Mrs Jane Cini

Hilltop Residential Services

Inspection report

Hilltop
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Tel: 02380405944

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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

This inspection was carried out by an inspector on 15 and 17 February 2017.

Hilltop Residential Services provides accommodation and support for up to six people who may have a learning disability, complex physical needs, sensory impairment and epilepsy. Six people were living at Hilltop at the time of our inspection. The home is an ordinary house within a small residential area in a semi-rural location. The service offers a variety of activities in the local community and can also support holidays and trips away.

The home was not required to have a registered manager as the provider is registered as an individual with the commission. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered provider was present in the home each day to oversee the day to day running of the home with their assistant manager. The registered provider told us they were in the process of restructuring the management within the service. They were actively recruiting a registered manager to take overall responsibility for the day to day management of the home.

At our previous inspection we found a breach of two regulations in relation to the safe care and treatment of people and good governance. This included concerns in relation to the management of medicines, the Mental Capacity Act 2005, record keeping and quality assurance systems. At this inspection we found that significant improvements had been made and all regulations were now being met. There was still work to do to improve record keeping and embed new systems to ensure effective monitoring of the quality of the service.

Systems had been put in place to monitor the quality and safety of the service provided. The registered provider had recently commissioned a detailed external audit of the service and was working through the action plan to make improvements. Although no formal analysis of incidents and accidents was undertaken, the communication within the small, consistent staff team enabled them to ensure learning and take remedial actions to prevent a reoccurrence of incidents. .

There were sufficient numbers of staff on duty to support people safely and meet their assessed needs. We saw that staff communicated effectively and worked flexibly to cover each other when health emergencies arose.

The registered provider had appropriate systems in place to recruit staff and appropriate checks were carried out before they commenced employment.

Staff understood how to keep people safe and knew about their responsibilities to report any concerns of possible abuse. Risks to people had been identified and measures put in place to mitigate the risks.

Systems to manage the ordering, storage and administration of medicines were in place. Staff received training and new staff were assessed to make sure they were competent before being allowed to give people their medicines.

Staff had received training in the requirements of the Mental Capacity Act 2005 (MCA) and understood their responsibilities in how to apply the Act. MCA assessments had been completed to establish when people lacked capacity to make specific decisions, although these were under review to improve the quality of information. Deprivation of Liberty Safeguard authorisations had been submitted to the local authority as required.

Staff received an induction before they started work and were supported to undertake on-going training to maintain their skills and knowledge.

People were supported to maintain their health and well-being. Staff were knowledgeable about people's health conditions and quickly identified if they were becoming unwell. Health professionals confirmed advice and assistance was sought quickly by staff if they had concerns.

People were offered home cooked food and drinks which were sufficient for their needs and that met their dietary requirements. Although no formal meal planning took place with each person, staff had a good knowledge of people's food likes and dislikes and offered alternatives to the main meal each day if required.

Staff showed a very good understanding of the needs of the people they supported. People's hobbies and interests were documented and staff accurately described people's preferred routines. Some people's abilities had changed and declined over the years which had made it more difficult for them to engage in their routines. Staff supported people to take part in activities both within the home and in the community as much as they were able to.

There was a strong, visible person centred culture within the home. People were encouraged to maintain their independence as much as possible. Staff treated people with kindness and compassion and offered re-assurance when they were poorly or anxious. Staff respected people's privacy and dignity.

People's care plans were personalised and support was tailored to their individual needs. People, their families and their advocates were involved in the planning and review of their care.

Complaints procedures were in place. The home had not received any complaints. Relatives told us they were happy with the care people received.

Staff understood the vision and values of the service and what the registered provider was trying to achieve. Staff were actively involved in the development and improvement of the service.

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. Procedures were in place to manage, store and administer medicines safely.

Staff understood how to identify signs of abuse and report any concerns. Risk assessments were carried out and plans were in place to minimise the risks.

Staff were subject to appropriate checks before being employed. Staff worked flexibly and were deployed in a way that met people's needs and responded to emergencies.

Is the service effective?

Good

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

Most staff had received effective induction, training and on-going development to support them in their role.

Referrals to health care professionals happened quickly when people became unwell or staff had concerns. People were offered a variety of home cooked food and drinks which were sufficient for their needs.

Is the service caring?

Good

The service was caring.

Staff were caring, compassionate and provided reassurance to people when they were unwell or became anxious.

Staff were kind and treated people with dignity and respect. People were encouraged to make choices and maintain their independence as much as possible.

