

# Surrey and Borders Partnership NHS Foundation Trust

## Hillcroft

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hillcroft is a care home which provides personal and nursing care in one adapted building for up to 10 people with a learning disability including autism. At the time of our inspection, there were nine people living at Hillcroft.

The service is a large home, bigger than most domestic style properties. It is registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people. This was because the building design fitted into the local residential area. Staff were also not wearing anything that suggested they were care staff when coming and going out with people.

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

People were cared for by staff who were attentive and knew them well and staff who demonstrated an empathetic approach towards people. People received the medicines they required and had access to health care professional input when needed. Staff helped to ensure people lived a healthy lifestyle by offering suitable foods and encouraging people to take exercise.

People were cared for by a sufficient number of staff which enabled them to access the activities of their choice when they wished to. Staff showed people respect and dignity and allowed them privacy when they wished it.

People were encouraged to make their own choices in relation to their care, this was both in how they liked to spend their day and what they wished to eat.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

People were cared for by staff who felt supported and who had received appropriate training.

People, their relatives, visitors and staff were given the opportunity to contribute their ideas and feedback

into how the service was run. Staff continually looked at ways to improve the service provided and worked in conjunction with external agencies for the benefit of people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection we gave the service a rating of requires improvement (published 8 June 2018). We issued recommendations to the registered provider in relation to staffing levels, medicines, records and supporting the registered manager.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found the necessary improvements had been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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?

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.

# Hillcroft

## 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 planned this inspection to check 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 two inspectors.

#### Service and service type

Hillcroft 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 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

The provider had previously sent us in the provider information return (PIR). 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.

#### During the inspection

During the inspection we spoke with the registered manager, two staff members and one visiting practitioner. We observed the interactions between people and staff and spoke briefly with two people. We reviewed the support plans of three people and other documentation relating to the service such as audits, surveys, medicines records and information on accidents and incidents.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We spoke with four relatives to obtain their feedback on the care their family member was receiving.

# Is the service safe?

## Our findings

At our inspection in April 2018 we rated the service as requires improvement in this domain. This was because there were times when people had to wait to receive staff input and medicines processes were not always robust. We gave recommendations to the registered provider. We found at this inspection the necessary improvements had been made.

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at Hillcroft. A relative told us, "She is absolutely safe. I have never had any reason to feel any differently." Staff were knowledgeable in relation to the different types of abuse that could take place and they understood their role in ensuring any concerns were reported. A staff member told us, "Safeguarding is actioned straight away."
- We had received notifications of potential concerns of abuse from the registered manager in line with their requirements of registration.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were monitored. For example, in the case of one person who was at risk of their skin breaking down. They had been provided with a suitable mattress and guidance was in place for staff to reposition the person every four hours when they were in bed. A relative told us, "She is definitely safe. The staff keep an eye on her all the time."
- There was a contingency plan in place in the event of an emergency and people had their own individual evacuation plans. A staff member told us, "We'd go straight to the fire panel, ask another member to call 999 and take all people to the evacuation points."
- A staff member told us, "We make sure the medication is well locked away, doors with risks are locked and make sure people sign in and out properly."

Staffing and recruitment

- The provider recruited new staff through a robust process. This included requesting references from previous employers and requiring a prospective staff member to undergo a Disclosure and Barring Service (DBS) check. A DBS checks they are suitable to work in this type of setting.
- We did not check any recruitment records at this inspection as we had no concerns at our previous inspection.
- People were cared for by enough staff. We did not see anyone waiting to receive staff support and those who wished to go out had staff available to accompany them. A relative said, "There are always enough staff."
- A staff member told us, "Last time you came here there was an issue. More staff are now made available to accommodate hospital appointments, etc."

### Using medicines safely

- People received the medicines prescribed for them. A relative told us, "He gets the medicines as he should do."
- Where people were unable to verbalise they were in pain, protocols were in place for 'as and when' medicines. These helped staff recognise when people may need this type of medicine.
- People's medicines were stored securely and in line with best practice and we reviewed people's medicine records and found there were no gaps and that information was being recorded correctly.

