

# Solar Care Homes Limited

## Hillcrest

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hillcrest is a residential care home providing personal care for one person with learning disabilities.

The service is a detached two-story property with enclosed gardens. It is located within walking distance of the town centre of Redruth, Cornwall.

The service was designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The person received personalised support in an environment that had been adapted to their individual needs.

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

The person was comfortable, relaxed and at home in the service. Staff respected the person's wishes and responded promptly to the person's request for support or reassurance.

The service was short staffed. Staff had completed additional shifts to ensure the person's safety at all times. However, low staffing levels had adversely impacted on the person's ability to access the community, engage with activities they enjoyed and achieve recognised goals and ambitions. This meant the care provided was not constantly person's centred and represented a breach of the requirements of the regulations.

This issue had been identified by the provider prior to the inspection and a recruitment campaign was underway and additional staff were in the process of being appointed. Records showed that recruitment practices were safe and that all necessary pre-employment checks had been completed.

Staff had understood local safeguarding procedures and there were safe systems in place to support the person with medicines and finances. Risks were managed appropriately, and staff had been provided with guidance on how to support the person if they became upset or anxious.

Following our previous inspection, the service had correctly identified that the person lacked capacity and was the subject of continuous monitoring and control. They had appropriately applied to the local authority for the authorisation of the person's potentially restrictive care plan. When additional restrictions had been introduced as a result of changes in the person's support needs this had also been reported.

Staff had the skills necessary to meet the person's needs and their training was regularly updated. All staff new to the care sector were supported to complete the care certificate and the provider encouraged and supported staff to achieve diploma level qualifications.

The care plan was detailed and provided staff with enough guidance to enable them to meet the person's support needs. This included details of routines that were important to the person and information about their specific communication needs and preferences.

At the time of our inspection there was no registered manager in place. The previous register manager had left the service in early 2019 and a new manager had only recently been appointed. Staff spoke positively of the new manager were confident they could make the changes necessary to improve the service performance.

There had been a number of significant changes at provider level since our last inspection. Solar Care had been taken over by The Regard Partnership who in turn had subsequently merged with another care provider to become Achieve Together. These changes meant staff and the new manager had access to additional managerial support when required.

The provider's quality assurance systems were not entirely effective. They had recognised prior to the inspection that the service was short staffed but timely action had not been taken to prevent staffing issues from impacting on the person's ability to access the community.

#### Rating at the last inspection

The last rating for this service was good. (Published 16 August 2017.)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Hillcrest

## 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

The inspection was completed by one inspector.

#### Service and service type

Hillcrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager at the time of this inspection. The previous registered manager had left the service in early 2019. A new manager had recently been appointed with the intention of applying to become the service's registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection and all notifications which the service had submitted. We used this information to help plan our inspection. A provider information return was not requested prior to this inspection.

#### During the inspection

We met and spoke with the person who used the service and observed how staff met their support needs. We also spoke with two members of care staff and the deputy manager.

We reviewed a range of records. This included the person's care plan and medication records. We also looked at three staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service were reviewed, including policies, procedures, staff rotas and the service's training matrix.

After the inspection

Following the inspection, we spoke with the service's new manager and an additional member of staff by telephone. We also reviewed a variety of documents requested from the service during the site visit.

# 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 this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff had been recruited safely. Necessary pre-employment checks, including disclosure and barring service checks, had been completed to ensure staff were suitable for their roles.
- The service was understaffed at the time of our inspection, however this had not impacted on the person's safety. Staff and the service's new manager recognised that the service was short staffed and told us, "It has been hard but it is getting better" and "We had a couple of staff who were regulars leave. The last couple of months it has been hectic."
- Records showed minimum safe staff levels had been achieved at all times. However, staffing level had impacted on the person's ability to access the community and this is discussed further in the responsive section of this report.
- A targeted recruitment campaign was under way and a number of additional staff had been identified and were shortly due to join the service. Staff comments included, "Now we have got more staff it is getting there" and "I think we have new staff coming soon so it should get a bit better."

