Mrs Jane Cini

Hilltop Residential Services

Inspection report

Hilltop
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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 inspection was carried out by an inspector on 7 and 11 January 2016.

Hilltop Residential Services provides accommodation and support for up to six people who may have a learning disability, complex physical needs, sensory impairment and epilepsy. Six people were living at Hilltop at the time of our inspection. The service offers a variety of activities in the local community and can also support holidays and trips away.

The home was not required to have a registered manager as the provider is registered as an individual with the commission. The registered provider was present in the home each day to oversee the day to day running of the home which they had delegated to their home manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's medicines were ordered routinely and in a timely way. However, systems to manage the storage and administration of medicines were not sufficiently robust and were not always safe and in line with good practice guidance.

The home was not working within the principles of the MCA. The manager and some staff did not fully understand the requirements of the Mental Capacity Act 2005 (MCA). MCA assessments had not been completed to establish that people lacked capacity to make specific decisions, although the manager had applied for DoLS authorisations for everyone who lived at the home.

There were insufficient systems in place to monitor the quality and safety of the service provided. Current systems were not effective and had not identified issues such as gaps in medicines recording or out of date policies. The provider and manager were not aware that new regulations had come in to force in April 2015 and policies still related to the previous regulations.

Incidents and accidents were recorded, although records were disorganised and no analysis of incidents was undertaken. Complaints procedures were in place. The home had not received any complaints.

Staff showed a good understanding of the needs of the people they supported. People were offered a choice of home cooked food and drinks which were sufficient for their needs and that met their dietary requirements. People's hobbies and interests were documented and staff accurately described people's preferred routines. Staff supported people to take part in activities both within the home and in the community.

There was a strong, visible person centred culture within the home. Staff delivered care that supported people to maintain their independence and provided re-assurance when needed. Staff treated people with kindness and compassion and respected people's privacy and dignity.

Relatives told us they were happy with the care people received. People, their families and their advocates were involved in the planning and review of their care. People's care plans were personalised and support was tailored to their individual needs. Staff were knowledgeable about people's health conditions and made referrals to health care professionals quickly when people became unwell or if they had concerns.

There were sufficient numbers of staff on duty to support people safely and meet their assessed needs. The provider had appropriate systems in place to recruit staff and appropriate checks were carried out before they commenced employment to ensure they were suitable for the role. Staff received an induction before they started work and were appropriately trained and skilled to deliver safe care.

Safeguarding people was understood by staff who knew about their responsibilities to report any concerns of possible abuse. Individual and environmental risk assessments had been carried out and measures put in place to mitigate risks to people.

There was an open and transparent culture within the home and staff and relatives said the provider and manager were helpful and approachable. Staff understood the vision and values of the service and were actively involved in the development and improvement of the service.

We found two breaches of the Health and Social Care Act 2008. You can see what action we have asked the provider to take in the main 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. There were insufficient procedures in place to manage, store and administer medicines safely.

Staff understood the different signs of abuse and knew what to do if they had concerns. Risk assessments were carried out and plans were in place to minimise the risks.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to appropriate checks before they began working in the service.

Is the service effective?

Requires Improvement

The service was not always effective. The manager and staff did not fully understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider had requested authorisation from the local authority to restrict people's freedoms but had not assessed their capacity first.

Referrals to health care professionals happened quickly when people became unwell or staff had concerns. People were offered a variety of food and drinks which were sufficient for their needs.

Staff had received effective induction, training and on-going development to support them in their role.

Is the service caring?

Good

The service was caring. Staff were kind and treated people with dignity and respect. The service had an enabling culture that promoted choice and independence.

Relatives told us that staff were caring, compassionate and were sensitive to people's wishes and feelings.

People's rooms were personalised and reflected their interests, hobbies and preferences.

Is the service responsive?

Good

The service was responsive. People were supported to maintain relationships that were important to them.

People's care plans were detailed and person centred and written with the involvement of families. People, families and advocates were involved in regular reviews and records were updated to provide accurate guidance for staff.

An environment had been created which enabled people to meet their needs and help them to maintain their physical independence.

Is the service well-led?

Requires Improvement

The service was not always well led. The provider and manager were not up to date with the latest regulations. There were ineffective quality assurance systems in place which had not identified shortfalls within the service. There were no systems in place to identify and manage infection control risks.

