

Hillsvie Care Services Ltd

Purleigh Avenue

Inspection report

26 Purleigh Avenue
Woodford Green
Essex
IG8 8DU

Tel: 07508385190

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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 an unannounced inspection of Purleigh Avenue on 20 September 2018. At our last inspection on 5 April 2017, the service was rated 'Good'. However, we found the home was not always 'Safe' as there was a breach of Health and Social care regulations relating to the proper and safe management of medicines at the home and ensuring all risks to people were identified and assessed.

After the inspection, the registered provider wrote to us to say what actions they would be taking to meet legal requirements in relation to the breach. At this inspection, we found the actions had been completed and the home was now compliant with all regulations and remained 'Good'.

Purleigh Avenue is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

It is a care home for up to six people with learning disabilities and mental health needs. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism in the home can live as ordinary a life as any citizen. Six people were living in the home at the time of our inspection.

There were enough staff on duty to support people. Recruitment processes were safe, which ensured that staff were suitable to work with people who needed support. Systems were in place to ensure medicines were administered safely and when needed.

Equipment in the service was safe to use and there were procedures to control infections. They were maintained and serviced regularly. People lived in an environment that was clean, safe and suitable for their needs. Accidents and incidents in the home were recorded and analysed to ensure they were minimised in future.

Staff knew how to keep people safe. Risks to them were identified and there was guidance in place for staff to minimise these risks. People were supported by staff who had received training to ensure they had the skills to support them.

People's nutritional needs were met. Staff worked with health and social care professionals, such as speech and language therapists and GPs, to ensure that people remained healthy and well.

People were supported to have choice and remain as independent as possible. The service was compliant with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People and relatives were involved in decisions about their care. They were able to provide feedback and make suggestions about what they wanted from the home.

Staff were responsive to people's needs. They were supported by staff who knew them well. The staff were caring and treated people with respect. People's privacy and dignity were maintained.

People and relatives were involved in the development and review of their care plans, which were personalised according to each person's needs.

Staff supported people patiently and were attentive to their needs. People were able to engage in activities and social events that they enjoyed. They were able to provide feedback about the home. Staff felt supported by the registered manager and told us the home was well-led. Quality assurance systems were in place. The registered manager ensured the service was monitored regularly.

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. Medicines were administered and managed safely and staff followed procedures.

Risk assessments were in place to guide staff on how to support people and keep them safe.

Systems were in place to protect people from abuse and staff understood their responsibility around safeguarding.

Staff had been recruited safely with suitable checks on their backgrounds completed.

There were sufficient numbers of staff employed to meet the needs of people in the service.

People were protected from the spread of infection and protective equipment was used.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Purleigh Avenue

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 unannounced comprehensive inspection took place on 19 September 2018. The inspection team consisted of one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. Before our inspection we reviewed information we held about the service. This included any concerns or notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spent time observing care and support provided to people. We spoke with the registered manager, a senior support worker, the operations manager and one support worker. We spoke with four people who used the service.

We looked at five people's care records and other records relating to the management of the service. This included five staff supervision and training files, accident and incident records, health and safety, quality monitoring and medicines records. After our inspection we spoke with one relative by telephone.

Is the service safe?

Our findings

At our last inspection on 5 April 2017, we found there were insufficient strategies and guidance in place for staff to manage certain risks to people, such as ulcers and choking risks. This was particularly for people who were staying in the home for a short period, while their relatives took respite from caring for them in their own homes. Additionally, the home did not have sufficiently detailed guidelines in place that gave staff clear information about when and how to administer medicines, such as homely remedies (medicines bought over the counter) and PRNs (those administered on a "when required" basis). Medicine administration risk assessments were also not in place for people, such as potential side effects. This meant that people were at risk of unsafe care.

At this inspection we saw that this issue had been addressed. Care was planned and delivered to ensure people's safety. Risks were identified and systems were in place to minimise risk and to ensure all people, including those on respite care, were supported as safely as possible. Risks to people included the risk of choking when swallowing food, diabetes, skin conditions and challenging behaviour. The registered manager said, "We carry out risk assessments for every person coming into the home but we make sure we print it out and have it available immediately now, including our contingency plans." We saw that one page 'contingency' plans were available for each person that included identified risks and how staff could support them.

People received their prescribed medicines safely and at the times they needed them. There were procedures for PRN medicines, such as painkillers and homely remedies, for example, hot drinks for cold and flu symptoms. Medicines were administered by staff who had received training. They were stored securely in the registered manager's office, where people came to receive their medicines. We saw that Medicines Administration Records (MAR) were up to date and contained details of the medicines people had received at the prescribed times. Risks around medicines and their side effects were also available. We observed medicines being administered and saw that MAR charts were accurate and up to date. A staff member said, "I am confident with medicines and have been trained. I understand the procedures." A recent audit from the pharmacy that supplied the home with medicines showed that there were no issues with the home's medicine records.

