Gordena Care Ltd

Hillcrest

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. One inspector carried out the inspection on the 8 August 2017. This was the first inspection since the provider changed to a limited company.

Hillcrest provides accommodation, personal care and support for up to 4 people. There were four people living in the home at the time of the visit. People who live at the home have a learning disability. People had their own bedroom and shared the lounge and kitchen with the other occupants. The home was close to the shops and other amenities.

There was a registered manager in post. The registered manager was also one of the owners of the business. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People could not be confident that they were safe in the event of a fire. This was because staff had not taken part in regular fire drills. We also found that there were no individual risk assessments in relation to exposed radiators and window restrictors. Due to the complex needs of the people living at Hillcrest, this would be important to ensure their safety.

The provider had commissioned an external assessor to complete a health and safety audit of the home. They were in the process of devising an action plan to address the areas of concern, which included a faulty emergency light, the lack of checks on the hot water and first aid boxes.

The registered manager had failed to ensure appropriate applications in respect of people's deprivation of liberty had been submitted. This was because the registered manager had submitted these to the local authority but had not ensured they had received these. The registered manager was unable to evidence the local authority had received these. We followed this up with the local authority who confirmed there was no record of these applications

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, and safe recruitment processes. People received their medicines safely. The monthly checks on the medicines required improvement so that there was a running total.

Systems were in place to ensure that complaints were responded to, with action taken to improve the service provided. People were involved in making decisions about their care. People had a care plan that clearly described how they wanted to be supported. People had opportunities to take part in activities in

both the home and the local community. People were encouraged to be independent as they were able. Other health and social care professionals were involved in the care of the people living at Hillcrest.

Staff were knowledgeable about the people they were supporting. They were caring in their approach to people. Staff told us they were supported in their role and met with the registered manager regularly to discuss their performance and any training needs.

The registered manager regularly visited the service to speak with staff and people and to work alongside the team. They were knowledgeable about the people living at Hillcrest.

We found breaches of four Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. This was because staff may not follow correct procedures in the event of a fire. There were some areas that needed addressing to ensure the home was safe.

People medicines were managed safely. However, staff's competence had not been assessed in line with the provider's policy.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately, in respect of an allegation of abuse.

People were supported by sufficient staff to keep them safe and meet their needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not consistently being upheld in line with the Mental Capacity Act (MCA) 2005 and, appropriate applications in respect of their deprivation of liberty had not been submitted.

People had sufficient to eat and drink. People had access to other health and social care professionals.

New staff undertook an induction and mandatory training programme before starting to care for people.

Is the service caring?

Good

The service was caring.

Relatives praised the staff for their caring approach and making Hillcrest feel like a family home. People were actively seeking the company of staff.

People received a service that was caring and recognised them as individuals. Positive interactions between people and staff

were observed. People were relaxed around staff.

Staff were knowledgeable about people's daily routines and personal preferences. People's independence was encouraged and they were involved in everyday activities such as cooking and shopping.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported. These were tailored to the person and kept under review.
People were supported to take part in regular activities both in the home and the community.

People could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led. The quality of the service was reviewed by the provider/registered manager and staff. However, the checks that been completed had not identified some shortfalls that would have an impact on the people living in the home in respect of their safety and rights.

Staff were clear on their roles and aims and objectives of the service and supported people in an individualised way.

The staff and the registered manager worked together as a team. Staff were well supported by the management of the service.

Hillcrest

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.
This was the home's first inspection since changing to a limited company. This inspection took place on 8 August 2017 and was unannounced. One inspector carried out this inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications. Notifications contain information about important events, which the service is required to send us by law.

We contacted six health care professionals to obtain their views on the service and how it was being managed. We received three responses. You can see what they told us in the main body of the report.

During the inspection, we observed and spoke with people in the lounge and the kitchen, looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and staff training. We spoke with three members of staff and the registered manager. We also had an opportunity to speak with two relatives after the inspection.

Requires Improvement

Is the service safe?

Our findings

People were unable to tell us if they were safe. However, we observed people moving freely around their home and seeking out the company of staff. This demonstrated people felt secure in their surroundings and with the staff that supported them. A relative told us the family had no concerns about the safety of the service and that X (name of person) was very happy there.