### Systems and processes to safeguard people from the risk of abuse

- The person was comfortable in their home and relaxed in the presence of their support staff. They approached staff for support and encouragement throughout the inspection with confidence.
- Staff had a good understanding of local safeguarding arrangements and understood their role in protecting the person from abuse and avoidable harm.
- There were procedures in place to protect the person from financial abuse. Financial records were accurately maintained, balanced and were audited regularly.

### Assessing risk, safety monitoring and management

- Risks were identified and assessed. Staff were provided with guidance on how to protect the person and themselves from each identified risk.
- Staff were provided with information on how to support the person if they became upset and anxious. This included details of events and circumstances likely to cause the person anxiety and guidance on how to recognise changes in the person's mood and behaviour.
- No restraint was used in the service and records showed staff had been able to successfully use documented approaches to help the person to manage their anxiety.
- Emergency plans were in place and drills had been completed to ensure the person's safety in the event of a fire.

- Utilities, lifting and emergency equipment were regularly checked by appropriately skilled contractors to ensure they were safe to use.

#### Using medicines safely

- There were robust arrangements and procedures in place to ensure the person was safely supported with their medicines. Information and guidance was provided for staff on how to support the person with their medicines and how to dispose of medicines safely if declined.
- Medicines were administered safely and appropriately recorded. These records were audited regularly and where issues were identified acting was taken to prevent similar errors from reoccurring.

#### Preventing and controlling infection

- The premises were reasonably clean. There was a cleaning schedule staff encouraged and supported the person to participate in domestic chores and some cleaning tasks.
- Staff understood the importance of good infection control practices and used personal protective equipment appropriately while providing personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were fully documented and reviewed regularly to identify any patterns or trends in incidents that had occurred. This helped ensure any learning was identified and used appropriately to reduce the risk of similar incidents reoccurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- At the time of our last inspection the provider had not applied to the local authority for the authorisation of the person's potentially restrictive care plan.
- At this inspection we found that the provider had acted promptly in response to the previous inspection's findings and had correctly identified that the person lacked capacity and was the subject of continuous supervision and control. They had appropriately applied to the local authority for the authorisation of these restriction under DoLS. When additional restriction had become necessary, as a result of changes in the person's needs, these additional restrictions had also been highlighted under the DoLS application process.
- Staff and the service's new manager had a good understanding of this legislation and ensured any decisions made on the person's behalf were in the person's best interests

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems and processes in place to assess people's needs before they moved into the service. However, these systems had not been used as no one had moved into the service since our last inspection.

Staff support: induction, training, skills and experience

- There were induction training procedures in place and staff new to the care sector were supported to complete training in line with the requirements of the care certificate. All new staff initially completed a number of shadowing shifts within the service before they were permitted to provide support independently. This gave new staff time to get to know the person and gain an understanding of their

individual needs and preferences.

- Staff had the skills necessary to meet the person's support needs and records showed training was regularly updated and refreshed. Staff told us they were encouraged to further develop their skills and the provider supported and encouraged all staff to completed diploma level qualifications in care.
- Staff told us they were well supported, and that supervision had been provided. One staff member had recently received unannounced supervision from the provider's regional manager. They told us, "I had supervision unannounced from the regional manager a couple of weeks ago. [They] just turned up like you have."

Supporting people to eat and drink enough to maintain a balanced diet.

- The person was involved in menu planning and meal preparation. Staff told us, "[Person's name] has just helped me make the filling for a bacon and egg pie."
- The person was encouraged to access a healthy, balanced diet. Snacks and fresh ingredients were readily available. During the inspection the person was supported to make numerous hot and cold beverages.