People told us they felt safe in the home. One person said, "Yes I am safe here." Another person told us, "Yes I feel at home here. It is nice." A relative said, "It's very safe I think, the staff look out for [family member]."

Staff had received infection control training and used protective equipment such as gloves when providing personal care. People were cared for in a safe environment. We saw records of gas, electrical, water and fire tests which showed that the home was safe for people. Each person had a personal emergency evacuation plan detailing how staff were to assist them in the event of a fire or other emergency. The kitchen areas were clean and food was labelled and stored at the correct temperatures.

The home had suitable numbers of staff. There were two staff on duty in the home in the morning and in the afternoon, plus the registered manager. Staff told us they had sufficient numbers of staff to ensure people

were safe. We saw that new staff had been recruited since our last inspection. The recruitment process checked that staff were suitable to work with people who needed care and support. Pre-employment safety and background checks had been carried out before new staff began to work with people.

There were safeguarding procedures. Staff had received safeguarding training and were clear about their responsibility to ensure people were protected from abuse or neglect. There was a whistleblowing procedure for staff to raise concerns outside of the home.

People's finances were managed safely by the provider, where they had legal authority to do so and protected people from the risk of financial abuse. Their money was kept securely and records of their purchases, receipts and balances were held. We saw that they were accurate. Any accidents or incidents that had occurred in the service was recorded and action was taken to prevent reoccurrence. The registered manager told us staff had learned from mistakes after one person briefly went missing from the home. The incident was reviewed and staff were made aware of the correct procedures to follow in future.

Is the service effective?

Our findings

People and relatives told us they were supported by staff who were knowledgeable and trained. One person told us, "Yes the staff are good at what they do." A relative said, "The staff seem really nice, patient and capable."

There was an induction and training programme for staff that included essential topics such as safeguarding adults and moving and handling. A member of staff told us, "I started a few months ago and I had a full induction and training. It was very good. I am also doing an NVQ (National Vocational Qualification) in social care." Staff were also encouraged to complete the Care Certificate, which is a set of 15 standards and assessments for health and social care workers. Records showed that three staff had completed the Care Certificate and other staff were in progress of completing it. Staff told us that they received supervision from the registered manager. Records showed that this occurred every six weeks and staff were able to discuss any areas for personal development or any issues. Staff communicated with each other so that they were aware of any issues and what actions needed to be taken to support people.

People's needs were assessed before they started to use the service. Areas of assessment included needs around their physical health, mental health, daily living skills and social networks. Information was obtained from other social care professionals so that effective outcomes could be developed, such as increased independence and healthy living. The premises were suitable for people with learning disabilities and free from any hazards to ensure they remained safe. One person in the home was visually impaired and they were assisted by staff to move around the home when required. There were communal areas for staff and people to spend time with each other.

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 by the Court of Protection. 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. Staff understood the principles of the MCA and DoLS and had received training. Systems were in place to ensure that people were not unlawfully deprived of their liberty. All people living in the service had a DoLS in place. The registered manager had made applications for the renewal of people's DoLS before they were due to expire. We saw that staff asked people's consent before they carried out tasks and people consented to care and support by signing their care plans.

We saw that annual health checks took place for people to ensure they remained in good health. There were records of appointments and the outcomes in people's care plans. People's records also contained a Hospital Passport which contained important information that nursing and medical professionals should

know about them.

People were provided with choices for food and drink to ensure they maintained a healthy and balanced diet. Menus were available and people were supported to have meals that met their needs and preferences, including any diets to meet people's cultural or religious needs. One person told us, "Yes, I had a nice lunch, it was tasty." People that required their food and drink intake to be monitored for health reasons, such as for blood sugar level checks were supported by staff. They recorded the amount of fluid the person consumed each day. This ensured they had their health needs were met and that they consumed only the amount recommended by health professionals.

Is the service caring?

Our findings

People and relatives told us staff treated them with dignity and respect and that they were caring. One relative said, "The staff are very caring and considerate." A person told us, "They care about me yes."

We saw staff supported people with kindness and spoke with them politely. Staff understood people's habits and daily routines and were patient with them. We saw that people engaged with staff and enjoyed their company. A member of staff told us, "I have got to know our residents very well. I encourage them to be independent and treat them with respect and dignity." Another member of staff told us, "[Person] likes to take their medication when they are ready to and we respect this and don't insist. Otherwise they may get very agitated." This showed that people were supported by staff who understood their needs and preferences.

People were encouraged to do as much as they could for themselves and we noted that they completed chores and tended to their own personal care needs. Some people went out to the shops and carried out errands either on their own or with staff. Care plans were detailed and described people's levels of independence with their daily living skills and what they required encouragement and prompting for. For example, one person's plan said, "[Person] likes to go into the community and do shopping and can go to local shops independently."