The culture within the home was open and transparent. The manager and provider were approachable and listened to and acted on feedback.

Staff were supported and knew what was expected of them in their role. Staff understood and worked to the visions and values of the home and were involved in developing the service.

Hilltop Residential Services

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 checked 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 inspection took place on 7 and 11 January 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with one person who lived at Hilltop, the manager, three care staff, and the registered provider. Most people were not able to tell us about their experiences of living at Hilltop so we also carried out a number of observations to assess how staff interacted with people they were supporting. Following the inspection we received feedback from one health professional and two relatives about how the staff delivered care to people.

We pathway tracked two people's care. This is when we follow a person's experience through the service. This enables us to capture information about a sample of people receiving care. We looked at staff duty rosters, four staff training and recruitment records, and other records relating to the management of the home such as internal quality assurance audits.

We last inspected the home on 7 June 2013 where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

Relatives told us the service provided safe care. One relative told us staff acted promptly when they found their family member had unexplained and unusual bruising. They told us "They [staff] called an ambulance and let me know what was happening." They told us "There are enough staff to meet people's needs. They always know where people are and check on them regularly." Another relative said "There are enough staff [to keep people safe]. I've no worries about safety."

The provider did not have an emergency contingency plan. These are important to ensure that in the event of an incident the home continues to operate safely and effectively. For example, if there was a fire or a failure of the gas supply. Emergency plans should include important information to guide staff in what action to take in different emergencies, such as alternative accommodation arrangements, key contact details of police, fire services, and utilities companies.
Arrangements for the storage, administration and management of medicines were not adequate. The home did not have appropriate arrangements for the storage, recording of receipt and dispensing of controlled drugs (CDs) that met current legislation. CDs are medicines which may be misused and there are specific ways in which they must be stored and recorded as set out in The Misuse of Drugs Act 1971 (The Act). The provider stored their CDs in a unsecured medicines box which was which was kept in the locked store cupboard. This did not meet the requirements of the Act. Medicines that required cold storage were stored in the fridge. However, fridge temperatures were not taken so staff could not be assured that medicines had not deteriorated as they may not have been stored in line with manufacturer's instructions.

The management and administration of medicines was not robust and was not in line with best practice guidance such as the National Institute for Clinical Excellence (NICE) Management of medicines in care homes 2014. Staff received training before administering medicines and competencies were checked regularly. However, we observed a member of staff administering people's medicines and noted they did not check the details of each person, their medicine and dosage against their medicine administration record (MAR) before it was given. Staff were required to sign the MAR charts to confirm each medicine had been given correctly. However, we identified 16 occasions where medicines had not been signed for on two people's MAR charts. We could not therefore be assured that people had received their medicines as directed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014; Safe care and treatment.

We spoke with the manager and provider about medicines management who told us they had a system in place to double check medicines had been signed for. They agreed this system was not working. The manager told us they would arrange for a pharmacy to visit to carry out an independent audit of their medicines arrangements and provide them with an action plan. This had been actioned following our inspection.

There was an effective system in place for the ordering of medicines and stock levels were not excessive.

Medicines were stored in a locked cabinet and keys were accounted for at all times.

Staff were knowledgeable about their responsibilities to protect people from abuse. Staff had received training in safeguarding people and could describe the different types of abuse to look out for. They knew who to contact if they had any concerns or if abuse was suspected. For example, to CQC or to the local authority.

The service had deployed sufficient and suitably skilled staff to meet people's needs. We observed staff providing one to one care and support to people and noted this was not rushed. Staff were observant and regularly checked to make sure people were okay and noticed if people needed immediate help, such as when they had slipped down in their wheelchair. Staffing levels were assessed and reviewed to ensure the service had staff with the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The number of staff on duty was dictated by the care and support needs of people, and shifts were always covered by the staff team if people called in sick or were on annual leave. The staff roster for the day of our inspection showed the number of staff on duty matched that which we had been told.

