

The Regard Partnership Limited

Hillcrest

Inspection report

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Ratings

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

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.

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

Due to the person's needs they were unable to provide us with feedback about their care.

We last inspected the service in March 2021 and the service was rated requires improvement. At that time, we had concerns regarding the safety of the environment, including unlocked cupboards containing potentially dangerous products and the dining area was a possible infection control risk. We also found medicines prescribed 'as required' did not have a record to show why they had been administered and some records had not been completed, including records to show checks to monitor the quality of the service. At that inspection the registered manager had been absent and there had been little or no structured management oversight.

At this inspection we found things had improved and they had met the breaches of regulations from the last report.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, responsive and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

Staff worked to support the person in line with their preferences providing choice and control.

Right care:

Staff demonstrated a person-centred approach to care and support. People were treated as individuals and staff promoted people's dignity, privacy and human rights.

Right culture:

Many of the staff working at Hillcrest had done so for some time therefore knew the person well. They were supporting people to have as good a quality of life as possible.

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.

The registered manager was unavailable at the time of this inspection. However, the deputy manager and regional manager supported us during the inspection.

The person living at the service was relaxed and comfortable with staff and observations showed they knew this person well. Staff were caring and spent time chatting with them and though this person spent a lot of time confined to bed, staff interacted with them as much as they wanted.

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 (published 9 April 2021) and we issued a warning notice for a repeated breach of regulation. There were also further breaches of regulation. The provider completed an action plan after the last inspection to show what action they would take and when they would have improved. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 4 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when they would have complied with Regulation 9, Person-centred care, Regulation 12 Safe care and treatment and Regulation 17, Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

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.

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.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we could 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.

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. We sought feedback from the healthcare professionals who worked with the service.

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 and spent some time with the person currently living at the service. We spoke with four members of staff including the regional manager, deputy manager and care workers.

We reviewed a range of records. This included one person's care records and medication records. A variety of records relating to the management of the service, including finance and health records were reviewed.

After the inspection

We continued to seek clarification from the regional manager and deputy manager to validate evidence found. We received feedback from one relative and two professionals who had worked with 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the premises were safe and systems to assess the risk of and prevent the spread of infections were not always robust. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made on how risks were identified, assessed, monitored and reviewed. Risk identified at the previous inspection, included cupboards left unlocked, infection control concerns and the environment being unhygienic, had all been actioned.
- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk due to their deteriorating health. One professional said; "They have been very flexible to accommodate changing need and to ensure that both the staff and service user are safe when facing physical decline."
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed and updated as required. Risk assessments supported staff with how to support and protect people whilst minimising any restrictions placed upon them. One comment received said; "The management team have been very positive in managing risk and when asked for their reasoning for increasing support they have provided insight and clarity which has been justified."
- Where people were assessed as being at risk of pressure damage to their skin, skin integrity care plans were in place. Care plans gave instructions for staff to help people protect their skin integrity to prevent skin damage. Records showed these checks were being carried out in line with each individual's assessed needs and specialist advice was sought when needed.
- Where people experienced periods of distress staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.

Using medicines safely

At our last inspection we recommended the provider follow good practice guidance in relation to the administration and management of 'as required' medicines. At this inspection we found the provider had taken action to improve this issue.

- The management of medicines had improved since the last inspection. There were no gaps in medicines

administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.

- The management of medicines had improved since the last inspection. There were no gaps in medicines administration records (MARs) and when people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- People received their medicines safely and on time. Staff were trained in medicines management.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. A relative confirmed their loved one was safe and they went on to say; "[X] is being very well cared for in a safe, caring environment."

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet the persons assessed needs. Staff also told us there were enough staff on duty to meet the person's needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support the person who received two to one care at certain times of the day. Agency staff were used, however these staff members worked regularly at the service and therefore knew them and the service well.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with this person. One professional said; "In my experience the service goes above and beyond to ensure that ratios of staff are appropriate and proportionate to need and presentation."