Staff ensured people's privacy was respected and protected. They told us they closed doors and curtains when providing personal care. People's personal information was kept securely in the registered manager's office. Staff adhered to the provider's data protection policies and ensured confidential information about people was not shared outside of the home.

The registered manager knew how to access advocacy services for people to protect their human rights. Staff treated people equally and as individuals. They had received training in equality and diversity. This helped them be aware of people's preferences and backgrounds, such as their sexuality, religion or ethnicity. A staff member said, "There is no discrimination of people here. Everyone is equal and an individual."

Any cultural and religious needs people had were identified and respected. For example, people were supported to attend places of worship if they wanted to practice their religion. We saw that people with religious diets, such as needing halal food, had their food stored separately to avoid any cross contamination with non-halal products.

People were involved in developing and reviewing the care plans and engaged in keywork meetings with staff to assess their current wellbeing. The keyworker system meant people were allocated a member of staff, who took responsibility for arranging their care needs and preferences. Relatives told us they could visit the service at any time were made to feel welcome.

Is the service responsive?

Our findings

People and relatives told us the service was responsive and said that they were satisfied with the care their family members received. A relative told us, "We are happy with support [family member is getting. Things are going well and we contact the home or they contact us about anything."

Each person had a care plan which contained information about their likes, dislikes, preferences and care needs. The care plans were person centred. They were developed and discussed with the person. A detailed profile and a brief history of the person was included. One person's care plan stated, "I do not cook for myself and staff are to encourage me with cooking. I can make sandwiches but I like to eat outdoors and buy takeaways. I like to do my own things and activities." This ensured people received a personalised service and staff responded to people's preferred routines.

We saw that care plans were reviewed each month and were updated when needed. We found that records of key work meetings were up to date. Changes to people's needs were communicated to staff at shift handovers to enable them to respond to people's current needs. A monthly report was compiled for each person detailing their progress in their daily lives such as with their mental health, medicines, activities and nutrition.

People were encouraged to make choices and engage in activities inside or outside the home. Each person had their own individual activity plan. Activities included walks, visiting the park, cinema, bowling, cooking, knitting and bus rides. We saw that staff and people had been on holidays and day trips together. Photographs of these trips were on display in the home to help staff and people relax in each other's company. A staff member said, "We try and do activities and get everyone involved should they want to; like going bowling, to karaoke or the seaside."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans contained details of people's communication needs. Staff told us they communicated with people well and they were able to understand each other. One staff member said, "For people with difficulties speaking I speak slowly and then listen carefully. I would use gestures and touch. I have also learnt some words in [person's] language so we can understand each other even better." We saw this in practice during our inspection.

People were supported and encouraged to raise any issues they were not happy about and an easy to read complaints procedure was displayed. People and relatives were supported to raise any concerns or complaints. A relative told us, "If we had an issue we would call and speak to [registered manager]." There had not been any complaints from people and relatives about the home.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

People and relatives were positive about the management of the home. One person said, "[Registered manager] is alright, good. I like it here. I have got friends here. We all know each other. We are family." A relative said, "[Registered manager] is very good and very helpful. The home seems to be a good place for [family member]."

Staff told us the service was well-led and that the registered manager was friendly and approachable. They took part in staff meetings to discuss policies, staffing, safeguarding concerns and other issues. One staff member said, "I have had a very nice experience here. The manager is very supportive and very nice. The best manager I have had. There is good communication between all of us."

We saw that people in the home held meetings to discuss any concerns they had and to provide suggestions for activities and menus. People's opinions and feedback were sought through annual questionnaires and surveys. We looked at the results from the most recent survey and noted they were positive. The service worked in partnership with health and social care professionals to improve and develop effective outcomes for people. Feedback was received by the home from professionals and relatives. One comment from a relative was, "A caring home with dedicated staff." A professional had written, "The staff and management provide information in a prompt manner. There is excellent communication about the client's health and emotional wellbeing. The staff are sensitive and professional."

Where improvements were required, the registered manager acted on them to ensure the home continuously developed to provide a service that was responsive. For example, they had reviewed feedback about encouraging one person to socialise and engage more in the community. The staff were now assisting and supporting the person to restaurants, cafes and pubs that they enjoyed.

There were clear management and reporting structures. The registered manager received support from an operations manager and the nominated individual, who was the proprietor of the home. We met the operations manager on the day of our inspection.

There were quality assurance systems in place. The registered manager monitored the quality of the service provided to ensure people received the care and support they wanted. Weekly and monthly checks were carried out on all areas of the home, such as the premises and records. The registered manager said, "I work well with all the staff and [nominated individual]. I go round and talk to the residents every day. They listen to me and I listen to them. We have a good relationship with them and their families."