

Meadowview Care Limited

Hillside Lodge

Inspection report

12 Crossfields
Halstead
CO9 1UY

Date of inspection visit:
20 July 2022
25 July 2022
09 August 2022

Date of publication:
07 October 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hillside Lodge is a residential care home providing personal care. The service provides support to people with learning disabilities and autistic people. Although registered for up to two people, the provider had decided for the foreseeable future, to just accommodate the current person using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The person was 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. Staff supported the person to make decisions following best practice in decision-making. Staff communicated with the person in ways that met their needs.

The service gave person centred care and support in a safe, well maintained, clean environment. On-going adaptations were made to meet the person's sensory and physical needs. Staff referred to the service as the person's home and were respectful of the person's possessions.

Staff supported the person to take part in activities and pursue their interests in their local area.

Staff worked well with healthcare professionals and supported the person to access specialist health and social care support in the community.

Staff supported the person with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

Staff promoted equality and diversity. They understood the person's cultural needs and provided culturally appropriate care.

The person received kind and compassionate care from staff whose main focus was to support them to live a meaningful life. If staff saw signs that the person was not having a good day, they told us it was a, "Matter of troubleshooting," until they found out the reason why, and take action to address their concern.

Staff understood how to protect the person from poor care and abuse and worked well with other agencies to do so. They had training on how to recognise and report abuse and they knew how to apply it. One staff

member told us they would not hesitate, "To report any abuse, bullying or any negative interaction to the manager," straight away.

The person was supported by a selected, skilled staff team, which met their needs and kept them safe. When new staff were appointed to the team, it was done in a caring way, to reduce the risk of the person becoming anxious of a new face. Staff worked with professionals and received extra training to ensure they had the necessary communication skills to understand and interact with the person.

Staff supported the person to take part in activities and pursue interests that were tailored to them. Opportunities for the person to try new activities that enhanced and enriched their lives were being introduced.

Staff demonstrated a good awareness of risks the person might come across in their daily lives and take action to eliminate or reduce the risk. Where appropriate, they encouraged and enabled the person to take positive risks.

Right Culture:

Staff ensured risks of a closed culture were minimised so the person received support based on transparency, respect and inclusivity.

Staff knew and understood the person very well and were responsive, supporting their aspirations to live a quality life of their choosing. They placed the person's wishes, needs and rights at the heart of everything they did.

The person received good quality care, support and treatment because staff communicated well as a team and worked closely with health and social care professionals to meet the person's needs and wishes.

Staff turnover was very low, which supported the person to receive consistent care from staff who knew them well. The high staffing level ensured the person always had someone who they knew well.

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

Rating at last inspection

This service was registered with us on 4 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hillside Lodge

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 Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Hillside Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillside Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider's locality and skills development manager was providing oversight and is referred to in this report as 'the manager'.

Notice of inspection

We gave short notice to the service. This was because we needed to ensure that a member of the staff team would be available to support the inspection and to ensure we were considerate of the person when visiting

their home.

Inspection activity started on 20 July 2022 and ended on 9 August 2022. We visited the service on 25 July 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with the Commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with or received written feedback from four health and social care professionals involved in the person's care, which included, Speech and Language Therapist, Social Worker, Occupational therapist. We spoke with five staff which included the manager, senior support workers and support workers. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the person's care and medicines records, reports from health and social care professionals, and reviewed videos of the person taking part in activities and interacting with staff. We also reviewed two staff recruitment records, staff training records and records relating to the quality assurance of the service, including audits, and minutes of meetings.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them very well and understood how to protect them from abuse. A health professional told us they felt the service provided safe care.
- Where a safeguarding incident had occurred, the service worked with the CQC and other agencies to ensure the person's safety and well-being.
- Staff told us they had received training on how to recognise and report abuse and they knew how to apply it. One support worker told us they had a duty to make sure the person, "Always feels safe," and would not hesitate to report any concerns to management. If they felt their concerns were not listened to, they would report to the appropriate external agencies.

Assessing risk, safety monitoring and management

- Risk assessments were individualised to the person, covering environment, health, behaviours, social interaction and daily activities. Staff knew the person well and would alert senior staff if any changes to the risk assessments were required, or new risks had been identified.
- Discussions with management and staff demonstrated a positive risk-taking approach to support the person to retain their independence and take part in activities they wanted to do. This included staff visiting community resources, to identify any potential risks, and take action to minimise them.
- Staff managed the safety of the person's living environment and equipment in it well, through checks and action to minimise risk. Maintenance work was being carried out at the time of the inspection.
- The person's care and support plan included ways to avoid or minimise the need for restricting their freedom. However, if the need did occur, staff had received training in the use of restrictive interventions, which complied with the Restraint Reduction Network Training standards

Learning lessons when things go wrong

- Systems were in place to ensure any incidents and accidents were appropriately recorded. The information was analysed for any themes. The management used the information to identify any learning and take action to reduce the risk of it happening again.
- A staff member told us when, "Any incident occurred," they would complete an incident form, and as part of analysing the incident, would discuss as a staff group, to see if there was anything they could have done to have changed the outcome.

