

Care Worldwide (Staffordshire) Limited

Hill Lodge 1

Inspection report

358 Rosliston Road
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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hill Lodge 1 is a residential care home providing accommodation and personal care to nine people with a learning disability and or autism at the time of the inspection.

The provider also supports people in a registered care home next door; Hill Lodge 2. The properties are interconnected by the second floor and people living at Hill Lodge 1 and its neighbouring property can spend time in either of the homes. The management and staffing arrangements are shared across both services

The service was bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance detailed in Registering the Right Support. 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. The provider had been made aware of the best practice guidance and people were encouraged to increase their independence.

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

Without exception, people received care that was particularly responsive to meet individual needs and staff demonstrated a commitment to ensuring people were able to live fulfilling and happy lives. There was a genuine family feel to the environment in which people lived and it was clear people saw one another as family and had special relationships with staff. People were proud to live at Hill Lodge and relatives were extremely positive about experiences their loved ones had received.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. 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 as many opportunities as possible

for them to gain new skills and become more independent.

People were kept safe from harm as staff knew people well and were able to offer tailored and specific support in order to keep people safe. There were sufficient numbers of staff to meet people's needs and staff worked well with other agencies to ensure people received consistent and timely support.

People accessed healthcare as required and were supported to maintain healthy lifestyles. Medicines were managed in a safe way.

The registered manager and the senior management team were pro-active continually looking at ways to improve people's lives and make the home a safe and comfortable place to live.

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

Rating at last inspection

The last rating for this service was Good (report published 29 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information 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?

Outstanding ☆

The service was exceptionally 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.

Hill Lodge 1

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 carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hill Lodge 1 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. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our 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.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, a senior care worker, care workers and the maintenance person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. Records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives over the telephone.

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.

Systems and processes to safeguard people from the risk of abuse

- People living at Hill Lodge 1 told us they felt safe because staff supported them to feel secure. One person said, "There are always staff around and that makes me feel safe."
- Staff were trained to recognise and respond to abuse and told us how they would report safeguarding concerns.
- There was a safeguarding policy in place which encouraged staff to report concerns direct to external agencies as well as reporting concerns internally. This meant concerns were addressed in a timely and safe way.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and planned for to prevent avoidable harm.
- Care plans contained detailed risk assessments to guide staff to support people in the most effective and safe way in line with their needs and associated risks.
- Specific health conditions were managed well. For example, people who were living with diabetes had risk management plans in plans and records gave staff the information they needed to support people to prevent a deterioration in their condition.

Staffing and recruitment

- There were sufficient numbers of staff deployed across the home to meet people's needs.
- People and their relatives told us they felt staffing levels were appropriate to ensure people received the right level of care and our observations on the day of the inspection confirmed this. One relative said, "Yes, there are enough staff and they are all lovely."
- Staff were recruited in a safe way. Staff were subject to pre-employment checks before commencing work at the service. Staff completed an induction process before they were able to independently work with people. This ensured all staff were safe and competent to work with people living at Hill Lodge 1.

Using medicines safely

- People were supported to receive their medicines safely and as prescribed.
- People told us they were given support to understand what their medicines were for and why there was a need for them to be taken. One person said, "I take one small tablet and I know this is for my stomach."
- Medication stock checks were accurate and corresponded with medication administration records.
- The provider had built on the systems already in place and were in the process of implementing a new medication system to make the process of administering medication to people safer and easier for staff.

Preventing and controlling infection

- Staff told us about the actions they took to mitigate the risk of the spread of infection. One staff member said, "We have access to aprons and gloves and we do a deep clean of different areas on different days." Another staff member told us, "We make sure we vacuum and clean every day."
- We observed staff adhering to infection control procedures.

Learning lessons when things go wrong

- There were systems in place to measure the effectiveness, quality and safety of the home. When shortfalls were identified, actions were taken to improve practices and prevent the chance of reoccurrence. We saw examples of such during our inspection.

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 Good. At this inspection this key question has remained the same. This meant 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 needs were assessed before moving to live at Hill Lodge 1. This enabled the registered manager to ensure staff were sufficiently competent to support people.
- Staff worked with people to build relationships and familiarity enabling plans of care to be compiled which reflected people's routines and preferences. Staff used the care plans to guide them to provide the most appropriate and effective care and support package for people.
- Care was delivered in conjunction with best practice guidance. For example, we saw how staff had adopted guidelines published by the National Institute of Clinical Excellence (NICE) to develop a protocol which was used within the home.