People's rooms were personalised and reflected their interests, hobbies and preferences.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed and person centred and records were updated when required to provide accurate guidance for staff. People, families and advocates were involved in care planning and regular reviews.

People were supported to maintain relationships that were important to them.

People and their families were encouraged to share their views and any complaints. The home had not received any complaints.

Is the service well-led?

Good

The service was not always well led.

The registered provider and assistant manager had made improvements to the way they monitored and assessed the quality of the service and health and safety within the home. Although there was still work to do to improve record keeping and embed new systems for monitoring the service.

The culture within the home was open and transparent. The provider was approachable and listened to and acted on feedback.

Staff understood and worked to the visions and values of the home and were involved in developing the service. Staff felt supported and knew what was expected of them in their role.

Hilltop Residential Services

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 also checked to make sure the provider had made the improvements required from our previous inspection.

This inspection took place on 15 & 17 February 2017, was unannounced and was carried out by one inspector.

Before the inspection we reviewed the information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with one person who lived at Hilltop, four care staff and the registered provider. Most people were not able to tell us about their experiences of living at Hilltop so we also carried out a number of observations to assess how staff interacted with, and cared for the people they were supporting. During the inspection we received feedback from three health professionals and an external consultant employed to support the provider with making improvements to the home. Following the inspection we spoke with two relatives for their views on how the staff delivered care to their family members.

We pathway tracked two people's care. This is when we follow a person's experience through the service. This enables us to capture information about a sample of people receiving care. We looked at five staff training and recruitment records and other records relating to the management of the home such as staff duty rosters, policies and procedures and internal quality assurance audits.

We last inspected the home in January 2016 when we found two breaches of regulation.

Good

Is the service safe?

Our findings

Relatives told us the staff ensured their family members felt safe and secure within the home. One relative said their family member became anxious about their belongings due to their autism. They told us "[My family member] has a key to their bedroom door and it's made such a difference to her. It's given her confidence and freedom to go out knowing her things are safe. She feels safe and secure."

At our previous inspection we found that improvements were needed in relation to the management of medicines and emergency planning. At this inspection, we found improvements had been made.

There were arrangements in place for the storage, administration and management of medicines, including controlled drugs (CDs), that met current legislation. CDs are medicines which may be misused and there are specific ways in which they must be stored and recorded as set out in the Misuse of Drugs Act 1971(The Act). Storage facilities for medicines had been upgraded to include a CD cabinet as required by The Act. Some people had their own locked medicine cabinet in their room. Any unused or unwanted medicines were recorded, safely stored and returned to the pharmacy. Medicines that required cold storage were stored in the fridge and temperatures recorded to ensure they were stored in line with manufacturer's instructions. A sample of medicines and CDs was checked and these reconciled with the quantities recorded. Dates of opening were recorded on medicine bottles and creams to ensure they were not used after their 'use by' date.

Staff told us they received training and a competency check before being allowed to start administering medicines. The local pharmacist had also attended a staff meeting to talk about medicines management. We observed a member of staff administering people's medicines and noted they carried out appropriate checks before it was given. People's medicine administration records were completed by staff after each medicine was successfully given. A staff member had been given lead responsibility for the management of medicines, which included regular checks of supplies and records.

The registered provider had a draft emergency contingency plan. These are important to ensure that in the event of an incident, such as a flood or fire, staff are able to continue to provide a safe and effective service to people. The emergency plan included some important information for staff such as alternative accommodation arrangements and key personnel. The registered provider told us the emergency plan was being reviewed and would be updated with advice from their external consultant.

Staff were knowledgeable about their responsibilities to protect people from abuse. Most staff had received training in safeguarding people. Staff understood how to identify possible abuse and how to report any concerns, including to CQC, the police or to the local authority. Staff told us they understood the whistleblowing policy and would use it if necessary. Whistleblowing is when staff are encouraged to report any concerns about other staff practice.

The service deployed sufficient staff with the right skills to meet people's needs. Staffing levels were assessed and reviewed to ensure the service had staff with the correct mix of skills and competency on duty

during the day and night shifts. The staff roster for the days of our inspection showed the number of staff on duty matched that which we had been told. Staffing levels were dictated by the care and support needs of people. We observed staff providing one to one care and support to people and noted this was not rushed. This included when two people required immediate care prior to emergency admission to hospital when they became unwell. Shifts were always covered by the staff team and registered provider if required. The registered provider told us they had staff on annual leave and maternity leave and they were staying overnight themselves at the home to provide additional cover. They were re-structuring the management team and were actively recruiting for a registered manager.