We checked whether people were safe in the event of a fire. There were records of daily and weekly checks on the fire equipment. Monthly monitoring of the emergency lighting was not being completed as required. Staff had received annual training on fire safety. Staff told us this was a video followed by a knowledge test. However, not all staff had attended a fire drill in accordance with the recommendations of the fire service. Staff should be attending a fire drill every six months and, three monthly if they work nights. The registered manager told us some staff may have attended a fire drill at their sister home. However, the layout of the buildings are different, therefore staff should complete the fire drills in each home.

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

We checked whether radiators had been covered to prevent people scalding themselves and whether there were window restrictors on the upstairs windows. There were no window restrictors or radiator covers to afford protection for people. Falls from first floor windows are a known risk. We asked if there were individual risk assessments in respect of these safeguards to prevent harm to a person. These had not been completed. Due to the complex needs of the people, this should have been undertaken. The registered manager told us one person did like to look out of their window and it may be a risk if they leaned out.

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

The registered manager told us an external contractor had completed a health and safety check on the premises and the systems on the 5 July 2017. They were waiting for their report. After the inspection, the provider sent us the report. This had made some recommendations. These included ensuring the emergency lighting was checked on a monthly basis, to complete a portable electrical test, as this had been due in March 2017. There were also gaps in the checks on the hot water. These checks should be completed to minimise the risks in respect of legionella. They also recommended a member of staff complete regular checks of the first aid boxes to ensure they contained suitable equipment. It was also noted that an emergency light on the stairs was not working. The registered manager confirmed in an email that these areas would be addressed as a matter of priority.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. When we looked at the dates of the competency checks, some staff had not had their competency checked since 2012. The provider's medicine policy clearly stated this should be completed every six months.

There were clear plans on how people liked to take their medicines, what they were for and the known side effects. Medicines had been kept under review with the GP. Checks were completed monthly on what medicines were held in the home such as paracetamol. Staff recorded how many were in stock. There was no running total for each medicine, which would enable the registered manager to monitor if there were any discrepancies.

The registered manager told us there had been five medicine errors in the last twelve months. In response, medicine records were checked by the staff during the staff shift handover. The registered manager told us this had reduced the errors, which in the main were because staff had given people their medicines but had not signed the medication administration record (MAR). When we checked the MAR sheet for the current month for the four people there were no gaps where staff had not signed.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. A member of staff said if they suspected any abuse, then they had a duty to report it to the registered manager. They told us they had no concerns and all staff were committed to providing safe care to people. They were also aware of external agencies such as the local authority safeguarding team, the Care Quality Commission and the police. A whistle blowing and safeguarding adults policy was in place to guide staff. Contact details of the local safeguarding team were clearly displayed in the office.

The registered manager had worked closely with the local authority in safeguarding people's finances. This included liaising with people's representatives for them to take on the role of appointeeship. An appointee is a person who has been appointed by the Department of Work & Pensions (DWP) or a local authority to receive welfare benefits on behalf of someone who is unable to manage their own financial affairs Where people did not have a family member then a representative from the local authority was taking on this role. Meetings had been arranged with all parties. The registered manager told us they now discussed with either the person's family or social worker about any major purchases. This was to ensure it was in their best interest. The local authority confirmed they were happy with the new arrangements and the safeguards that were now in place.

People's care files included information to keep them safe when in the home and the local community. People had a fire evacuation plan, which staff could follow in the event of a fire. However, one person's required updating to reflect their change of bedroom. Staff confirmed they were in the process of updating this person's care file.

Care records included specific information about any risks to people arising from areas such as assistance with personal care, risks when in the community, moving and handling and those relating to a specific medical condition. We did not note that one person's risk assessment around accessing the community independently was no longer current. This was because the person and a member of staff told us they now preferred to be accompanied by staff. The registered manager told us a senior member of staff was in the process of reviewing this person's care file due to the changes in their support needs. Some information was already with the administrator. They showed us the information they had been given to enable them to update the person's care plan.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. Staff had completed training in this area. The registered manager told us they had introduced hourly checks on toilets and bathrooms to ensure they were clean. Staff had signed to confirm this had been done.