Staff support: induction, training, skills and experience

- People and their relatives we spoke with felt staff were well trained and cared for people in line with their care needs. A relative said, "Staff know what they are doing and have the skills to support [name of relative] in the best way."
- Staff felt that the level and types of training provided were appropriate and gave them the skills and knowledge required to care for people. A staff member said, "The training is really good." Another staff member told us, "We have a trainer come in to do face-to-face training and we have on-line training too. We needed to use a slide sheet to support someone's repositioning in bed, so we were all given training specifically for that."
- Staff supported one another to work effectively as a team. Some comments we received from staff included, "We make a good team, we all pull together", "We are all team players; I am quite new so there has been a lot of help for me and everyone shares jobs and responsibilities" and "We are a brilliant team; we all help each other."

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

- People received support to maintain a balanced diet. People who were able to independently prepare their own light meals and snacks did so, and we observed one person making breakfast during the morning of our inspection.
- Some people ate together in the communal dining room which made it a social experience for them. People told us the food was "nice" and "alright".
- People were offered choices at meal times and specific and modified diets were catered for. For example, vegetarian options were available for people who did not eat meat.
- For specific health related dietary needs, advice was sought from relevant professionals.

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

- There were processes in place for staff to keep up-to-date with people's on-going and changing health needs. For example, daily handovers and a communication book meant staff could share information with one another to ensure people received consistent care and support.
- Staff used a communication book as another mechanism of sharing information.
- People had access to healthcare as they needed it and people had hospital passports in place. A hospital passport is a communication document used by people with learning disabilities to help healthcare professionals understand about people's health needs and other important information about the person.
- The registered manager was in the process of compiling health action plans for everybody living at Hill Lodge 1. A health action plan contains more detailed information about what healthcare support a person needs to stay healthy such as treatments and appointments.

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

- The home needed some repair and parts of the building appeared tired and worn. We saw where paint was starting to come away from the walls. Some walls in Hill Lodge 1 had holes remaining from where handrails had been removed. We discussed this with registered manager who was aware of the issues we had identified and showed us a building action plan to improve the home and address the issues we had discussed.
- The home was free from odours and was clean.
- People had their own belongings in their rooms to make them individualised and personal to them. There were photographs of all the people living both at Hill Lodge 1 and Hill Lodge 2 in the communal areas throughout the homes providing a homely and inclusive feel.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people living across both homes were being deprived of their liberty and applications had already been authorised or were going through the authorisation process.
- Staff we spoke with had basic knowledge about the DoLS process, but this needed strengthening to ensure staff were aware why people were being deprived of their liberty. We spoke to the registered manager about this who evidenced all staff had received training and subsequently arranged another training date post our inspection to ensure staff had up-to-date knowledge about this subject.
- Staff did understand the principles of the MCA and people had assessments in care files to evidence they had their mental capacity assessed as needed.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- People said they were supported by a kind and caring staff group. One person said, "All of the staff are kind" and another person said, "The girls [staff] are just so lovely and dedicated to all the residents." "A relative told us, "We are always made to feel welcome here."
- Staff knew people well and had positive relationships with people. We saw warm and caring interactions between staff and people and there was exchanges of friendly banter.
- People's protected characteristics such as race, religion and sexuality were taken into consideration. The registered manager and the staff team worked with external professionals to ensure people were able to express their diverse needs. Staff respected people's lifestyle choices whilst ensuring they had the support and education to keep people safe and happy.

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

- People were supported to make their own decisions. For example, where people had health related issues or issues of a personal nature, staff worked closely with people to achieve positive outcomes. Other professionals such as psychologists or learning disability nurses were involved in the process to enable people to have as much support as possible to make their needs known and their objectives met.
- People living at Hill Lodge 1 and Hill Lodge 2 came together for resident meetings where important topics for people were discussed. Minutes evidenced meetings had taken place and where actions had been taken as a result of the meetings and feedback received.
- Staff developed good relationships with people's relatives and advocates. This meant where people could not make their own wishes and feelings known, information about what was important to the person could be sought from alternative sources in order for staff to provide quality care.