Risks to people had been identified, recorded and actions taken to mitigate those risks. Individual risk assessments had been completed for people, such as the risk of choking, moving and positioning or to manage any behaviours that might be challenging. Staff were observant and regularly checked to make sure people were okay. They were aware of potential risks to people and quickly identified when they needed to intervene. A relative told us "They're so careful when they move [my family member]." They went on to describe the risks to their family member and that they had every confidence in the staff to keep their family member safe. A health professional confirmed "They are proactive. We plan to look at hoisting with them. [The registered provider] requested a review to check if there was anything else they should be doing."

The registered provider had recruitment systems and documentation in place and told us they were in the process of updating and improving their recruitment processes. We reviewed a sample of staff recruitment files and found relevant checks had been undertaken. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in care. The registered provider was updating some of their documentation to ensure more detailed information about applicants was retained.

Good

Is the service effective?

Our findings

Relatives told us that their family members were well looked after and received appropriate health care. Comments included "They take her to the doctors if need be but they keep me informed" and "The care is excellent. They know [my family member] inside out. They contact me if there are any concerns."

At our previous inspection we found the provider did not fully understand how to protect people's rights if they lacked the mental capacity to make their own decisions. At this inspection we found improvements had been made.

People's rights were protected because staff had acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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.

We found the home was working within the MCA 2005 guidelines. The registered provider and staff demonstrated a good understanding of mental capacity and how to make best interest decisions. They had carried out assessments, where appropriate, to establish whether people had capacity to make specific decisions. These assessments were under review to improve the quality of information contained in them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where required, the assistant manager had applied for DoLS authorisations for people who lived at the home.

Staff sought people's consent before providing any care or support. They did this by asking, showing an object of reference or by using signs and gestures. Throughout our inspection we observed staff asked people for consent before providing any care or support. For example, asking them if they wanted to take their medicines. Staff waited for a response, either verbal or by gesture, before proceeding which ensured people's wishes were listened to.

People had access to healthcare, such as the dentist and optician, to check on their health and wellbeing. Staff were observant and proactively monitored and identified when people's health deteriorated. On both days of the inspection we observed staff responding calmly and quickly to medical emergencies. Paramedics were promptly on the scene and admitted both people to hospital for further checks. One person's relative told us "They have the SALT (speech and language team), OTs (occupational therapists), Physio and GP all involved. It's all planned. They know what they're doing when [our family member] comes home."

The registered provider felt confident that with support from health professionals, people could be

supported to remain at home despite their increasingly complex needs. One paramedic who attended a person told us they knew the home well and were able to respond quickly. They said "I come here quite a lot. We are only a few minutes away. The staff are really good, they identify concerns quickly." Another visiting health professional confirmed the staff were competent and knew how to monitor people's conditions. They said "They're proactive and will always call us if they're concerned. They are always really good, really helpful. They follow any recommendations we make."

People received sufficient food and drink, prepared in a way that met their needs. People decided each day what they would like to eat and staff helped them to make choices based on their knowledge of people and their food likes and dislikes. A staff member told us about people who liked "Meat and veg; back bacon. We used to have a menu but not now. We ask daily. There are choices; fish in parsley sauce; casseroles. It's all home cooked. I love cooking." On the first day of our inspection the main meal was sausage and mash. One person liked sausages but could not eat the skins so these were removed for them before being served. Another person told us "The food is lovely. My favourite is sausage and mash and broccoli. I like a nice hot cup of tea. That's my favourite drink." All meals were freshly prepared by staff each day which looked appetising. People chose where they wanted to eat, either in the dining room or in their own rooms. Some people were able to eat independently, whilst others required assistance to eat and were supported to do so. Where people required adapted plates or cups, these were provided.

One person had swallowing difficulties and was at risk of choking. Their eating and drinking ability fluctuated from day to day so staff assessed at each meal whether they could eat by mouth or should be fed via an artificial device called a percutaneous endoscopic gastrostomy (PEG) tube. Staff had received training in how to use the PEG and were knowledgeable about the person's needs. This was confirmed when we spoke with a relative who told us "They [staff] monitor [my family member] all the time and will not give them food if it's a risk. They'll use the PEG."

