Autism Consultants Limited

Hillcrest Kernow

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this announced inspection on 20 April 2016. This was the first inspection for the service since operating from this location.

Hillcrest Kernow is a domiciliary care agency that provides personal care and support to people with a learning disability or a mental health condition in their own homes. At the time of our inspection the service was providing a 24 hour supported living service and personal care to nine people. A supported living service is one where people live in their own home and receive care and support to enable people to live independently. People have tenancy agreements with a landlord and receive their care and support from a domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

Most people using the service had limited verbal communication and were un able to tell us their views about the care and support they received. However, we observed people were relaxed and comfortable with staff, and they received care and support in a way that kept them safe. People had a good relationship with staff and were comfortable with the staff that supported them. Relatives told us, "Staff are wonderful, I can't fault them" and "[Person's name] is very happy, they are always laughing."
Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People were supported by dedicated staff teams who were employed to work specifically with each person using the service.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their food shopping and with the preparation and cooking of their meals.

People were supported to access the local community and take part in activities and outings that they enjoyed and wanted to do. Some people liked to have planned activities each day and for other people staff responded to their needs and wishes on a daily basis. Records showed that people went out most days for walks, shopping, day centres and visiting local attractions.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make

sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive and open culture in the service, the management team provided strong leadership and led by example. Staff were positive about the how the service was run. Staff told us, "You can pop into the office at any time", "The communication is good within the management team" and "We [staff] are all well looked after." A relative told us, "I have confidence in how the service is managed."

Relatives said they knew how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. Risk assessments supported people to develop their independence while minimising any inherent risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People were supported to access other healthcare professionals as they needed.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff encouraged people to be independent and people were able to make choices and have control over the care and support they received.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and informed and guided staff in how to provide consistent care to the people they supported. There were systems in place to help ensure staff were up to date about people's needs.

Staff supported people to access the community and extend their social networks.

There was a complaints policy in place which people had access to.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Hillcrest Kernow

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.

The inspection of Hillcrest Kernow took place on 20 April 2016. The service was given four days notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. One inspector undertook the inspection.

Prior to this inspection we reviewed information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the service's office and spoke with the registered manager, deputy manager and administrator. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service. We visited four people in their own homes and met four staff who were supporting the people we visited. After the inspection we spoke with two members of staff and three relatives over the telephone.

Good

Is the service safe?

Our findings

Due to their complex health needs most people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and comfortable with staff and they received care and support in a way that kept them safe.

There were appropriate arrangements in place to reduce the risk of abuse. Staff were trained to recognise the various forms of abuse and encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse.

Where people required support to manage their finances effective systems were in place. Staff supported people to manage their weekly spending budgets. Robust records were kept when staff supported people to make purchases and receipts were kept. These records and the balance of any monies held were audited weekly by senior care workers.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to them or staff.

Risk assessments were designed to encourage people to develop their independence and help them to have as much choice and control over their lives as possible. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. For example, one person liked to be left alone when having a bath but was at risk of scalding because they would sometimes run the hot tap. Records showed that staff were instructed to listen for the boiler working as this would indicate that the hot tap was in use. Staff would then check if the person was safe but would otherwise leave them alone as they had requested.

People were supported by dedicated staff teams who were employed to work specifically with each person using the service. Everyone using the service received 24 hour care and staff shift patterns were individually designed for each person. Staff could work continuous shifts with people for anything up to 24 hours. However, the length of the shift each staff member worked depended on the needs and wishes of the individual person being supported. For example some people liked to have the same person for as long as possible and other people benefitted from staff working shorter shifts.

There were suitable arrangements in place to cover any staff absence. Staff told us they would cover any shift absences where possible, as they believed having a dedicated team of staff to support the person was in the person's best interests. The service was in the process of recruiting more bank staff specifically to cover staff absences. When the service needed to use agency staff an extra shift was booked so the agency worker could shadow another worker before they worked on their own. A member of the management team covered for staff absence in an emergency. They were familiar with the needs of people using the service and regularly visited them to ensure people knew them well.

Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. Records kept of when people took their medicines were completed appropriately and checked weekly by the senior care workers.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff completed an induction when they started their employment that consisted of a mix of training and working alongside more experienced staff. Hillcrest Kernow had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards in April 2015.The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Staff were recruited to work with specific people and any training needed to support the individual was provided for staff. The service also checked staff competency in any skills or knowledge required to meet individual people's needs before they started to work with them. One care workers said, and "I shadowed other workers until I felt ready to work on my own."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. There was a programme in place to ensure staff received training, such as first aid, manual handling, medicines, food hygiene, infection control and health and safety. Other training, relevant for the needs of people using the service, such as understanding autism and epilepsy were completed by staff. One care worker told us, "On the whole Hillcrest is very good about training."

Most care staff had either completed, or were working towards, a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the manager and team leaders. This gave staff an opportunity to discuss their performance and identify any further training they required.

People were supported to maintain a healthy lifestyle where this was part of their support plan. People were supported by staff with their food shopping and staff assisted them with meal planning and the cooking of their meals. A relative said, "They [staff] care about [person's name] diet and help them to stay healthy."

Management and staff worked successfully with healthcare services to ensure people's health care needs were met. Staff supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Relatives told us they were confident that a doctor or other health professional would be called if necessary. Staff always kept them informed if people were unwell or a doctor was called. Staff were proactive in ensuring people had access to annual health checks with their GP. For example, an appointment for one person had been cancelled by the GP practice and staff initiated another appointment being made to ensure the health check took place.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. Applications had been made to Cornwall Council for everyone who used the service and the manager was waiting for the outcome of these. Mental capacity assessments and best interest meetings had taken place and were recorded as required. Management had a good understanding of the legislation and had liaised appropriately with health and social care professionals.

