The Regard Partnership Limited

Hillcrest

Inspection report

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Date of inspection visit:
04 March 2021

Date of publication:
21 May 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 registered to provide personal care for two people with a learning disability. At the time of the inspection one person was using the service.

Hillcrest is a detached two storey property with enclosed gardens. It is situated within walking distance of the nearby town, Redruth.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:
• The model of care and setting did not maximise choice, control and independence. The person used the community rarely. Staff had not provided opportunities to leave the property for exercise or a change of scenery. Although the person's care plans stated they enjoyed drives out, these were rare. There was limited evidence they were being supported to do things that interested them when they were at home.

Right care:
• Systems in place to protect people from the risk of abuse were not robust. Financial records were kept but receipts were sometimes missing, or the expenditure had been handwritten and not counter-signed.

Right culture:
• There was little oversight of the service from the management team. Staff told us they were able to access management support when they needed to, but the approach was reactive rather than pro-active. There had been no staff meetings since December 2020. This meant there had been a lack of opportunities to ensure care was provided in line with organisations ethos and values.

Some aspects of the environment were unsafe. We found cupboards containing potentially dangerous products or equipment were unlocked. The dining area did not offer a pleasant area for eating in and there was a risk of infection.

Records were not consistently completed, and it was not always evident that checks had been carried out to monitor the quality of the service. The registered manager had been absent from the service and there was a

lack of structured oversight.

Medicines were stored safely and the person received their medicines as prescribed. When medicines for use as required were administered there was no record to show why they had been given or if they had been effective. We have made a recommendation about this in the report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement and we identified a breach of regulations (report published 13 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected
The inspection was prompted in part due to concerns received about staff culture and the availability of food and transport. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the provision of person-centred care, the safety of aspects of the environment, record keeping and oversight of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always Safe.

For details please see the findings below.

Is the service responsive?

Requires Improvement

The service was not Responsive.

For details please see the findings below.

Is the service well-led?

Requires Improvement

The service was not entirely Well-led.

For details please see the 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Hillcrest is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We met with the person who used the service and observed staff interactions with them. We spoke with the member of staff who was on duty and the deputy manager.

We reviewed a range of records. This included care plans, medication records and financial records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with six members of staff and a relative. We requested copies of policies and procedures for infection control and complaints.

Requires Improvement

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 now deteriorated 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.

Assessing risk, safety monitoring and management

● Some risks associated with the environment were not consistently well-managed. An inbuilt cupboard containing fuse boxes in the person's bedroom was unlocked. The kitchen cupboard containing cleaning equipment was also unlocked. We brought this to staff attention who immediately locked the doors.

● Systems to prevent and control the risk of infection were not adhered to. Cleaning schedules had been developed but these were not completed and there was a lack of cleanliness in some areas.

● The dining area was not effectively monitored to ensure it was a suitably clean and hygienic place for the person to have their meals in.

● A mop and bucket had been left in the conservatory which was used as a dining room. The bucket was half full of cold, dirty water.

● There was a rabbit hutch in the conservatory, close to the dining table where people ate their meals. The hutch had not been cleaned and there were rabbit droppings behind and to the side of the hutch.

● A duvet and pillow were bunched up on a chair by the dining room table. Staff told us it had probably been left there to dry.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff told us they were confident when supporting people at all times. They understood the person they supported could sometimes be unpredictable and knew how to help them to manage their emotions.

● Since the concern was raised in relation to food supplies running low, staff were required to check food stocks daily. On the day of the inspection there were ample supplies of both fresh and preserved foods.

Using medicines safely

● Medicines were stored safely and in line with NICE guidance. Medicine Administration Records were clear and indicated the person was receiving their medicine as prescribed.

● Some medicines, such as pain killers, were only administered as required. Staff had not recorded why these medicines had been given or any information about their effectiveness.

We recommend the provider follow good practice guidance in relation to the administration and management of 'as required' medicines.

Preventing and controlling infection

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. One area of the premises was not clean.

● We were somewhat assured that the provider's infection prevention and control policy was up to date. Policies and procedures were in place but audits had failed to identify the cleaning schedules were not being completed.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse
● Systems to protect the person from the risk of financial abuse were not robust. We have reported more about this under the 'well-led' section of this report.
● Staff had completed safeguarding training and were confident about the action to take if they had any safeguarding concerns. They assured us they would not hesitate to report concerns to the management team.

Staffing and recruitment
● Staff had been recruited safely. Necessary pre-employment checks, including disclosure and barring service (DBS) checks, had been completed to ensure staff were suitable for their roles. Staff confirmed employment checks were completed before they started work.
● There were enough staff to support people safely and in line with their commissioned hours.