Risks to people had been identified and actions taken to mitigate those risks. Individual risk assessments had been completed for people, such as the use of a lap belt, to avoid them falling from their wheelchair or to manage any behaviours that might be challenging. Staff were aware of how to reduce the risks to people and understood how equipment should be used safely. Risks in relation to people's nutritional needs had not been formally assessed through recognised risk assessments tools. However, staff had a good understanding of people's nutritional risks. A health professional told us the staff had a good understanding and monitored people's weights closely when required. Where people had been prescribed additional supplements, these were provided.

There were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment and experience was reviewed at interview and references were taken up as part of the pre-employment checks. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work in care.

Requires Improvement

Is the service effective?

Our findings

Relatives told us staff were well trained and knew how to provide good care. A relative said "The staff have the skills to meet [my family member's] needs." They told us the staff knew about dietary requirements and had extended the range of foods their family member would eat through trying different foods and offering support. Another relative told us staff monitored their family member's weight as they were at risk of losing weight. Staff encouraged them to eat and added high fat foods such as cream, butter and full fat yoghurts to help them gain weight. A health care professional told us the staff were "On the ball" and were quick to make referrals or seek advice when they had concerns.

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. The application procedures for this in care homes and hospitals are 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 were being met.

Although staff had received training in the MCA, the home was not working within the principles of the MCA. The manager and some staff did not fully understand the requirements of the MCA. MCA assessments had not been completed to establish whether some people lacked capacity to make specific decisions that had been made on their behalf, such as the wearing of a lap belt or living at Hilltop. Staff told us people using the service did not have capacity to make some decisions so relatives, advocates and care professionals were involved in making decisions about some aspects of people's care. However, these decisions were not always appropriately recorded.

The manager had applied for DoLS authorisations for everyone who lived at the home. However, they had not completed mental capacity assessments to confirm that people lacked capacity to make the decision for themselves. This is one of the specific criteria they are required to meet to be subject of a DoLS application. Following the inspection the manager had contacted the DoLS team for additional advice.

This is a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

Staff sought people's consent before providing any care or support. They did this by showing an object of reference or by using signs and gestures. Throughout our inspection we observed staff asked people for consent before providing any care or support. For example, asking them if they wanted to take their medicines. Staff waited for a response, either verbal or by gesture, before proceeding which ensured people's wishes were listened to.

There was no planned menu as people decided each day what they would like. Home cooked meals were freshly prepared by staff each day which smelt and looked appetising. On the days of our inspection people enjoyed fish curry and lamb stew and a hot dessert. One person decided they would prefer a jacket potato and this was cooked freshly for them. People chose where they wanted to eat. Most people ate in the dining room and were able to eat independently but those who preferred to eat in their room were supported to do so. Another person required assistance and was supported by the provider in the dining room. The person was reluctant to eat and said they just wanted a smoothie. The manager came over and talked to the person and encouraged them to try some of the food which resulted in them eating their meal. The manager told us that sometimes all it needed was a change of staff. Where people required adapted equipment, such as a plate guard to fit around the rim of their dinner plate or a two handled cup, these were provided.

People were referred to healthcare services quickly when needed. Staff regularly made contact with GP's and the speech and language therapist to discuss specific behaviours and health needs. People had access to healthcare professionals, such as the dentist, chiropractor and optician, to check on their health and wellbeing. A health professional told us "They contact us if there is any deterioration or any changes in health. They are very good and will chase us and keep us in check." One person's decline in health had caused some concern and a referral had been made for further investigations. The manager and staff had consistently chased the referral to try to speed it up as they were unhappy with the length of time it was taking.

Staff received an effective induction. Each member of staff had undertaken an induction when they started work which provided them with training, skills and knowledge which helped them to support people appropriately. This included shadowing experienced staff before taking on caring responsibilities. New staff were undertaking the Care Certificate, a nationally recognised induction programme that demonstrates staff have met the standards required for care. Staff received on-going training and this was re-newed each year to ensure competencies were up to date. Topics included fire safety, first aid, moving and handling and training specific to people's needs such as continence care and Parkinson's disease awareness. Staff were also given questionnaires to complete to check their ongoing understanding of issues such as safeguarding adults and continence care.

Staff told us they had regular supervision and this was confirmed by staff supervision records. Supervision is a process which offers support, reflection and learning to help staff develop in their role. Staff felt supported and could always access help, advice and information from their manager and senior staff. They told us the manager and provider were "Always to hand" and "Very approachable." The manager confirmed that not all staff had received a recent appraisal but they were about to implement a new appraisal system.