Staffing and recruitment

- The numbers and skills of staff matched the needs of the person using the service. Staff had been recruited to reflect the person's needs. Where some of the staff had not worked in care before, they brought

with them transferable skills which complimented the staff team.

- The manager was aware of the importance of ensuring a consistent staff team to reduce any anxieties caused by new faces. Therefore, if the need for agency staff occurred, they used the same staff member.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.

Using medicines safely

- The person was supported by staff who had received medicines management training. This was to ensure they followed safe systems and processes to prescribe, administer, record and store medicines safely. The management team carried out 'competency' checks to ensure staff continued to follow safe practice.
- Staff demonstrated good knowledge of the medicines the person was taking to ensure their safety and welfare. A staff member said additional specialist training had been provided by health professionals, who had monitored to ensure their practice was safe.
- The person's medicine management records provided staff with information on prescribed medicines, the reason they took them, and level of support the person wanted from staff.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Records showed staff were given clear guidance on when to administer as and when required (PRN) medicines to reduce anxiety. The person's medicines were reviewed by prescribers and social care professionals in line with the principles of STOMP.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic.
- The service's infection prevention and control policy was up to date. Cleaning schedules were in place to support staff in keeping the environment clean.
- Staff received training in preventing and controlling infection, which included ensuring they maintained good hand hygiene. Checks were carried out by visiting management to ensure they were putting their training into practice.
- Discussion with staff demonstrated their knowledge of when PPE should be worn, and how to dispose of it safely.

Visiting in care homes

- The service prevented visitors from catching and spreading infections. This included checking visitors' temperature on arrival, to ensure it was not raised: an indicator they could have an infection.
- Visiting was carried out in line with the person's wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff had tailored the pre-admission assessment to the person's individual circumstances. This included visiting them to assess the level of support they required. The visits also enabled the person to meet the staff who would be supporting them.
- The person's care and support plan was personalised, and reflected a good understanding of their holistic needs, including medical, psychological, functional, communication, preferences and skills.
- Care records showed staff had worked closely with the person, health and social care professionals and those important to them, keeping records updated as they learnt more about the person.

Staff support: induction, training, skills and experience

- Staff could describe how their induction, ongoing training and personal development related to the person they supported. A staff member praised the quality of their induction, which they described as, "Very helpful," in identifying what was expected of them in their role. Another staff member said the training they had received had been, "Quite comprehensive."
- Specialist training was tailored to meet the needs of the person. One professional who had provided training, praised the positive, "Brilliant, enthusiastic, motivated, wanting to learn," attitude of staff. Staff spoke positively about their recent autism awareness training. One staff member said the training had given them an understanding of how sensory overload could cause distress and helped them reassess their own practice and take action to reduce noise level.
- The service checked staff's competency to ensure they understood and applied training and best practice. Senior management carried out 'spot checks' as part of their quality monitoring and any shortfalls addressed through supervision / extra training. New staff benefited from working as part of a team, so there was always other experienced staff around to provide support and monitor practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member told us staff benefited from regular supervision as it gave them a "Chance to air out personal opinions and concerns," request any additional training, knowing they were being listened to.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- All staff were aware of the person's likes, dislikes, and preferred meal routines. Staff were knowledgeable around encouraging the person to eat a healthy diet, and drink plenty of fluids.
- A multi-disciplinary team of professionals were involved in / made aware of support plans to improve the person's care. As part of monitoring the person's health and welfare, care records showed social care

professionals were given regular updates on what was happening in the person's life.

- Reports from health professionals showed the support the person was given to access health services, and staff acted on any recommendations made or requests for information in a timely manner. However, feedback from health professionals, also identified frustration this had not always been the case but felt the situation had improved under the new management.

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

- The design, layout and furnishings in the service supported the person's individual needs and was kept under review.
- Staff viewed the property as the person's home and were encouraging them to personalise areas such as their bedroom.
- The provider employed a maintenance person, who we saw was called upon to address any issues the person or staff had with the environment. This ensured it was kept safe and well maintained.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about the person's capacity to make decisions through verbal or non-verbal means and this was well documented.
- The manager was aware of their role and was working within the principles of the MCA and acting on any recommendations made in authorised DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff saw the person as their equal and focused on creating a warm and inclusive atmosphere. We observed staff showing warmth and respect when interacting with the person. All the staff spoke about the person in a respectful manner.
- We saw staff were calm, focused and attentive to the person's emotions and support needs such as sensory sensitivities. Staff were constantly monitoring noise levels, when in the service and visiting the local community, so they could take evasive action if needed. For example, moving to a quieter area.
- One professional commented on how well the management and staff had invested in ensuring the needs of the person was, "Always the priority." Another felt staff demonstrated, "A really good rapport," with the person.