Learning lessons when things go wrong
● There were systems in place for the recording of incidents and accidents. The information could then be analysed to help mitigate further risk.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to provide the commissioned support required to support people to access the community in line with their recorded preferences. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action had been taken, following the previous inspection, to ensure there were enough staff to support the person to access the community on a regular basis. However, despite the staffing arrangements the person had very rarely been out during 2021.
- Care plans documented the person enjoyed drives out. Daily records showed the person had only been out twice since the beginning of the year. Once to receive their COVID-19 vaccination and once for a long drive which staff told us they had enjoyed.
- We asked if the person was ever supported to take short local walks as there had been some pleasant weather in the weeks leading up to the inspection. We were told this was 'difficult' as the person needed to be physically supported because of mobility issues. However, the person had support from two members of staff several times a week which meant the appropriate support was available.
- Although opportunities were limited at the inspection, due to lockdown restrictions and the persons vulnerability, we remained concerned they had not routinely been offered the choice to take gentle exercise or have a change in scenery and daily routine in recent months.
- There was no evidence to indicate the person was supported with hobbies and interests at home. Staff told us he sometimes watched the television but would often unplug it to show he was not interested in it.
- There was a large garden and staff told us the person sometimes enjoyed spending time there. However, the garden furniture was not set up for use. There was a gro-bag on one of the sofas and the chairs were stacked. The cushions had been left out in the rain and were wet and grubby. The furniture was not grouped to encourage people to sit on it. A large part of the garden was terraced and would have been difficult for someone with mobility problems to navigate.
- When asked how the person spent their time staff were vague in their replies. They told us the person would spend time in their room listening to music. Apart from one member of staff who said they sometimes supported them to make tarts, no-one mentioned any specific pastimes the person enjoyed doing.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service had access to a car which was based at the nearby sister home. Staff confirmed they were able to book the car when they needed it.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care plans were in place to guide staff on the support the person needed in all aspects of their lives.
● Some of the information in care plans was historical and no longer applied to the person. Staff told us they believed the information might be useful for staff to know but it was not clear the information was old. This may have given new staff a false impression of how the person might behave.
● Staff were able to tell us things about the person which had not been included in their care plan but would be relevant when supporting them.

The failure to keep up to date and relevant records contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

● Staff supported the person to use a communication tool to assist them in expressing their wishes.
● Pictures and photographs were in place to use to help the person make choices about what to eat.
● A hospital passport was in place to use if the person was admitted to hospital. This outlined the support the person would need to help them understand any information they might be given while in hospital.

Improving care quality in response to complaints or concerns

● There were no complaints on-going at the time of the inspection.

End of life care and support

● An end of life care plan had been developed. This recorded any arrangements in place and any personal preferences regarding end of life care and funeral arrangements.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same.

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

- Systems and records to monitor the quality and safety of the service and identify where improvements could be made were not robust.
- Records to check cleaning tasks had been carried out were not being completed. We noted areas of the property which had not been cleaned.
- The systems in place were not robust enough to mitigate the risk of financial mismanagement or abuse. Financial records were not consistently kept. Receipts were not always obtained to evidence how money had been spent. One expenditure had been handwritten by a member of staff on a torn piece of paper. It had not been counter-signed by a second member of staff.
- Financial expenditure records dating back to February 2020 were still being kept at the service. There was no evidence these had been audited by a senior member of the management team.
- Forms had been developed to document how the second member of staff had supported the person. These were not consistently completed, and we were unable to establish what the additional support was being used for.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There had been limited management oversight at the service which increases the risk of poor staff practices and staff culture developing.
- One person was living at Hillcrest at the time of the inspection and they were supported by one or two members of staff. Although staff told us they were able to request management support at any time there was not a consistent or regular management presence.
- The registered manager responsible for Hillcrest and a second nearby service had been absent from work and both services were overseen by a deputy manager. Staff told us the deputy manager popped in a 'couple of times' a week. The arrangements were vague and managerial visits appeared reactive rather than pro-active.

This contributed to the breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager had returned to work the week before the inspection.
● Following the inspection the registered manager told us the deputy manager was going to be based at Hillcrest three days a week.

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
● A relative told us they had good relationship with the service. They were kept informed of any significant events and received regular updates.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Staff were positive about the support they received. They told us that, although management did not spend a great deal of time at the service, they were able to access support whenever they needed to.
● There were systems in place to liaise with other agencies if required.

Continuous learning and improving care
● Opportunities to discuss how care was delivered, drive improvement and learn and share learning between staff were limited. There had not been a staff meeting since mid-December 2020.
● Although daily records were kept these lacked details. There was little information on what worked well for the person and where improvements could be made.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises were not always safe to use. Systems to assess the risk of, and prevent the spread of infections were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not operated effectively to enable the provider to assess, monitor and improve the quality and safety of the services provided or evaluate and improve their practice.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care and treatment did not meet peoples' needs or reflect their preferences.

The enforcement action we took:

We issued a warning notice.