

Hillcrest & Lyndale Care & Support Services Limited

1 Hill Close

Inspection report

1 Hill Close
Pontefract
West Yorkshire
WF8 2SF

Tel: 01977797235

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24 October 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

1 Hill Close is a 'care home' that provides care and support for up to 3 people with a learning disability or autistic spectrum disorder. There were 3 people living at the home at the time of the inspection. There are also Hillcrest and 2 Hill Close care homes which are registered separately but form part of 1 complex with elements such as staffing and policies shared across all 3 buildings. We inspected these services in a 2-week period as much of the evidence we needed to gather was common to all 3 services.

People's experience of using this service and what we found

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

Right Support: Systems were not robust enough to demonstrate people's safety was always effectively managed. There were shortfalls in cleanliness and in the assessment and management of risk. There was a lack of clarity in relation to staff deployment. These shortfalls had not been picked up through the provider's governance arrangements although prompt action was taken once we brought this to the attention of the management team.

It was clear the service had been established on the principal of promoting people's self-direction and self-reliance. The location of the service in a residential area provided good access to local amenities and services which helped support people's independence and autonomy. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People told us they were happy living at 1 Hill Close and we saw people were relaxed in the company of staff and others they lived with. Support was available when needed and people were able to participate in activities within their local community.

Right Culture: Overall, there was a positive culture in the service and people were happy with the support they received. However, the terminology and definitions used by the provider were not always respectful or empowering.

Staff knew their responsibilities and were confident to report concerns that might arise. People were encouraged to make their own decisions in their daily lives and had opportunities to share their views. Staff felt well supported by the management team. The management team was responsive to the inspection findings and keen to deliver a high-quality service.

Rating at last inspection

The last rating for this service was Good (published 10 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service, specifically, the time elapsed since the last full inspection. We undertook a focused inspection to review the key questions of safe, caring and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 1 Hill Close on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We made recommendations about staffing, radiators, and the use of respectful terminology and definitions.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

1 Hill Close

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and a regulatory coordinator.

Service and service type

1 Hill Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 24 October 2023 and ended on 17 November 2023. The inspection visit took place on 24 October 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people using the service. We also spent time observing interaction between people using the service and staff to help us understand the experience of people who did not use speech as their primary means of communication. We spoke with the registered manager and 3 support staff. A registered manager from another of the provider's home attended to support the inspection. We reviewed a range of records kept by the provider. This included 3 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training, and staff supervision.

After the inspection visit we continued to seek clarification from the provider to validate evidence found. We received additional information, which was used as part of our inspection. This included service audit records regarding maintenance, fire safety and risk management, records regarding staffing and staff training and policies and procedures. We spoke by phone with 2 staff members and sought feedback from the local authority who commission the service.



Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not always protected from the risk of infection as the service did not consistently follow safe infection prevention and control practices.
- There was limited evidence of management oversight to ensure people's safety in some areas of practice.
- We saw dried excrement on various surfaces upstairs. The kitchen cupboards, fridge, freezer and oven were dirty.
- Fridge temperature checks were not completed or recorded. There was a process to ensure dates were recorded of when food items in the fridge were opened but this was not being followed. The freezer needed to be defrosted. There were no facilities in the toilets or the kitchen for staff to dry their hands when they had washed them.

The provider had failed to ensure infection control risks were managed and mitigated. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- The provider did not always assess risks to ensure people were safe.
- There was a risk assessment in place for the use and storage of paraffin-based skin creams. However, one person's skin cream was not stored safely. People's medicines, including 1 large container of skin cream were stored in a wood-effect filing cabinet in the kitchen. The cabinet was positioned, pushed up against the oven housing. The veneer on both the cabinet and the oven housing were visibly scorched. This posed a risk of fire. There was also a risk of the effectiveness of people's medicines being undermined by peaks in temperature when the oven was used.
- There were no fire extinguishers in 1 Hill Close. A risk assessment of the location had been completed. However, we were not assured it had been completed by a suitably competent person or that it was suitable or sufficient to meet with current fire regulations.
- Radiators were not covered throughout the service. Some radiators were very hot. There were no assessments to identify and manage risks to people who might have low interoceptive awareness (low awareness of what the body is experiencing) in respect of temperature sensation.

We found no evidence that people had been harmed. However, the provider had not always identified and managed risks to people's safety and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans included information about their assessed needs and how people should be supported. We saw staff supporting a person patiently and appropriately when the person was becoming anxious. Staff received training to help them to deal with situations where people displayed behaviour that communicated distress although 1 staff member felt they would benefit from face-to-face training on diffusing and preventing such situations. They said, "All our training is online. I would prefer an actual training session, where someone speaks to you face to face and shows you."

Staffing and recruitment

- When we arrived, there were no staff present at 1 Hill Close. Inspectors made staff from Hillcrest aware of our presence so that staff were made available for the inspection.
- Rotas and dependency tools showed that no night staff were provided at 1 Hill Close. However, inspectors were informed 2 night staff were shared between 1 Hill Close, 2 Hill Close and Hillcrest. This was not properly reflected in the rotas and dependency tools we saw.