Staff had completed training on the principles of food hygiene. The kitchen was clean and well organised. All items in the fridge were well organised and dated when opened. Colour coded chopping boards were available to prevent risks of contamination from meat, fish and vegetables. Food probing was completed to ensure food was cooked to the optimal temperature. Records of Fridge/freezers temperatures were maintained to ensure they were working correctly.

Sufficient staff were supporting people. This was confirmed in discussion with staff and through looking at the rotas. Staff told us any shortfalls were covered by the team and the registered provider. The registered manager told us it was important that familiar staff supported people and agency staff were never used. People told us they could always go out when they wanted. Staff told us they tried to enable people to go out daily for a walk to the local shops or for a cup of tea.

There was always two staff working during the day and evening. The registered manager told us since June 2017 they had introduced a waking night due to a person's needs changing significantly. Staff told us they worked in Hillcrest and the provider's other service. They said this was important so they could get to know everyone living in both services. They told us they knew in advance, where they were working.

Recruitment information was held at the provider's other service. The registered manager told us they were actively recruiting to two vacant posts. They clearly described to us their role and responsibilities to ensure suitable staff were employed. They told us that a new member of staff would not commence in post until all the satisfactory checks had been completed. They told us they were finding the recruitment of staff difficult due to the low number and quality of the applicants. In response, they were reviewing how they advertised vacancies. We will look at the recruitment records on the next inspection of the provider's other service.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

Applications in respect of Deprivation of Liberty Safeguards (DoLS) had been submitted for three people in 2014. The registered manager told us there had been no contact from the local authority since they submitted these applications. We asked for evidence to be forwarded to us that the service had followed this up with the local authority. The registered manager confirmed they had not had any confirmation. When we asked staff if there was anyone subject to a deprivation of liberty staff were not confident and were not aware of the applications. After the inspection, we contacted the local authority DoLS team to ascertain whether they had received the applications. They confirmed that these had not been received for the three people. The registered manager confirmed they had submitted four applications for a deprivation of liberty safeguard. This was because people required constant supervision to keep them safe and people were unable to make the decision on whether they wanted to live in residential care home.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

People's rights were not always protected because the staff had not acted in accordance with the MCA. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. This was because one person who lacked capacity had a monitor in place to alert staff when they were using the stairs. This was a video monitor placed on the stairs in the annex. This was relayed to a small hand held device to enable staff to monitor this area when they were not in the vicinity and during the night. The registered manager told us this was because there was a risk for this person on the stairs. There was no record of the use of the monitor in the plan of care. There was no evidence of a best interest decision stating who was involved in the decision and, why this option was chosen including exploring any other alternatives that were less restrictive. The registered manager understood their responsibility to protect people's rights and thought this had been recorded.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We saw meetings were held for other people so that decisions could be made, which were in people's best interests involving the person's relative, advocate and other health and social care professionals. Records were maintained of these discussions, who was involved and the outcome. For example, taking medicines, expenditure, who should be responsible for the person's finances and whether it was in people's best interest to change to a different GP practice and pharmacy. Relatives confirmed they were asked for their opinions and involved in the decision making.

People's care plans clearly described how the staff supported people to make day to day decisions, for example about what to wear, to eat and drink and how they wanted to spend their time. Staff were aware of those decisions that people could and could not make for themselves. Examples of this included decisions about health care monitoring when people were not able to understand the relevant information. Staff were observed asking people if they would like assistance and waited for their response before assisting.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan, which described the support they needed to stay healthy. Relatives confirmed they were kept informed about any changes in respect of their relative's general health and well-being. One relative said, "X (name of the registered manager) keeps in regular contact and tells us about any changes". The registered manager told us they had considered moving people to an alternative GP practice. They had discussed this with a health professional and since then the service had improved with quicker access to appointments and requests for people's prescriptions.
Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

Meal times were flexible and organised around people's activities. There was a weekly menu, which included all the food groups and offered people variety. A person told us they enjoyed the food and they were asked what they would like to eat daily. People were offered a choice of sandwiches/snacks at lunchtime with a cooked meal at teatime. One person had asked for an alternative and was having sausages instead of chicken chasseur. Fresh fruit was available for people to help themselves.

People were weighed monthly and any concerns in relation to weight loss was promptly discussed with the GP and other health professionals. Food and fluid was monitored where there were concerns about weight loss or gain.