Adapting service, design, decoration to meet people's needs

- The service was maintained to a reasonable standard and decorated in a domestic style. Adaptions had been made to meet the person's individual needs and further changes were planned in the service's bathroom to improve access arrangements for the bath.
- There was an enclosed garden area at the rear of the property with various seating areas. The person was able to access this area independently during periods of fine weather and enjoyed watching garden birds for which staff had set up feeders.
- On the day of the inspection there was an uncovered radiator present in the service's conservatory. This risk had been identified by the provided quality assurance system and works were planned to resolve this situation.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Records showed the person was supported to access professional healthcare services whenever necessary. Annual health checks had been completed and where professionals had provided advice and guidance this had been followed.

# 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 now remained the same. 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

- The person was comfortable in their home and made positive and contented gestures towards staff throughout the inspection. Using a communication tool we asked the person how they felt about living at Hilcrest. Their response was, "Joy".
- Staff were attentive and responded promptly to the person's request for reassurance and support. When not required staff moved away to give the person privacy and allow them to spend time on their own when they wished.
- Throughout the inspection staff spoke warmly of the person they supported. Staff comments included, "[Person's name] is very much loved" and "The love we have for [the person] we support is clearly visible, we have two very long serving team members who have been here since [the person moved in]."
- Staff had regularly been completing additional care shifts to ensure the person's safety and this had meant that the person had been able to continue living independently during the recent period of low staffing availability.

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

- The person's views were routinely sought by staff and their decision in relation to how and when support was provided were respected.
- Staff enabled and supported the person to change their mind. They offered choices regularly and confirmed decisions to ensure the person was happy to continue with proposed activities. At lunch on the day of inspection the person had chosen to have a hot meal. They tasted this and declined the offered plate. Staff then prepared sandwiches which the person enjoyed.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently acted to ensure the person's privacy and dignity were always respected. The person held a key to their bedroom and when they wished to spend time away from staff this wish was respected.
- Staff supported the person to maintain the independent living skills and encouraged participation with domestic tasks and chores.
- Care records and other information were stored securely when not in use.

# Is the service responsive?

## Our findings

Our findings - Is the service responsive? = requires improvement

Responsive – this means we looked for evidence that the service met people's needs.

The service was previously rated as good. At this inspection this key question has deteriorated to Requires improvement. This meant people's needs were not always met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us the service was commissioned to provide 84 hours of 2:1 support each month to enable the person to access the community, complete shopping tasks and to visits areas of interest. Records showed that because of staffing shortages this support had not been offered. This had impacted on the person's ability to engage with activities they were known to enjoy.
- The person's care plan stated that they enjoyed visiting restaurants and having takeaways. The goals and aspirations section of the care plans stated, "I would like to continue going out for meals at restaurants and for a pint at the pub, as I really enjoy doing this with support from staff".
- Care and Financial records showed the person had not been regularly supported to eat out or have takeaway meals. They showed the person had gone out for fish and chips once in December and had visited the pub twice in November. Staff told us, "We need more staff to take [the person] out" and "It has been difficult."
- Care records showed that less than half of commissioned 2:1 support had been provided in November, December and January. This failure meant the person had not been adequately supported to access the community in line with their recorded preferences.

This failure to provided commissioned support had impacted on the person's ability to access the community and meant the care provided was not person centred. This was a breach of the requirements of regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified prior to the inspection that staffing levels were impacting on the service's performance and a recruitment campaign was underway. Following the inspection visit staff told us changes were immediately made to improve support levels and enable the person to access the community. Staff comments included, "We have fixed 2:1 hours now so we can plan things" and "I have 2:1 tomorrow so we are definitely going out".

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of the person's individual needs and provided support in accordance with the person's preferences.
- The care plan was sufficiently detailed and gave staff clear guidance on their role and routines that were important to the person. This included specific information of how to respond when planned tasks were declined to ensure the person's decisions were respected and risks of self-neglect managed.