We recommend the provider review their staff rotas and dependency tools to ensure they are a true reflection of the staffing provided, and to ensure there are sufficient staff deployed to provide safe support to people on a 24-hour basis.

- People and staff told us there were enough staff for people when they needed support in getting out and undertaking activities during the day. One person told us, "Staff help me when I need it. "
- The provider operated safe recruitment processes and undertook appropriate pre-employment checks on staff including Disclosure and Barring Service (DBS) checks and reviewing references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff supported people with the administration of medicines in a way that was appropriate for them.
- Medicine administration records were completed correctly and outcomes of audits and spot checks were recorded.
- Staff who administered people's medicines had completed appropriate training.
- Concerns regarding the storage of medicines is included under 'Assessing risk, safety monitoring and management' above.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems in place to protect people from abuse.
- People told us they felt safe in their home and liked the staff. Staff told us they received training on what to do to make sure people were protected from harm or abuse. Records we saw confirmed this.
- Members of the provider's management team told us they had not had any incidents where they were required to identify and complete a log of lessons learned.
- The service had not received any complaints or concerns about the care and support they provided and had, therefore, not carried out any analysis or identified any lessons learned.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Visiting in care homes

- People were able to receive visitors without restriction, in line with best practice guidance.

Is the service caring?

Our findings

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

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

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

- People were well supported.
- People told us they got on well with the staff. People's positive, relaxed body language and affectionate response to staff showed they enjoyed staff's company and were relaxed in their home. One person told us, "They [staff] are nice." People also looked comfortable in each other's company during our visit.
- Staff received training in equality, diversity and inclusion, which helped to enable them to treat people equally and fairly and recognise and respect their differences. One person told us staff treated them respectfully and did not talk down to them.
- Interactions we saw between people and staff were positive. People were treated in a caring way by the registered manager and staff team. People had lived in the home for many years and several staff were long-term employees. Staff said they had got to know people well and this had helped with building positive relationships.

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

- People were supported to express their views and make decisions about their care.
- Throughout the day, people were doing various activities they had chosen. There were a range of activities for people to take part in should they wish. The records we saw also showed the choices people made about their daily activities.
- People were encouraged to exercise choice and control in their daily lives. For example, 2 people enjoyed their roles in looking after their home.
- We saw people went out and about at different times throughout the day with various levels of support. One person said they liked to visit the barber, who was just over the road. We saw staff consulting a person about their choice of groceries. One person was a football fan and showed us their souvenirs featuring the team they followed. They were enabled to attend football matches. More than 1 person had really enjoyed following the England football team's progress in the Women's World Cup.

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence were respected and promoted.
- People had their own rooms that were personalised. They were able to make choices about spending time in their own room, the living room or spending time with other people in Hillcrest. One person also had their own sitting room, which they could go to when they wished to spend time in a quiet space.
- Care plans provided instruction for staff on people's privacy wishes, such how much support the person liked with personal care.

- Staff's awareness and knowledge of people enabled them to support people appropriately and without compromising their dignity. Staff were aware this was people's home, and they acted accordingly. One person told us, "They [staff] know what I like."
- Systems were in place to support people's independence. This was demonstrated by the way in which people chose what they wanted to do throughout the day.
- The provider had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in staff training.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements.
- The registered manager carried out a range of checks and audits to monitor the safety and quality of the service. However, there were areas of concern that had not been identified during these audits. This included shortfalls in the assessment and management of risk, shortfalls in cleanliness and a lack of clarity in relation to staff deployment.

The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service. This is a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded quickly to address issues we identified during the inspection.
- Staff told us they felt well supported by the management team and they could approach them for support. Staff said they could have their say at meetings and contribute to service improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager did not always use respectful terminology when referring to people who used the service and did not set a good example for staff.

We recommend the provider review current best practice guidance on why it is important to consider terminology and definitions regarding learning disability and take action to update their practice accordingly.

- Overall, there was a positive culture in the service and people were happy with the support they received. We saw several instances of positive interaction between people using the service and staff. One person told us, "It's like a family."
- People took part in activities of their choice within their local community. Although, there was somewhat of an emphasis on group activities, rather than seeking opportunities to maximise people's individual goals and 'dream big.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were involved in the running of the service and staff fully understood and took into account people's protected characteristics.
- People were involved in regular meetings and discussions about a range of subjects including activities, trips, holidays, and celebrations. Notes from these meetings were captured in easy read format to support people to be involved and engaged. During our visit, the registered manager and staff checked people were happy and receiving the support they wanted and needed.
- There were regular meetings for staff where general service updates and information were shared. A staff member told us they received support from the management team and added, "We get a lot of support from the other staff as well."
- The service worked in partnership with other agencies, such as members of the specialist multi-disciplinary learning disabilities team and social workers, to help provide joined up care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The CQC rating of the last inspection was displayed in the home.

This section is primarily information for the provider

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always identified and managed risks to people's safety and wellbeing.</p> <p>The provider had failed to ensure infection control risks were managed and mitigated.</p> <p>This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service.</p> <p>This is a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>