New staff had completed an induction, which included completion of mandatory training. A member of staff told us this had been very comprehensive and there was an opportunity to work alongside more experienced staff. Staff new to care completed the care certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. A new member of staff told us they had completed a lot of training on line and further training was planned to enable them to complete the care certificate. Whilst another member of staff said, the training had been useful they preferred classroom training because they could then discuss things as a group.

Staff confirmed they received regular supervision. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. The registered manager told us they aimed to complete these formally every eight weeks. They said they met with staff on an informal basis regularly. Staff confirmed they were supported in their roles and could speak to the registered manager/provider at any time. Supervision records were held at the provider's other service. We will be checking these when we complete an inspection at this service.

Individual staff training records were maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles. One person had an early diagnosis of dementia and was being supported by the community learning disability team. The registered manager told us they were looking to provide some training in this area to assist in meeting this person's changing needs. They also told us they had an appointed a new office administrator and as part of their role they would be co-ordinating and organising training.

Hillcrest is a small residential home close to local amenities. The home was suitable for the four people presently accommodated. Three of the four bedrooms were on the first floor. Individual assessments were in place for each person to safely move about the home. These included using the stairs. One person's bedroom was on the ground floor. The registered manager told us they kept this under review as people's needs changed. Bedrooms had been personalised to suit the person.

All areas of the home were comfortably furnished. The kitchen was the hub of the home and people were seen frequently sitting in this area doing activities and chatting with staff. There was a small courtyard to the rear of the property, which led to a self-contained flat. One of the bedrooms in the main part of the house was not occupied as this person had moved to the annex. The registered manager was aware that the service was registered for four people. They told us long term they were considering increasing occupancy to five but wanted to ensure there was a stable team and no staff vacancies.

The registered manager told us they were planning some refurbishments of the property to include replacing the lounge and hallway carpet and redecoration of the hallway. They told us this was planned to coincide with a planned holiday for people in September 2017. This was because some people found the presence of strangers unnerving. We noted there was some damp in the empty vacant bedroom we were told this was under investigation and the works would be completed at the same time.

Good

Is the service caring?

Our findings

Relatives told us they felt the service was caring. One relative told us, they had chosen Hillcrest as it was a small homely service. They said they could not fault the service and praised the staff on how quickly they had got to know X (name of person). The also stated staff knew what they liked and did not like. Relatives also told us they were made to feel welcome when visiting the service. They told us they were advised to ring prior to visiting in case people were out and about or had planned activities.

People looked well cared for. People were supported with all aspects of their personal care. The registered manager told us people were offered a bath or shower daily if that was what they wanted or needed. Staff told us they never felt rushed when supporting people and gave people the time they needed. One person told us they liked to have a shower every day early in the morning and staff always supported them. Where people needed support this was done discreetly, for example, a member of staff quietly asked if a person would like to change their top due to spillage. Another person's shirt was on back to front. Staff again quietly redirected the person to their bedroom to change this. Both people were asked for their consent.

The relationships between people and the staff were friendly and relaxed. People looked comfortable in the presence of staff. Staff were sitting and engaging with people in the lounge, kitchen and the small courtyard to the rear of the property. Conversations were inclusive and involved the people living in Hillcrest. Whilst some people were unable to engage in a conversation it was evident the staff understood and knew the person well involving them in what they were doing. One person indicated they wanted a cup of tea; staff were prompt in assisting the person to fill the kettle and support them to make this safely. Later in the day, the person was supported to go for a walk. Staff recognised that this person particularly liked structure to their day due to their autism.

Staff knew people well and were familiar with each person's likes and dislikes. Staff were able to tell us about each person's personal preferences and what they liked to do during the day. They described people as individuals and spoke positively about their personalities and how they supported them. One person had a particularly difficult time earlier in the year with behaviours that could be disruptive to the others especially at night. It was evident staff continued to support this person in an inclusive and positive manner. Staff were focused on people's positive reputation.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and, they spent time with them on a one to one basis. Staff told us as part of the key worker role it was their responsibility to ensure they had sufficient toiletries and support them to go shopping for items of clothing.