### Preventing and controlling infection

- People lived in a clean environment. Cleaning schedules were followed and all areas of the service were found to be cleaned to a satisfactory standard. A relative told us, "Her room is always spotlessly clean."
- Staff had access to personal protective equipment such as gloves and aprons and we saw these being used throughout the lunch preparation. There were soaps and sanitisers next to all sinks.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager and the provider's senior management reviewed the detail to look for themes, similarities and what changes could be made to help ensure there was no reoccurrence.
- We read of recent poor practices in relation to infection control to which staff were spoken to and improvements made and where there had been an incident between people their risk assessments were reviewed and updated.

# Is the service effective?

## Our findings

At our inspection in April 2018 we rated the service as good in this domain. We found at this inspection, they had sustained this rating.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs had been assessed. People living at Hillcroft had lived at the service for a number of years. Staff knew people well and were able to identify any changes in a person which may require a review of their support plan.
- The service worked in line with the provider's policies and procedures to help ensure people received effective care, such as medicine and safeguarding policies.

Staff support: induction, training, skills and experience

- People were cared for by staff who had undergone an induction and training. There was a wide range of training topics to help ensure staff were appropriately skilled to look after people. A staff member told us, "I went to manual handling training last week. [Registered manager] has encouraged me to do the Care Certificate and I am really appreciative of this." A second told us, "There is always regular training and they seem to cover everything I need."
- Staff were also supported through supervision and appraisal giving them the opportunity to meet with their line manager on a regular basis to discuss any concerns, their performance and any training needs. A staff member told us, "[Registered manager] supervises me monthly. We can express ourselves at these supervisions." A second told us, "It's standard procedure and I am happy that I can always make my suggestions and they will be listened to."

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

- Staff were aware of people's nutritional needs and ensured these were met. There were people that required their food to be of a modified consistency such as pureed and we saw this was done. A staff member told us, "There are food and fluid charts for some of the people living here."
- People were involved in choosing the foods they ate and staff supported people to make their own drinks. A staff member told us, "I am trying to encourage new ideas and ask for feedback after meal times."
- Where people were assisted to eat or drink we observed this being done at an appropriate pace for the person.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent and timely care from staff who worked well with external agencies.
- One person had recent hospital stays and staff had liaised with medical staff to help ensure that the person could return to Hillcroft and receive their care in an appropriate and safe manner. The registered

manager told us, "At last, she was able to come home."

- Staff worked as a team. A staff member told us, "I check to see if there is anything in the communications book, I check appointments, ensure there are male and female staff members. The staff seem to be getting on a lot better since the last time (inspection)." A second told us, "The handovers are always well completed by all the staff and we also verbally update staff."

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

- People lived in an environment that was suitable for their needs. The service was all on one level and corridors were wide and clutter free to allow for those in wheelchairs to move about with ease.
- The service had a sensory room which we saw one person using several times throughout the day. There were large bathrooms with either an adapted bath or walk in shower.

Supporting people to live healthier lives, access healthcare services and support

- There was evidence that people were enabled to access health care professional input when they required it. This included the GP, district nurse and optician. A relative told us, "They take her regularly to the doctor."
- Where people had specific needs, such as nutritional needs, staff had involved the speech and language therapy team and the dietician.
- Staff were actively encouraging people to live healthier lives. A staff member told us, "I ensure there is a good balance of fruit and vegetables and not too much sugar (on the menu). Since the last inspection a lot more people are getting out of the house, even if it is just for a short walk; it's making them healthier."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's freedom was respected as staff had ensured they had followed the correct process in relation to any restrictive practices. We saw that where people lacked capacity to make a particular decision such as to live at Hillcroft and receive 24-hour care, a capacity assessment had been carried out, followed by a best interest decision and subsequent DoLS application.
- People, where appropriate, had capacity assessments for their medicines, finances, living at Hillcroft, personal care and receiving a flu jab.