People's individual needs were met by the adaptation, design and decoration of the service. The home was accessible for people with limited mobility or who used a wheelchair. The garden was fully accessible for all to enjoy, with level paved and decked areas leading to a patio with a built in Bar-B-Que and a large swing seat.

Good

Is the service caring?

Our findings

Relatives told us the staff were caring. One relative told us they valued their relationship with staff. They said "They [staff] are very caring and compassionate. That's their trademark. They will say hello and call people by name. They're like family." Another relative said "They have a lot of patience and a positive attitude." They went further and said "I'm very happy. I don't want [my relative] to ever move. I would flag this up as a model of excellence. It delivers what it says on the box. They are very caring".

There was a strong, visible person centred culture within the home. People had personalised bedrooms with things that were important to them, such as photographs and momentos. One person had photos of themselves on a special day out which had been blown up and fixed to their bedroom wall. Another person had been visited by a relative who had sent a photo to them and this was on their wall along with a letter they had been sent. People had been involved in choosing colours and themes for their bedrooms.

Staff knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories, hobbies and how they liked to spend their time. We consistently saw that staff engaged people in conversation and choices about what activities they wanted to do, or what they wanted to eat or drink.

Staff spoke with people in a kind, friendly and courteous manner, depending on the method of communication the person responded to, which included communicating by using hand gestures, pictures and symbols. For example, one person had a personalised picture book which they used to point to what they wanted to eat or what activity they wanted to do, which staff understood and responded to.

Staff spoke kindly with people, smiled, encouraged and promoted independence by enabling them to do as much for themselves as possible. For example, one person was encouraged to take their empty plate to the kitchen when they had finished their meal. People also had access to advocates to support them to be involved in discussions and make decisions about their care alongside their family members to maximise their independence.

Staff treated people with dignity and respected their privacy. We observed staff knocking on people's bedroom doors and asking if they could enter. They also asked if they could have permission to show our inspector their bedroom. People were addressed by their preferred names and were acknowledged as individuals.

The atmosphere in the home was friendly and relaxed. Staff consistently supported people in a calm, positive and respectful manner and provided reassurance by using gentle touch. One person liked to sit in their wheelchair in the lobby by the kitchen so they could see what was going on. Staff told us this was good because they could also keep an eye on them as they had been unwell. The staff member was re-assuring and was mindful of the person's dignity when checking they were okay.

Staff understood confidentiality. The staff communication book and diary referred to other documents that

staff should read for updates. One member of staff told us about respecting people's privacy of information. They said "I've been off for a couple of days. There was basic info in the communication book about [a person] who had been in hospital. It refers you to where to go for the detailed information."

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to people's needs. Comments included "They respond brilliantly. They understand him and know if things change. When he changed his meds they were watching for changes. They kept me in the loop." Another relative told us "They do know her [my relative] really well." A health professional told us "They are easy to contact and very flexible with appointment times." They told us they thought the staff had a good understanding of people's needs and would contact them if they had any concerns or needed advice.

Initial assessments were undertaken before people moved in to the home. These recorded people's needs, such as communication, medicines and getting around. Assessments also included periods of time where staff visited people in their previous home and to get a better understanding of the person, their care needs and routines. People also had the opportunity to visit Hilltop before a final decision was taken for them to move in. A staff member told us they had previously supported a person in another home. They said "I brought [the person] over for visits before they moved in [to Hilltop]. They weren't settling. It was a lot of change for her so I joined the staff team here so I could support her". This resulted in the person being less anxious and enabled them to settle in to their new home with the support and re-assurance of a familiar face.

Care plans were personalised and contained detailed information about people's health and care needs and included information about their likes and dislikes, preferences, hobbies and interests. Records gave clear guidance to staff on how best to support people, for example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. People, their relatives and their advocates were involved in regular reviews with staff and care plans were updated to ensure they reflected people's changing needs and any recommendations provided by healthcare professionals.