Staff received an effective induction when they started work at Hilltop which included training and shadowing other staff. This enabled them to get to know the people they were supporting and gave them the skills and knowledge to do so appropriately. New staff were undertaking the Care Certificate. This is a nationally recognised set of induction standards that new staff must meet to demonstrate they are competent to work in social care.

Staff received on-going training to maintain their skills and knowledge in areas such as food hygiene, fire safety, first aid, infection control and moving and handling. Some staff had undertaken additional training such as continence care and epilepsy awareness to help them better support people's specific needs. The provider had started to delegate lead roles to staff and they received additional training to support them. One member of staff told us they were the lead for infection control. They said they had started a three day course and were "Enjoying it and learning a lot." They went on to explain how they carried out spot checks on staff such as unannounced observations to check general cleanliness, handwashing and use of personal protective equipment.

Staff records showed they received regular supervision and this was confirmed by staff. Supervision provides staff and managers with a formal opportunity to discuss performance, training needs and any concerns in relation to their work. Staff told us they felt supported and could always access help, advice and information from the registered provider or assistant manager.

The home environment was accessible to people with limited mobility or who used a wheelchair. The garden was fully accessible for all to enjoy, with level decked and paved areas leading to a patio with a built in Bar-B-Cue and a large swing seat.

Good

Is the service caring?

Our findings

Relatives told us the staff were very caring. One relative told us the staff were all "Individually very caring people." Another relative said "It's a home from home." One person said "I love it here. It's nice and quiet. The staff are very kind. They're kind to me. They're kind to everyone." Health professionals confirmed "It's very homely, like a normal house [not a care home]" and "It's one of our favourite homes. It's very free, you can come and go. It feels like a home."

The atmosphere in the home was relaxed and staff supported people in a calm and friendly way. Staff knew people very well. They explained to us in detail about people's hobbies, life histories and preferences for spending their time.

Staff spoke with people in a kind, friendly and respectful manner. Most people were unable to communicate with staff verbally; however, staff used pictures, photos and symbols to help them understand. For example, one person had a calendar for their activities which recorded in pictures which activities they were doing each day. When asking questions or offering choices to people, staff gauged their responses through observing their body language and gestures.

Staff were reassuring and caring to people. When two people were attended to by paramedics due to suddenly becoming unwell, staff explained what was happening, and used gentle touch to reassure them. Staff organised visits to see them in hospital to provide emotional support and provide information to hospital staff for continuity of care.

Staff promoted people's independence by enabling them to do as much for themselves as possible. For example, to help keep their own rooms clean and tidy. A relative told us the staff were "Objective and optimistic" in supporting their family member. They said "They [staff] know when to back off" but also when to encourage, "promoting independence and skills" and went on to describe how they were supported to clean their own room and do their own hoovering. People were supported to be involved in discussions and make decisions about their care alongside their family members to maximise their independence. People also had access to advocates to support them in making any decisions if they wished to have one.

There was a strong, person centred culture within the home. People were addressed by their preferred names and were acknowledged as individuals. People had personalised bedrooms with things that were important to them, such as photographs and mementoes. One person showed us their room and said "These are all my things. I can choose what I want." They had their own duvet and photographs and said they felt happy with their room.

Staff treated people with dignity and respected their privacy. We observed staff knocking on people's bedroom doors and asking if they could enter. They also asked two people for permission to show our inspector their room and waited for their agreement. A relative confirmed their family member was "Really happy" at the home and "Feels in control of her own space." Staff respected people's confidentiality and moved to private spaces if they needed to discuss people's health or other confidential matters.

Good

Is the service responsive?

Our findings

Relatives told us staff were involved in the planning of their family members care and on-going reviews. One relative said "The care is very personal, very person centred. I'm always invited to things." Another relative told us "They're really good. There's lots going on. [My family member] has quite a full week; attends swimming, music and day sevices."

The registered provider carried out initial assessments of people's needs before they offered them a placement. These recorded detailed information about people's needs such as medicines, health care, personal care, eating and drinking, social, behavioural, cultural and mobility needs. Sometimes, staff spent time with people at their previous home before they moved in to gain a better understanding of their needs. One person still received support from a previous carer who they had a long relationship with and who provided continuity and familiarity which helped reduce the person's anxiety.

Care plans were developed from the information gathered at initial assessment, as well as on-going knowledge about each person. Care plans were personalised and contained detailed information about people's hobbies, interests, and preferred routines, as well as health and personal care needs. Plans provided clear guidance to staff on how best to support people, for example, with their behaviour and anxiety. People, their relatives and their advocates were invited to regular reviews with staff and care plans were updated to ensure they reflected people's changing needs. A relative confirmed this and told us "We have yearly reviews. I'm very involved."