# Is the service caring?

## Our findings

At our inspection in April 2018 we rated the service as good in this domain. We found at this inspection, they had sustained this rating.

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

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 treated with respect. We heard staff speak with people in a respectful manner and observed them knocking on people's doors before entering their rooms.
- Relatives gave positive feedback about the care their family member received. One relative told us, "First class. Cannot criticise them (staff) in anyway. She's loved and cared for." Another told us, "She is always immaculately dressed and spotlessly clean. The staff are wonderful."
- One person told us they were happy living at Hillcroft and it was clear from people's calm and relaxed manner they were comfortable in their home and with staff. A staff member told us, "We always have time to listen to people." A relative said, "The staff care and respect [name]."
- People received attentive care as staff demonstrated knowledge and experience in ensuring one person was made to feel comfortable again when they became distressed. Another person spent a lot of time in their bed and staff used gentle touch to alleviate any stress they were expressing. A relative told us, "They (staff) always introduce her to people as she doesn't like strangers."

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

- People were involved as much as they could be in making decisions. Regular meetings were held with people to talk about activities they would like to participate in, if they were happy or had any concerns and what foods they would like to see on the menu.
- People also had the involvement of advocates to help them make decisions relating to their care.
- One person did not like sitting in the communal areas and liked to sit in the hallway just outside of their bedroom. Staff had noticed them sitting on the floor, so they placed a bean bag for them to sit on to make their own personal space in the hallway.

Respecting and promoting people's privacy, dignity and independence

- People had full access to all parts of their home without restriction. They were able to spend time in their rooms alone if they wished or sit with others in communal areas. A relative told us, "She is really settled at Hillcroft. She is well looked after and they (staff) speak to her nicely."
- People were seen spending their time in different parts of the service. One person sat in the sensory room listening to music, whilst another moved around the whole building chatting to and engaging with staff. A staff member told us, "We are trying to get them (people) involved as much as possible, even to make their own cup of tea, choose their own breakfast."
- A staff member told us, "It's not the building that makes the home, it's the people. They all have their

different quirky banter and sense of humour."

# Is the service responsive?

## Our findings

At our inspection in April 2018 we rated the service as good in this domain. We found at this inspection, they had sustained this rating.

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

People's needs were met through good organisation and delivery.

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

- Staff knew people's needs and preferences. A staff member told us, "It's all detailed in the care plans and also from experience of working for the guys for so long." A second said, "We know our people, their likes and dislikes their risk assessments and care plans. We have behaviour support for people that require it."
- One person's guideline included information on how they appeared when calm and relaxed and when they were anxious and distressed. Signs and triggers were detailed as well as how staff could support them.
- People received responsive care from staff. A relative had commented in a feedback survey, "He has regained his happy mood as well as growing stronger at Hillcroft."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people was provided in a way they could understand. For example, meetings held between people and their keyworker were produced in pictorial format and prompts and pictures were used to assist with the discussions. A staff member told us, "We use pictorial aids a lot."
- In the main dining area there was a touch screen whiteboard showing the daily activities for each person. Pictures were used to help people understand their day. Staff showed knowledge of how to use the whiteboard. There was also a sensory floor mat which had interactive games and activities available to people.

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

- People had access to a range of activities and there was evidence that people were going out more since our last inspection. A relative told us, "There are always comings and goings." Another told us, "They seem to be doing more things. Especially things based in the home."
- A staff member told us, "We make sure that people are actually taking part in activities they want to." A second said, "Others like gardening and they have been involved with the creation of the peace garden." The peace garden had been created considering different sensory experiences such as lavender and honeysuckle, solar lights and wind chimes.

- Two people carried out post rounds on a regular basis and others regularly went to the local day centre. We saw two people have aromatherapy sessions during the day. The practitioner told us, "They are 15-minute sessions as normally this is all people want, however [name] really enjoys it, so sometimes this time is extended if she wants it."