Staff told us people were very much involved in life at Hillcrest. This included helping with the cleaning, cooking and shopping. Some people liked to lay and clear the tables. People were also supported to make their own tea and coffee where they were able. This showed that people's independence was encouraged and supported. The registered manager told us they wanted people to feel like it was a family home.

Staff were observed knocking on bedroom doors and asking permission before they showed us around the home. All bathroom and toilet doors could be locked. Staff were able to gain access in the event of an emergency. It was evident people's privacy was respected. People were also asked for their permission and whether they were happy for the inspector to look at their bedrooms.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. One person was planning a birthday celebration and family had been invited to join in the celebration the day after the inspection. This person had been supported to go shopping to enable them to make choices on the party food they wanted. Staff were also planning to make a birthday cake that evening involving some of the people. A relative told us, the registered manager had arranged for their brother to visit them. They said this had been really successful and it was a pleasure to be able to cook a meal for his brother rather than visiting Hillcrest. They said the registered manager had organised the transport and another member of staff to support during the car journey. They said the day had been very successful and was looking forward to doing this again in the future.

Good

Is the service responsive?

Our findings

Staff took the time to listen to people and respond to their requests. People were included in conversations taking place in the home. People were involved in the planning of their day. On the day of our inspection, one person wanted to go to the local shops and two others were supported to go out for coffee and visit people living in another service operated by the provider. People were supported by staff to do this. Staff were prompt in picking up on people's non-verbal communication. For example, one person was starting to become unsettled, staff spent time with the person trying to find out what they needed. This person then settled quickly.

People were supported to maintain their independence and community involvement. Some people liked to go to the local shops and others liked to go for a walk. Some people regularly attended an arts and crafts club held locally and a cycling club for people with learning disabilities. This enabled them to build relationships with other people living in the local area. There was games and arts and crafts equipment, which was available to people. In the afternoon, two people were sat doing arts and crafts in the garden with a member of staff. Another person had been offered a choice of the television or music. They made the decision on what type of music they wanted to listen to. Later they were given a further choice of going for a walk to the local café. The registered manager told us, that when this person was in hospital someone had been critical of their artwork and sadly, they did not want to do this anymore. Later we observed this person doing some drawing and colouring. Staff took the time to praise them on what they were doing. It was evident this person responded well to the praise and continued with the activity.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported. Relatives confirmed they were asked their opinion and this was valued and taken into consideration.

People had their individual needs regularly assessed, recorded and reviewed. Care reviews were held at regular intervals involving the person, relatives where relevant and other professionals. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example, referrals to the local community learning disability team in respect of a person's behaviour changing needs and the early onset of dementia.

A social care professional told us, "I have worked with this placement for a long time and can confirm that I have never had any concerns. They report all issues in a timely fashion and have often exceeded my expectations. I think they deal with a very difficult client group and my gentleman in particular has been provided with wonderful care, when many other placements may have given notice they have remained dedicated to his care and welfare".

The registered manager had supported this person through a particular difficult period. They told us in response, to the person's changing needs they had moved them into the annex adjourning the main house.

The person and health and social care professionals had been involved in this decision. This was because the person was not sleeping well, which was affecting the other people living in the home. They had also reviewed the staffing at night to provide waking staff. This person proudly showed us their new accommodation. They had access to a bedroom, bathroom, small kitchenette and a lounge area. The registered manager told us the person often spent time in the main house but when they wanted to have time on their own they would take themselves off to the annex. Staff were evidently responding to this person's needs consistently, which was having a positive impact for the person enabling them to remain at Hillcrest.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed. In addition, monthly key worker reports provided a summary of health care appointments, activities, general well-being and any activities the person wanted to take part in. This enabled the registered manager to have a comprehensive oversight of people's ongoing and changing needs.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. A copy of the complaint procedure was available in an easy read format. The service had received two complaints in the last twelve months. Staff, on behalf of people, had raised these concerns because they had been upset by the behaviours of another. It was evident these had been reported to the local authority as a safeguarding concern and appropriate action taken to minimise any risks to people.

Requires Improvement

Is the service well-led?

Our findings

There were areas found at this inspection where the service was required to improve in respect of people's safety. This included; ensuring checks were completed on the emergency lighting, first aid boxes and to ensure all staff took part in regular fire drills. In addition, the registered manager had failed to ensure appropriate applications in respect of people's deprivation of liberty had been submitted. These had been submitted in 2014. There was no evidence that these had been followed up by making contact with the local authority to ensure these had been received or were being processed. The provider's quality checks had not identified these areas of concern to enable them to rectify these shortfalls.