Respecting and promoting people's privacy, dignity and independence

- Staff afforded people privacy and we observed this during our inspection. People were seen to be spending time in their rooms as they desired, and staff respected this.
- Staff told us how they ensured they upheld privacy, dignity and respect whilst encouraging people to be as independent as possible. One staff member said, "I treat everyone in the same way as how I would want to be treated and I care for people as best I can. I make sure doors are shut when supporting people and make sure curtains are closed. I always get people to do what they can for themselves." Another staff member told us, "I give people their private time. I always ask permission and explain what support I am giving. I ask people what they want and encourage them to do things for themselves. When we go shopping, if people can manage their own money, I let them do so."

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 Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 registered manager and staff demonstrated a strong commitment and passion for ensuring people at Hill Lodge were able to communicate effectively and confidently with one another and within the wider community.
- People living at Hill Lodge formed a Makaton signing group with the aim of bringing together people who had difficulty communicating and expressing their views and wishes. Staff encouraged and supported to formation of this group and with their active support it was working effectively to enable people to communicate their aspirations and to become active members of the local community. Local businesses and organisations including Royal Mail, Staffordshire Police and large chain supermarkets were contacted by the staff and people living at Hill Lodge to take part in an initiative to come together to learn Makaton and produce a video in which everybody taking part signed along to a song. The video went viral with an extensive number of hits on You Tube and had been a major contributing factor to creating social inclusion for people living at Hill Lodge as people in the community were now able to effectively communicate with people living at Hill Lodge.
- The registered manager told us, "This has increased confidence for so many people here; for example, [Name of person] was apprehensive about going out into the community as they were unable to communicate effectively with people they came across. Now, because of the impact the project has had and people in the community are able to use Makaton, the person no longer feels isolated and regularly access the community and has meaningful contact with others."
- By working creatively in this way with the local community staff had enabled people to the remove barriers to them becoming visible and active members of their local community. One staff member said, "We don't believe the people living at Hill Lodge should change; we need to change people's perceptions of people living at Hill Lodge and we have done that. We all feel we have broken down some of the stigmas and barriers people with learning disabilities face."
- Following the success of the project, people at Hill Lodge were continually encouraged to take part in community activities demonstrating people were respected as valued members of the community. For example, the Hill Lodge Makaton signing group were invited to turn on the town's Christmas lights and performed on stage to a large audience.
- People were able to access information in other formats, such as pictorial to aid communication and obtain information as needed.

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

- Staff put people at the centre of their care, ensuring people were given the opportunity to express their preferences and wishes and staff ensured they supported people in an individualised way, providing care and support specifically tailored to meet people's needs.
- Staff had built trusting relationships with people which meant people were open and honest with staff in order for them to provide appropriate levels of support. Where people had identified as being part of the lesbian, gay, bisexual and transgender (LGBT) community they were supported in line with their protected characteristics. Staff liaised with and sought advice from other professionals and organisations to provide information to ensure people were able to make informed choices about their specific sexual needs. Staff had received additional training to ensure they understood the principles of the Equality Act 2010 to enable them to appropriately support people and this was evident through the care and support people received.
- Care plans were person-centred and were regularly reviewed to set out clear objectives for staff in order for people to reach their desired outcomes. One person's needs had significantly changed following a neurological condition meaning they had become completely dependent on staff for support with all activities of daily living. Staff developed positive behaviour support (PBS) plans to identify and respond to patterns of behaviours which were ordinarily out of character for the person. The deputy manager said, "We did a lot of work with [Name of person] and realised they were grieving for their previous life. By continually learning about their needs and adapting our practices, we have reduced the negatives and increased the positives for [Name of person]. We have gone from regularly using the coping strategies in the PBS to not needing it all. We realised we were not supporting them as they needed so we in fact were causing their behaviours; we changed the way we cared for them and now they are able to go back out in the community and staff have good relationships with the person."

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 worked closely with people to identify what was really important to them and to help reach their goals and dreams. Staff liaised with people, their family and friends to establish past hobbies, activities and interests and worked innovatively to enable people to fulfil their own objectives. One person had become isolated and withdrawn from community activities. Staff drew on the person's life history to determine preferences, likes and dislikes to develop a plan of care to help the person re-engage socially. Over time, using different mechanisms, such as using the car as a safe place for the person to retreat when feeling anxious, the person was able to go on day trips and had been on their first holiday for many years.
- The registered manager and staff placed a real emphasis on family and social networks and supported people to build on and maintain relationships with exceptional results. People were encouraged to value and respect relationships which were important to them. One person had lost contact with family members before moving to live at Hill Lodge. With the person's permission, staff supported the person to integrate with a close family member over a period of time. A relative said, "We had to rebuild a relationship of trust and, with the staff support and the work they have done with [Name of person] and with me, we have a relationship again. I go to Hill Lodge and sit down and have a meal with [Name of person]; I have not been able to do that in over 30 years. I have, for the first time been brought Christmas presents and birthday presents. That made me so emotional. We sit together in the lounge and watch TV and we even sit with other residents of Hill Lodge because there is a real feeling of a family environment there. We are in the process together looking at voluntary work options for [Name of person], this is an on-going process, but it is the way it has to be them, and the staff know that; They are so good at knowing how to support them."
- Other relatives we spoke with were unanimous in their opinions about the support the registered manager and staff at Hill Lodge had provided for their loved ones. Comments we received included, "We are so glad [Name of person] got to live there; the staff have supported them to do things we never could have done,