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

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 now improved to good. This meant people's needs were 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

At our last inspection the provider had failed to ensure systems in place were robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The person's health had deteriorated since the last inspection therefore they had mobility and health restrictions that prevented them from going out. However, a recent improvement in their health had prompted the staff to contact healthcare professionals to have an assessment to obtain a specialist wheelchair to recommence some outside visits. A professional said; "All team members advocate for the individual in an excellent manner and are clearly passionate about their role and the service user."
- The person living in the service was encouraged, on days when they felt well enough, to visit their pet in another part of the service. Staff had also set up a special system to enable the person to have better options to listen or watch TV programmes of their choosing when they had to remain in bed. The person living in the service was not able to say what activities they wished to partake in. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being.

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

At our last inspection the provider had failed to keep up to date and relevant records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care records were kept on an electronic care planning system. However, a new paper version was being developed to enable quicker access to the changing needs of the person living in the service. Care records

were individualised, covered their specific needs and held information about their preferences and personality. This guided staff to support them in the way they wished to be supported.

- Care records were in place covering a range of areas including mobility, nutrition and medical conditions. These were regularly reviewed to ensure they were an accurate reflection of this person's needs.
- Daily records provided a record of the care this person had received, how they had spent their time and their health and emotional well-being.
- The service was responsive to any changes in the person's needs. Needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about any changing needs and how to meet them. One professional commented; "They have always been responsive to my questions and appear to have a good understanding of people's needs."

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.

- Care records outlined any communication needs and documents could be provided in other formats if required. Observation showed staff understood people's communication.

This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- Compliments and complaints were recorded, and action taken to address them. There were no ongoing complaints at the time of the inspection.
- The person currently living in the service was unable to raise concerns or complaints. However, staff said they knew this person well enough to see if they were upset about things.

End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members.
- The health of the person was reviewed regularly to identify when there was a decline in their health. The person living in the service, who was currently poorly, had an end of life care plan in place. Staff had full details on the care they wanted in their final days and would be supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood their needs. There were positive links with external professionals, such as GPs and palliative care nurses.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to keep up to date relevant records. There had been limited management oversight at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risk identified at the previous inspection, including the completion of records. Areas of the home were unclean, finance records were not being consistently kept, or receipts obtained and there were no audits of finance records. Action had been taken to resolve these issues. However, there was an issue with the finance records not being clearly recorded. The regional manager actioned this immediately and sent new finance documents after the inspection showing how staff would now complete these records.
- The registered manager was currently unavailable. However, the regional manager had an oversight of what was happening in the service. The deputy manager was very visible in the service and took an active role in the running of the service. The regional manager visited fortnightly and was available by phone.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC and the regional manager was aware of the principles of right support, right care, right culture. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the person living at the service.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely. One professional commented; "Management alert the local authority and health to any changes in their need, care and support. They promote multi-disciplinary team working which is especially important. These have included support workers who know the individual well which provides more insight and perspective."

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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- Staff, relatives and professionals were complimentary about the service. Comments included; "I believe they are providing excellent flexible care in the best interests of the service user."
- There was a warm and friendly atmosphere in the service. A relative told us, "I was kept up-to-date and my opinion was sought where necessary."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "Fantastic support from senior manager. Had some really really good support and feel confident to ask for support."

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 regional manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable staff and relatives to give feedback.
- Communication between staff and families was good. A relative confirmed they were contacted in a timely manner when necessary. They went on to say how this had been particularly important during the deterioration of their relative's health.
- Staff told us the service was well managed and they felt valued. Staff told us the deputy manager, currently running the service, was very approachable and always available for advice and support.

Continuous learning and improving care

- The service had an emphasis on teamwork and communication sharing. The deputy manager staff said this had been particularly important during the last year of the pandemic.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures held were designed to supported staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the palliative care nurse when people became very unwell.

Working in partnership with others

- The deputy manager told us how they had worked alongside the local GP surgery and other health care professionals during a period of serious illness for the person living in the service. A health care professional told us how the whole team worked collaboratively with them to ensure people's needs were met and that people had the relevant support and equipment made available. One comment included; "They have worked positively with me and have demonstrated care towards the client and wanting the best for them."
- Where changes in this person needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support. A visiting GP recorded in the service compliments book; "X is doing really well, and I am pleased with the progress they are making."