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

- Staff took the time to understand the person's individual communication styles and develop a rapport with them. This supported the person to express their views using their preferred method of communication.
- Staff provided lots of examples of how the person liked to express their views and interacted with staff to ensure their feelings were known.
- The person was supported to maintain links with those that were important to them, through going on outings and staff keeping in regular contact with family members.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when the person needed their space and privacy and respected this. This was supported by information we read in the person's care records.
- Staff were able to provide examples of how they ensured the person's privacy was maintained when receiving personal care. This included personal care only being provided by the person's preferred gender of staff.
- Care records clearly stated what the person was able to do for themselves. This ensured staff did not take away the person's independence by carrying out tasks which the person was able to do, sometimes with encouragement, themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; 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 spoke knowledgeably about tailoring the level of support to the person's individual needs. They knew how to support them if they weren't having a very good day, to be able to turn it around. This was because they knew the person well and were constantly monitoring any changes in behaviours and take action to support them to ensure their well-being. Detailed behaviour support plans were in place and monitored by professionals involved in the person's care.
- A shared goal of staff and professionals was to ensure the person's life had meaning. As part of ensuring this, a care plan had been put together, drawing information from the person, health and social professionals, and other significant people who were important to them.
- The person's care plan and was kept updated to reflect any changes in their health, behaviours, well-being and setting goals. Staff told us any changes were communicated to staff during handovers at the start of a shift, or if required, during a shift.
- Staff encouraged and supported the person to participate in their chosen social and leisure interests on a regular basis; especially going for a walk, playing games and exercising to keep fit.
- Minutes of staff meetings and discussions with staff, showed how they were constantly looking to expand on the range of activities, by suggesting new ones; based on their knowledge of what the person enjoyed. For example, as the person loved music and dance, mixing the two, by teaching them 'Zumba'.
- As part of promoting the person's independence, their care records provided information on how staff supported them to learn new / maintain daily living skills.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were trained and skilled in using personalised communication systems. This included objects of reference, used by staff to communicate different activities.
- There were visual structures, including objects/photographs/use of gestures/symbols/other visual cues which helped the person know what was likely to happen during the day and who would be supporting them. We saw the new 'action communication board' in use, which included photographs of the staff who would be supporting the person that day.

- Staff had good awareness, skills and understanding of the person's communication needs, they knew how to facilitate communication and when the person was trying to tell them something.
- Care records provided staff with detailed guidance on interpreting the person's body language and gestures. 'I will let you know' statements supported staff to know what the person was telling them and act on the information.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Discussions with the manager identified work undertaken to address concerns, before they were raised into a formal complaint.
- Staff were aware of the actions to take if a complaint or concern was directly made to them. This included recording the concern and reporting to management to follow through.

End of life care and support

- Systems were in place, if the need occurred, to ensure a personalised end of life care plan. This would be completed using feedback from the person, staff and significant people in the person's life, along with support from specialist health professionals and palliative care team

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Hillside Lodge has a condition of registration that they must have a registered manager. The last registered manager left in September 2021. With no registered manager application in place, this has limited the rating given to requires improvement for well-led. However, it has not impacted on the service receiving an overall rating of good.

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

- At the time of the inspection, although the service had a manager overseeing the service, they were still considering their position in respect of applying to be registered manager.
- The interim manager was also a registered manager for three of the provider's other services, and able to demonstrate they had the skills, knowledge and experience to perform their role.
- Feedback from professionals showed they had lost confidence in some of the interim management arrangements put in place since September 2021. However, they felt communication had improved under the current leadership.
- Staff told us they worked well as a team and communicated well with each other. One staff member said to ensure they were kept up to date with what was happening in the person's life, they were always given a detailed handover at the start of their shift.
- Senior support workers demonstrated a clear understanding of their role, and the delegated management duties they were responsible for.

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

- Management and staff put the person's needs and wishes at the heart of everything they did. The manager provided examples which demonstrated they and the staff took a genuine interest in the person and their welfare. This included staff ringing up on their day off to hear outcomes of medical appointments.
- Staff felt valued and listened to, enjoyed their work and being able to bring quality to the person's life. One staff member said seniors and management had an, "Open door policy." Therefore, if they found any areas of their work challenging, they knew they had someone to talk to.
- Staff told us the manager had a good visible presence in the service, and they found them to be approachable and responsive to feedback to enhance the person's life.
- Staff said morale was good. One staff member said they benefited from being part of a staff group, made up of different cultures and age groups. They felt staff were respectful of each other's different work / life experiences and what they bring to the role.

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 gave honest information and suitable support, and applied duty of candour where appropriate.
- The manager was open about some of the difficulties they had first encountered within the community and described actions they had taken to address them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management worked closely with the person, staff, health and social care professionals and family members, to develop and improve the service. This included acting on the recommendations in professionals' reports, which supported continual improvement.
- Staff meetings were held regularly. Minutes of meetings showed staff were able to make suggestions to improve the service, which were listened to and acted on. This included rather than producing staff rosters one to two weeks in advance, now being produced two months in advance. One staff member told us it enabled them to achieve a good work/life balance.
- The provider invested sufficiently in the service, embracing change and delivering improvements. We saw where they had acted on feedback from professionals to improve flexibility around outings, by having their own transport and taking steps to increase the number of drivers on shift.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give the person using the service a voice and improve their wellbeing.
- One professional who had regular contact with the service, praised the, "Very good level of communication," and had found management and staff very open to advice received from professionals involved in the person's care.