People were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at Hilltop were taking part in various individual activities such as reading magazines, listening to music or looking at hobby cards. Care records showed people had been supported to take part in or attend their chosen activities most of the time. Staff explained that if a person was unable to attend their planned activity in the community, for example due to not being well, they would offer something to do in the home, such as listening to music, games or crafts. Daily notes were detailed and covered all areas of the person's day, such as personal care, what they had to eat and drink, what activities they took part in and how they were feeling.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities such as going to the cinema or day centre, People were encouraged to maintain relationships that were important to them. Relatives and friends could visit at any time and one relative told us they came at different times and were always made welcome.

The organisation had a complaints procedure which provided information on how to make a complaint.

The home had not received any recent complaints and relatives confirmed they had no complaints.

Requires Improvement

Is the service well-led?

Our findings

Staff and relatives told us the service was well-led and they had confidence in the manager and provider. A relative told us "I can't say a bad word about the home. They don't let things go. They are very polite and professional." Another relative told us "They [the provider and manager] are very approachable. I would say it's well led. There's always someone at the end of the phone and [the provider] has given me her direct number." Relatives told us they felt involved and were kept up to date with important information at reviews or when they visited. Healthcare professionals told us the home appeared to be well run and staff were responsive.

Relatives and staff spoke positively about the management of the home although we found a number of shortfalls. The provider and manager had not kept up to date with current best practice guidance and legislation and were not aware that new Health and Social Care Act 2008 regulations had come in to force in April 2015. The provider worked in the service every day but wanted to reduce their involvement so had delegated responsibility for the day to day management of the home to their manager. Any delegation to a manager who was unregistered required appropriate monitoring, coaching and mentoring by the provider to assure themselves that current regulations were being met. We spoke with the provider about our concerns and confirmed the legal responsibility for the home remained with them. They agreed and told us they would support the manager to make the improvements required and would work towards a formal transition to register the manager with the commission.

Some quality assurance systems were in place to monitor the quality of the service; however these were not always effective as we identified a number of concerns with record keeping. For example, the manager had not identified there were gaps in MAR charts, although there was a system in place to check this. The home's policies and procedures were out of date as they all related to the old regulations. This had not been identified as part of the policy reviews.

The home had a system in place to manage and report accidents and incidents. All incidents were recorded by staff and most had been reviewed by the manager. However, records were disorganised and lacked structure. It was not possible, therefore, to see how many incidents or accidents had occurred in any given period to carry out an analysis of trends. There was a risk that accident and incident trends would not be identified and opportunities for learning would be missed.

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

Although the home was generally clean and well maintained, we found a very dirty chair and cushion in the dining room. We spoke to the provider about this and were told their dogs visited the home and this was due to the dogs jumping up on the chair and they had not realised the chair was dirty. The manager showed us an improvement plan which identified a new infection control lead who would now be responsible for implementing infection control procedures.

The provider and manager demonstrated a thorough understanding of people's individual needs and they knew their relatives well. They also understood their staff and knew the strengths and needs of the staff team. This enabled staff to be given responsibilities in line with their skills, knowledge, abilities and competencies, including new lead roles, for example, safeguarding, infection control and medication. Staff understood the vision and values of the home, and this was evident from our observations throughout our inspection. Staff felt valued and said there was a good team and communication was effective.

Staff were actively involved in improving the service and were clear about their responsibilities. They told us there were regular staff meetings and there was an open agenda where staff could discuss issues that were important to them. Minutes of the last meeting showed that staff discussed people's needs, new ramps for the home and the policy relating to gifts. The manager had put together a service improvement plan and on day two of our inspection had added some of the issues we had discussed on day one of our inspection. The provider had also responded to our feedback and had contacted the Hampshire Care Association and another provider to discuss support and advice to support them to implement the improvements required.

People and relatives were asked for feedback informally. There was a suggestion box in the hallway although this was empty at the time of inspection. Relatives had sent in letters and emails thanking staff for their help and support. The manager told us they were in the process of developing a questionnaire to send out to relatives.
The provider understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(2)(a) Planning and delivery of care and treatment was not always carried out in accordance with the MCA 2005. 12 (2)(b) The provider did not have effective systems and processes in place to manage, store and administer medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (2)(a)(c)(d) The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of service provided and had not maintained accurate and contemporaneous records in respect of each service user or for persons employed, or for the management of the regulated activity.