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

Systems were in place to review the quality of the service. Either the registered manager or a named member of staff completed these. These included checks on the medicines, daily checks on people's finances, care planning, training, supervisions and appraisals. There were no formal infection control audits or environmental checks. Improvements were needed in respect of checking the medicines that were held in the home, as there was no running total. This would enable the registered manager to monitor for any discrepancies. The registered manager told us they completed regular visual checks and recorded any maintenance concerns. They also looked at this during a monthly provider visit. We found no concerns in respect of infection control, however these audits would assist regular monitoring of this area.

Hillcrest was a family run business. The provider owned another home, which was close to Hillcrest. The provider was the registered manager of both homes. From talking with staff, the registered manager was hands on and took an active role in the delivery of care working alongside the team. Staff confirmed the registered manager and other family members were contactable at all times should they require support or advice. A member of staff told us, "There are never any staff shortages as the registered manager or another family member will cover at short notice, they are committed to providing person centred care". The registered manager told us it was important that all staff had an opportunity to work in both homes enabling them to get to know each person and for people to get to know all the staff. Staff confirmed they worked in both homes. It was clear that the people in the home had built positive relationships with the staff that were working on the day of the inspection.

Staff spoke positively about the management style of the registered manager. Staff told us the registered manager was approachable and supportive. A health professional said the management team had worked alongside them in making necessary improvements in the way people's finances were managed. Another commended the manager and the staff for their commitment to continuing to support a person during a very difficult period.

The staff told us they were confident to report poor practice or any concerns, which would be addressed by the management. Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were

unhappy. There was a clear ethos, which was to support people to lead ordinary lives within a caring and inclusive family environment. The registered manager told us, some staff had recently left as the expectations of the service had changed. They told us a few staff were reluctant to move forward to ensuring people's rights were upheld in respect of the Mental Capacity Act. The registered manager told us they expected all staff to record decisions that were made on behalf of people and evidence that people had been consulted. Some staff were reluctant to record these and had made the decision to leave. The registered manager told us this had had a negative impact on the morale of staff. However, they felt moving forward this had changed and staff were now committed to protecting people's rights and providing person centred care. They felt there a more positive and 'can do' culture amongst staff.

People's views were sought through an annual survey. People expressed a good level of satisfaction with the care and support that was in place and the environment. People knew how to complain. Comments were positive about the care and support that was in place.

Regular staff meetings were taking place, enabling staff to voice their views about the care and the running of the home. Minutes were kept of the discussions and any actions agreed.

We reviewed the incident and accident reports for the last twelve months. Appropriate action had been taken by the member of staff working at the time of any accidents or incidents. There were no themes to these. The registered manager reviewed the documentation to ensure appropriate action had been taken. There was no overview of the incidents to enable the registered manager to identify any themes without going through each incident and accident report. Staff evidently felt confident to contact the registered manager or the on call manager for advice in respect of any incidents or accidents. These discussions had been recorded on the record of the accident or incident. Whilst it was evident the registered manager was aware of each incident or accident. They had not signed off the record of the incident to confirm they were satisfied with the actions of the staff and any follow ups that were required.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met: People's rights were not always protected because the staff had not acted in accordance with the Mental Capacity Act 2005. This was because the use of a video monitor was not clearly recorded in the person's care plan in relation to a best interest decision ensuring that this was the least restrictive option for them taking advice from other health and social care professionals involving the person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: People who use services and others were not protected against the risks in the event of a fire this was because staff had not taken part in regular fire drills. Regulation 12 (1) (b) and (c) People who use services and others were not protected against the risks in relation to their environment, such as window restrictors or radiator covers. Regulation 12 (1) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:
The registered manager had failed to ensure appropriate applications in respect of people's deprivation of liberty had been submitted. Regulation 13 (5).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered manager had systems but these had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This included checking whether staff had taken part in a fire drill, the checking of hot water and first aid boxes. There was no system to monitor the applications submitted to the local authority in respect of the deprivation of liberty safeguards. Regulation 17 (2) (a).