registered manager as we felt there was still potential risk. The registered manager told us they would review the assessments.

Staff files showed safe recruitment practices were in place. These included obtaining work references and making checks with the Disclosure and Barring Service (DBS). We saw records which showed staff were deployed in sufficient numbers to provide care and support, and also assist people to participate in activities at the home and in the community. Staff worked at Hillcrest, 1 Hill Close and 2 Hill Close, depending on their shifts and people's needs.

We made random checks on stocks of medicines for three people, as well as associated records of administration (MARs) and spoke with a staff member responsible for administering medicines. Storage was secure and arrangements were in place to ensure medicines were ordered and delivered in a timely way. We saw staff were patient in their approach to administering medicines, and observed the person taking them before updating MARs. All MARs we looked at were correctly completed with no gaps. We concluded medicines were managed safely.

## Is the service effective?

### Our findings

Staff undertook a thorough induction which included training in areas such as safeguarding, equality and diversity and person-centred care. We saw they completed written tests in key areas such as mental capacity, safeguarding and care for people with epilepsy. This meant the provider was making sure staff had fully understood their training.

We saw there was a programme of mandatory refresher training in place. Staff told us they received regular training, and records confirmed this. They told us about training courses they had recently attended, which included lifeguard training to enable them to assist people when they wanted to go swimming.

Staff also received support through a programme of regular supervision meetings and an annual appraisal. Records we looked at showed these were meaningful meetings which reflected on individual performance and development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had applied for DoLS where necessary. At the time of our inspection seven people had authorised DoLS in place. We checked to see if any conditions attached to the DoLS were being complied with, and saw that they were.

Care plans contained records to show people had signed consent for a number of areas of their care and support. These included the choice to live at Hillcrest, to have medicines managed by staff and to have photographs taken. There was good use of pictorial information to enable people to understand the process, however we saw the description of what people were consenting to was written in a way which was lengthy and technical in nature. We fed this back to the registered manager who told us they would look at changing this.

People we spoke with were enthusiastic about the meals they had at Hillcrest. Staff we spoke with told us that main meals were cooked by staff at the home each day with some assistance from residents. We saw an innovative approach to nutrition which had had a positive impact on one person's health. Detailed records about support from other health and social care professionals were kept in people's care plans.

## Is the service caring?

### Our findings

In our last inspection report we said, 'We found the provider and staff were exceptional in enabling and promoting people's independence in all aspects of their lives. This was evident from our observations as well as people's care records we reviewed. We saw staff recognised and valued people as individuals.' At this inspection we found the service was caring, however we did not see evidence the provider had continued to innovate. We have therefore rated this key question as 'Good'.

We spoke with the registered manager and provider about this practice. They told us, "We work with residents who often have been rejected by other services. We work in partnership to build real relationships and most importantly trust." They were able to give examples which showed this approach was embedded in the service. For example, one person had been enabled to attend health appointments they had previously avoided because of their trust in the staff who supported them. We found the provider took opportunities to broaden their understanding of care practices which enabled them to continue to develop in this area. For example, a person who worked for the provider had made contact with health professionals in another country and as a result had introduced a successful approach to helping a person to develop a diet which had a positive impact on their health.

After the inspection the provider sent us information about further improvements they planned to make. They had discussed our feedback with people who used the service and asked whether they had any ideas about how to make care plans more detailed and personalised. They told us, "When we discussed the inspection with residents [name of person] suggested we should do a "how I got to where I am book" We asked residents what they thought about doing reviews with symbols or signs and got some good ideas. The best three we are going to trial and put to the vote."

A visiting health professional we spoke with told us there was innovation in the way the service got to know people and developed activities with them that reflected their interests. They described in detail how this had had a positive impact on the health and independence of one person they visited.

People we spoke with said they were well cared for by staff. One person told us, "The staff are all lovely, they look after me. They let me do anything here. The staff here care about us." Another person said, "I like it here, it's nice and the staff are nice." People told us they were supported to maintain significant relationships and friendships, and we found the provider had ensured people's religious and spiritual needs were met.

We saw the provider undertook a regular audit of independence, choice and quality. We saw records of detailed conversations with people about their experience of living at Hillcrest undertaken as part of this activity. People's feedback across all three services was positive.

We observed good interaction between people living at the service and staff and noted a very relaxed and informal atmosphere in the home. We saw people and staff laughing and joking together.

Staff we spoke with gave examples of how they respected people's privacy and dignity. This included



knocking on doors before entering people's rooms and ensuring doors and curtains were closed before assisting people with any personal care.

Care plans were written in a highly person-centred way, including information about preferred routines and ways in which support could be given when needed. We saw this was written in the first person, meaning it reflected what the person had said. Some information in care plans was presented in accessible formats. For example, we saw use of pictorial prompts to assist people to express their views. We found this approach had been very effective in enabling people to write detailed, sensitive and personalised plans for their end of life care. Information provided to help people monitor some health needs had also provided in an accessible format.

## Is the service responsive?

### Our findings

Care plans we looked at contained personalised information about people's support needs and ways in which they wanted to receive support. We saw these were kept under regular review, although we highlighted to the registered manager that people's involvement in this process needed to be more evident. They told us they would look at ways of making this process more inclusive. We did see records which showed people were regularly asked about aspects of their care and whether these needs were being met.

Staff told us people had access to a wide range of activities. One staff member said, "People do various activities such as going swimming, going to garden base, going on outings. The service users are always doing something, such as baking. [Name of person] enjoys baking carrot cake. [Name of person] enjoys baking chocolate buns."

We saw records which showed people participated in a variety of activities. On the day of our inspection most people were out during the day. Some people were involved in creative activities at another of the provider's services. One person went out shopping. We saw records of consultations with people about the activities they wanted to take part in, and evidence these activities took place.

People we spoke with knew who to speak to if they had a complaint or any concerns. One person told us the names of all the staff and managers they could speak with if they were upset about any aspect of their care. We saw there was information about how to make a complaint in the service user guide. We looked at records which showed people's concerns and complaints were recognised, recorded and actioned by the provider.

## Is the service well-led?

### Our findings

There was a registered manager in post on the day of our 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.

Staff we spoke with gave good feedback about the management of the home, and told us they enjoyed working at the provider's services. One staff member said, "I enjoy working here. I would recommend the home to people as they get great activities and outings."

We saw the registered manager was a visible presence in the home, and people and staff regularly chatted with them throughout the inspection. Staff described the manager as approachable and supportive.

There was a range of audits in place to monitor the quality of the service and make improvements where needed. These included checks on medicines management, staff training, fire safety, and infection control. Records showed action was taken as required, and the scope of audits changed over time to ensure they remained effective. For example one healthcare audit had scored 100%, however the registered manager had recommended additional checks to be included in future audits. We saw this action was followed.

People were regularly consulted in the running of the home. There were meetings which people could attend to discuss various aspects of the service, and there were records of one to one meetings with people to ask about their care and experience of living at Hillcrest. The registered manager told us they got a better quality of information from one to one discussions than from a survey carried out with people who used the service.

We spoke with a healthcare professional who told us they felt the provider worked well with them to meet people's care and support needs. They told us their advice was followed, and they thought people received a good standard of care at the provider's services in this complex.