- The care plan included guidance for staff on tasks the person was normally able to complete independently and details of their preferences in relation to how support was provided by different genders of care staff. However, the care plan only included limited information about the person's background and life history. This type of information is often useful to help new staff gain a better understanding of people's specific needs.
- Daily records were completed using the providers digital care planning system. They were sufficiently detailed and included details of the support provided and how the person had spent their time.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's care plan included details of their specific communication needs and preferences. This included guidance on how to present information to enable the person to make decisions about how their support was provided
- Staff were to communicate effectively with the person using the techniques and approaches described within the care plan. They promptly recognised changes in the person's mood and body language. The person's decisions were respected and acted upon.
- Staff provided support to enable the person to communicate with health professional during appointments and a hospital passport had been developed to ensure the person's needs were understood in the event a hospital admission was necessary.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to make complaints was available in accessible formats.

#### End of life care and support

- There were systems in place to enable the person's preferences in relation to end of life care to be recorded and respected.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

### Continuous learning and improving care

- The provider had quality assurance systems in place designed to drive improvements in the service's performance and ensure compliance with the regulation. These systems had not been entirely effective as they had failed to recognise that the failure to provide commissioned levels of 2:1 support as detailed in the responsive section of this report had adversely impacted on the person's ability to access the community and achieve recognised goals and ambitions.
- The provider had recognised before the inspection that the service was short staffed and additional staff were in the process of being appointed. Following the site visits we received feedback from staff that demonstrated action had been taken to improve staffing levels and enable the person to access the community.
- Where other issues had been identified by the provider's quality assurance system, action plans had been developed and reviewed regularly. This helped ensure appropriate and timely improvements were made in service's performance.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection the service did not have a manager registered with the care quality commission. The previous registered manager had left the service in early 2019 and a new manager had recently been appointed. The new manager intended to become registered and was beginning this process at the time of the inspection. Staff recognised that the lack of consistent leadership for the service had impacted on performance and told us, "It is a good place to work. Last year it was hard not having manager all the time but we have got through it and it is getting better."
- There had been significant changes within the provider organisation since our last inspection. Solar care had been purchased by the Regard Partnership in September 2018. Following this purchase further changes and mergers had resulted in a rebranding and the owners of Solar Care are now known as Achieve Together. Staff told us, "Solar Care is just a name now" and "There has been no change in the care level. More back office changes with procedures and systems."
- Staff recognised there were benefits to being part of a larger organisation as that had access to additional support and were able to seek guidance and advice from a larger pool of managers.
- The new manager told us they were well supported by the provider. During the inspection a registered manager from a nearby service and the provider's regional manager attended to help and support the new manager through the process.

- The new manager was responsible for leading two services registered with the commission. They were supported by a full-time deputy manager and a senior carer who was based in Hillcrest. The roles responsibilities of the service's senior staff were clearly defined and understood by the staff team.
- Staff were confident the new manager was impacting positively on the service's performance. They told us, "New manager is doing well, she is approachable and is making some changes for the better" and "The new manager she seems really nice, she really listens and is getting things done."
- The provider had notified CQC of significant incidents in line with the requirements of the regulations.

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 Manager and staff team understood their responsibilities under the duty of candour. They took an open and honest approach to the inspection process and acted promptly in response to feedback provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff team were committed and there was a positive person-centred culture. Staff spoke warmly of the person they supported and records demonstrated the person's decisions and choices were respected.
- Staff meetings were held regularly and provided opportunities for observations, ideas and suggestions to be openly reviewed and discussed. There were systems in place to gather the person's feedback and this information was valued and acted upon.
- Staff team had a good understanding of equality issues and acted to ensure the person was protected from all forms of discrimination or abuse.

Working in partnership with others

- The service worked effectively with healthcare professionals to ensure the person's needs were met.
- Timely and appropriate referrals had been made for external professional support when necessary.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The service had failed to provide necessary and commissioned support to enable the person to access the community and engage with activities they enjoyed.</p>