- As Hillcroft was located on a site which housed three other of the provider's services, people had the opportunity to engage with their peers and meet with others who lived within the local vicinity. One person was supported to spend time with a person that was special to them from a neighbouring service.

- People had monthly meetings with their keyworkers where they could express how they wished to spend their time or any particular activities they wished to participate in. We read one person was going to the seaside and another was going bowling and had been on a day trip to the coast.

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

- People were aware of how to make a complaint. During the last service user meeting staff had discussed with people the complaints procedure and what they should do if they were concerned about anything. A staff member told us, "I would record it (complaint) then take it straight to the manager and ensure it is entered on our system to be investigated, analysed and actions set to respond to the complaint."

- Since our inspection in June last year, one complaint had been received by the service in relation to a person's medicines. We read this had been resolved.

- We also read some compliments received at the service which included, 'your devotion is much appreciated', 'you are all stars!' and, 'thank you for all the care and love you give [name]. We are so grateful'.

#### End of life care and support

- People were supported by staff during the end of their life. Staff liaised with the local hospice and a relative told us, "I cannot fault what they do for [name]."

- A staff member said, "We work with the hospice and dietician for a person that is currently on an end of life plan. We are just trying to give her the best end to her life that is possible."

# Is the service well-led?

## Our findings

At our inspection in April 2018 we rated the service as requires improvement in this domain. This was because of the shortfalls in relation to staffing and medicines. We had also identified some records which were not contemporaneous and that the registered manager had not always been given the support they needed from the registered provider. We gave recommendations to the registered provider. We found at this inspection the necessary improvements had been made.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff felt supported. A staff member told us, "Good support from the manager who will back us if we ever need it. She pushes us to be better. There was so much outdated and now this is being progressed." Another told us, "I am very happy for the way the job is at the moment. I feel that so much has improved in the last six months."
- Relatives gave positive feedback on the management of the service. One told us, "[Registered manager] is brilliant. Very, very approachable and keeps me in the loop." A second said, "She is a very good manager. The best one yet. She recognised straight away that [name] had autism."
- There was also evidence that the registered manager shared incidents with families.

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

- The registered manager told us they felt there had been progress at the service since our last inspection. They said, "I feel there has been a lot of improvement over the last year. There is more support. People are going out a lot more now and we've got our own vehicle now. Staffing levels have greatly improved." They went on to tell us they planned to turn a vacant bedroom into another sensory room with soft mats and a water bed and changes were to be made to the kitchen to install height changing worktops, so people could be supported to make their own drinks and meals. We found the service to have a much calmer, positive atmosphere than at our last visit. A relative told us, "It is clear that [registered manager] is committed to developing the service. My family and I cannot thank Hillcroft enough for their help and support."
- Other planned improvements to people's care included, supporting one person to set up Skype communication between them and their family members on a personal tablet and the possibility of some people volunteering at a local farm.
- Staff knew what was expected of them. A staff member told us, "We know through supervisions and reminders from the manager. She's supportive. She is teaching me things I haven't learnt in 28 years."
- Regular audits were undertaken and actions addressed to help ensure people received a good and safe

service. These included a general audit carried out by a registered manager of another of the providers' services which covered topics such as the environment, food, care plans, activities and staffing levels. Other audits included infection control, medicines and records.

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

- People, relatives and visitors were encouraged to leave their feedback. Feedback showed that the service was rated as, 'very good' or 'excellent' in relation to the welcome from the team, helpfulness, knowledge and skills of staff and cleanliness of the service. Comments included, "I always enjoy my visits to Hillcroft," "Friendly, helpful members of staff," "Calm, happy environment" and, "Residents always seem happy and well cared for."
- Staff meetings were held regularly and various topics were discussed such as rotas, medicines, audits and their outcomes, infection control and record keeping.

Working in partnership with others

- Staff worked with external agencies and organisations and we read positive feedback left by them which included, "We are always kept well informed of anything we need to know when we arrive" and, "I am currently working alongside the Hillcroft staff in developing comprehensive health plans. All staff have been very accommodating and responsive to this project."