Daily records of people's care were recorded on a new electronic system which had been implemented by the registered provider. Staff had hand held devices onto which they recorded any care or support people had received or taken part in. For example, personal care, medicines, what they had to eat and drink, what activities they took part in and any healthcare interventions. Staff told us they liked the new system as they recorded everything as it happened and could use it to monitor people's care. They could check for example, that people had taken their medicines or received their personal care.

People were encouraged to take part in a range of activities within the home. On the first day of the inspection four people who lived at Hilltop took part in a music session with a visiting entertainer. They were given tambourines and maracas which they shook and sang along with the music. One person chose to stay in their room during the entertainment but their bedroom door was opened wide and the entertainer sat in their eye line so they could be included.

People were protected from the risk of social isolation because the service encouraged them to access community activities such as swimming, going to the cinema, day centre, attend their favourite football stadium or go out for lunch. The provider told us it was becoming more difficult as people's needs had become more complex and some people could not do all the activities they used to do. This was confirmed by a relative who told us their family member's abilities had changed and he had "Closed in his interests." They went on to say their family member now had their own car and the provider had "Fought long and hard for it. They [staff] tailor his outings to his needs and take him out as much as possible. He might be inclined

to go out more now he has his car. A number of staff can drive and he can take a passenger. We're looking forward to this year."

Staff supported people to maintain important relationships. A health professional confirmed in their written feedback "They're very supportive of my client's needs. It's little things like providing frequent contact with the client's relative who lived abroad….made a difference to my client in terms of quality of life."

The home had a complaints procedure which provided information on how to make a complaint. One relative told us they had previously raised a concern with the registered provider which had been responded to and resolved quickly. Relatives confirmed they would speak to the registered provider if they needed to and were confident they would be listened to and taken seriously, but had not had cause for complaint.

Good

Is the service well-led?

Our findings

The registered provider was present in the home each day to oversee the day to day running of the home alongside their assistant manager. The registered provider told us they were in the process of restructuring the management within the service. They were actively recruiting a registered manager to take overall responsibility for the day to day management of the home.

Staff and relatives told us they thought the home was well run by the registered provider. A relative told us "I'm confident about [my family member] being there. [The registered provider] is always at the end of the phone. If they're not there they will always phone me back. Communication is very good." Healthcare professionals told us the home was well run and staff were responsive.

At our previous inspection we found a number of shortfalls in relation to the governance and leadership of the home. At this inspection we found significant improvements had been made.

Systems had been put in place to monitor the quality and safety of the service provided. The registered provider had recently commissioned an external audit of the service and was working through the detailed action plan to make the improvements required. This was a work in progress and improvement actions were on-going and not yet complete.

We spoke with the external consultant who had carried out the audit. They were positive about the registered provider and told us they were "Open and transparent and really want to improve. The staff are really keen about the changes. Staff love the ethos here and always put the clients [people's] needs first. It's such a lovely home. The clients [people] are really well looked after." They went on to tell us they would be visiting once a week for twelve weeks to begin with, to support the staff with implementing the changes and new systems. They told us about some of their key priorities which included staff supervisions, staff development and improving documentation. We will check that the new processes have embedded and that the monitoring of the quality of the service has been effective when we return to re-inspect.

Although no formal analysis of incidents and accidents was undertaken, communication within the small, consistent staff team was effective and enabled them to ensure information was shared and learning and actions were implemented. Communication was effective and this was managed through handover meetings, the communication book, diary and on-going ad hoc discussion throughout each shift.

Staff understood the values and ethos of the home and were actively involved in improving the service. They explained there were regular staff meetings where they could discuss issues or concerns. Minutes of the last meeting showed that staff discussed a range of issues including key working and on call procedures as well as any issues relating to people they supported. Lead roles had been put in place for key areas within the home such as medicines, health and safety and infection control. Lead staff members were now responsible for implementing procedures in these areas and progress was on-going. For example, COSHH procedures had been reviewed and a review of products was underway to reduce the number of hazardous chemicals in the home.

People, relatives and care professionals had opportunities to provide feedback about the service through formal surveys and informal written messages. Compliments were recorded and examples of these included "The team are very caring and proactive" and "Staff would rather cover shifts than have agency and strangers coming to work with residents" and "Person centre ethos. Staff team would often go the extra mile".