they have literally transformed their life", "[Name of person] has come on in leaps and bounds; staff knew [relative] had so much potential and worked with them and us to make it happen; the transformation in them [person] is amazing. They would not be where they are now if it was not for the staff at Hill Lodge" and "[Name of relative] had lived at home before moving to Hill Lodge and they rarely ever communicated; the staff have worked wonders with them; they are a completely different person now. [Name of person] has really come out of their shell singing at karaoke every week and they have even been on holiday to Paris. They would never have ever done that otherwise."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and although there had been no recent formal complaints made, the registered manager told us how they responded to complaints in line with the policy.
- People knew how to make a complaint and told us they would do so if necessary. One person said, "I don't have any need for complaint but would if I needed to."

End of life care and support

- People's end of life wishes, and needs were considered and recorded in care files.
- At the time of the inspection, there was no one in receipt of end of life care.

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 remained the same. This meant 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

- The registered manager was well-established within the service and they were committed to leading a staff team who were dedicated and passionate about their work with people and improving the quality of care. The registered manager said, "We are working with staff all the time to make staff think differently about how they approach people and change mind-sets. We are always promoting person-centred care and by surrounding ourselves with enthusiastic staff, makes us want to do better which means better outcomes for people."
- People and their relatives told us the registered manager and the deputy manager were approachable and were visible within the home. A relative said, "[Registered manager's name] does an absolutely fantastic job and they involve us in every step of [Name of person's] care." Another relative said, "[Name of deputy manager] is always around and I can go to them with any problems I have."
- Staff concurred with what people and relatives had told us saying, "We can go to [name of registered manager] with anything."

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 registered manager understood the need to respond under the duty of candour if something had gone wrong. There had been no requirements for the registered manager to do so, but they were able to describe the process they would follow.

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

- Staff were clear about their caring duties and roles. There was a scheme of delegation in place amongst staff to share accountability and responsibility.
- Quality and safety were of a high priority and both internal and external audits took place to assess and manage the effectiveness of the service.
- The registered manager understood their registration and regulatory responsibilities. For example, notifications of key events, such as death and safeguarding concerns were notified to us, as required by law. The previous inspection rating of the home was on display in the home and on the provider's website.

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

- People were actively involved with day to day running of the service as people were put at the centre of their own care and therefore were engaged on a daily basis.
- People's relatives were asked for their feedback about the service through questionnaires and surveys and relative's meetings were held twice annually. The deputy manager told us, "We see relatives on a daily basis, so we speak to them to informally." A relative supported what the deputy manager told us saying, "I can talk to any staff member at the home and the manager always calls me and keeps me updated with anything that is happening."
- Staff had regular supervisions with senior members of staff and/or management to discuss their thoughts and ideas as well as their practice and development. Team meetings were also held as an opportunity for staff to come together in a group forum.

Continuous learning and improving care

- The provider had employed a head of learning disability to oversee the practice at Hill Lodge 1 and to develop and improve practices. The registered manager spoke with us about how they saw this as a positive move and said, "We are always trying to improve and by having new ideas, it pushes us to change things and develop our practices."
- The registered manager used different initiatives to develop their own skills and knowledge. They said, "We are starting up again the meeting of all the registered manager's across the provider's other homes and I will be attending the registered manager's forums put on by external organisations. I am on social media and I get sent all the Care Quality Commission updates, changes and newsletters."

Working in partnership with others

- The home worked with different agencies, organisations and professionals to ensure people received a high standard of care. Professionals involved in people's care included nurses, psychologists and psychiatrists.
- People were active members of the community accessing work and social opportunities. Community organisations visited the service to build relationships and increase inclusive activities.