Care records detailed the type of decisions people had the capacity to make and when they might require support to make decisions and understand the consequences of those decisions. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care.

Good

Is the service caring?

Our findings

We observed that people had a good relationship with staff and were comfortable with the staff that supported them. People's behaviour and body language showed that they felt cared for and that they mattered. Relatives were positive about the staff who supported their family member and said they were treated with consideration and respect. Relatives told us, "Staff are wonderful, I can't fault them" and "[Person's name] is very happy, they are always laughing."

Although most people living in the service had limited verbal communication staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Care plans guided staff about how to enable people to make choices.

People were supported by a team of staff of their choosing and who had been introduced to them prior to starting to work with them. Staff were motivated and clearly passionate about making a difference to people's lives. Staff commented, "I enjoy the work" and "I love seeing how people progress and become happier." A relative who had previously cared for the person said, "I am very happy for them [staff] to look after [person's name]."

Staff anticipated situations and took action to prevent incidents occurring that could lead to the person becoming anxious and displaying behaviour that could be challenging for staff. One relative said, "They [staff] know how to prevent things from happening and keep [person's name] calm and this makes their life better."

Staff involved people in their own daily care and support. One person's support plan detailed how the person was involved in many of the daily tasks of running their home. For example, they helped staff in their meal preparation and with their laundry and putting away their clothes.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. The registered manager and deputy manager visited each person regularly to give them the opportunity to share their views of the service.

Good

Is the service responsive?

Our findings

People who wished to use the service had their needs assessed to help ensure the service was able to meet their needs and expectations. Some people had been in hospital or in a different care setting prior to using the service. An assessment of their needs had been carried out over a period of several weeks and involved gradually introducing staff to the person. This enabled the service to liaise with families and healthcare professionals, during the assessment period, to gain as good an understanding as possible of the person's needs. It also meant that the person had the opportunity to decide whether or not they wanted use the service before any more permanent agreement was made.

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. Care plans were regularly reviewed and updated as people's needs changed. Each person had a care plan which detailed the support to be given on a daily basis. They were comprehensive and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One care plan stated, "When [persons' name] wakes up say good morning and then leave them for 15 minutes to fully wake up, before asking them what they would like to do that day."

People received care and support that was responsive to their needs because staff were aware of the needs of people who used the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Staff also told us people's care plans provided good information for them to follow.

Staff completed detailed handover sheets to pass information between each other when shifts changed. Staff told us this information was vital to understanding people's needs and helped to identify trends in behaviour and what might trigger mood changes. This meant staff were continually updated about people's changing needs.

Staff were provided with information on how to support people to manage any changes in their behaviour when they became anxious. One person could become anxious and display obsessive behaviour if events and routines in their life were planned in advance. Their care plan explained that staff must ensure that the same activities did not happen more than once in a week. This prevented the person from fixating on a certain activity which they could think was becoming a routine because it had occurred more than once. All staff spoke knowledgeably about this person and how their complex needs were managed.

People were supported to access the local community and take part in activities and outings that they enjoyed and wanted to do. Some people liked to have planned activities each day and for other people staff responded to their needs and wishes on a daily basis. Records showed that people went out most days for walks, shopping, day centres and visiting local attractions. A relative told us, "They [staff] do all they can to get [person's name] out and have as full a life as possible."

A copy of the provider's complaints policy was available in each person's home. Relatives said they knew

how to make a formal complaint if they needed to but felt that issues would be resolved informally as the management and staff were very approachable.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had advised the Care Quality Commission that they were leaving their role on 20 April 2016. The deputy manager would take over the day-to-day running of the service until a new manager was recruited. The deputy manager told us they had always worked closely with the registered manager and had been given a comprehensive handover. They also told us there was good communication and support from senior management. The management were supported by an administrator and three senior care staff.

The three senior care staff managed a team of care staff and oversaw the care provided to a group of three people. Each senior held a monthly staff meeting for their team. These meeting could take anything up to three hours and went through in detail any changes to people's care and support. Staff told us these meeting were very useful. One member of staff said, "Team meetings are really helpful to gain clarification about the small things we do for people to help make sure we [staff] do everything the same way." This meant the service had systems in place to help ensure people received consistent care.

There was a positive and open culture in the service, the management team provided strong leadership and led by example. The management of the service and senior management were approachable and known to staff and all the people using the service. Staff were positive about the how the service was run. Staff told us, "You can pop into the office at any time", "The communication is good within the management team" and "We [staff] are all well looked after." A relative told us, "I have confidence in how the service is managed."

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity the service had to take on new supported living packages. The management team only took on new work if they knew the right staff were available to meet people's needs.

Robust corporate structures were in place to monitor the quality of the service provided. Senior managers carried out monthly quality assurance visits to the service's office and to the houses of people using the service. The registered manager and deputy manager also completed regular visits to ask people about their views of the service being provided. Senior care staff completed weekly checks in each person's home. These included checks on health and safety, medicines, people's money and care records. Where the need for any improvements had been identified from any of these monitoring visits these were actioned in a timely manner.

The management of the service welcomed feedback to improve and develop the quality of the service provided. Staff told us they were encouraged to put forward any ideas about the running of the service and how people's care and support was provided. They could do this through one-to-one supervisions, team meetings and through regular informal contact with managers and senior care staff. Staff said, "We [staff] are listened to" and "They [the service] are a progressive organisation, they keep up to date with research and new ideas."