

Mrs Carol Ann Hill

Hillside

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection was carried out on 25 October 2017.

Hillside provides residential care and support to five adults with learning disabilities and enables them to maintain their own independence. The service is situated in the suburbs of Wellingborough, Northamptonshire. There were four people using this service at the time of our inspection.

At the last Care Quality Commission (CQC) inspection on 04 December 2016 the service was rated Good in four domains and outstanding in the caring domain.

At this inspection we found the service remained Good.

The service had a registered manager. The provider for the service was also the registered manager. 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.

The service continued to provide excellent person centred care that had a positive impact on people's lives. Staff, relatives, and people living at the service felt the care was exceptional, compassionate and people were enabled to have a good quality life. Staff provided care and support in a very caring and meaningful way and people had developed positive relationships with them. Staff always treated people with respect, kindness and courtesy. They knew the people who used the service well and placed them at the centre of their care.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Effective recruitment processes were in place and followed by the service and there were enough staff to meet people's needs. People received their medicines safely and as prescribed.

The care that people received continued to be effective and meet their needs. There were sufficient staff, with the correct skill mix, on duty to support people with their care. Staff received an induction process when they first commenced work at the service and in addition also received on-going training to ensure they were able to provide care based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff were well supported with regular supervisions and appraisals. People were supported to maintain good health and nutrition.

People continued to receive care that was responsive to their needs. Care plans had been developed with them to identify what support they required and how they would like this to be provided. People knew how to complain if they had any concerns. There was a complaints procedure in place which was accessible to all.

The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life. Quality assurance systems ensured people received a high quality service driven by improvement.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Hillside

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 inspection took place on the 25 October 2017. The inspection was carried out by one inspector.

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 plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received. We used all this information to decide which areas to focus on during our inspection.

We spoke with two people who used the service and one relative. In addition we had discussions with the provider/registered manager, and two care staff.

We looked at two people's care files to see if their records were accurate and reflected their current needs. We also reviewed two staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People were supported in a way that maintained their safety and they told us that they felt safe. One person said, "Yes I feel safe here. This is the best place to be." A relative commented, "It's probably safer than being here with me because the staff know what they are doing and how to look after [name of relative]." We observed that people were happy and comfortable as they interacted with the staff supporting them. Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "If I had any worries or concerns I would report them straight away, with no hesitation."

People had individual risk assessments in place that were specific to each person's individual circumstances. We spoke with two people who were aware of their risk assessments and why they were in place. A member of staff described the risk assessment process for one person who had a debilitating condition and needed constant supervision. The way the staff managed risks, allowed the person to have as much personal space and freedom as they required while keeping them safe. The staff member said, "We use risk assessments to make sure the residents stay safe." Staff told us, and records showed that risk assessments were reviewed on a regular basis and updated when required.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that the necessary employment checks had been completed before staff commenced work at the service. Staff also confirmed that these checks had taken place.

There were enough staff to keep people safe, meet their needs and provide a personalised, person centred approach to people's care and support. One person told us, "There is always plenty of staff around." Rotas we viewed and our observations on the day showed there were sufficient numbers of staff available to support people to ensure that all of their needs and choices were met.

People's medicines were managed safely. One person said, "I get my tablets without trouble." A relative told us, "I don't have any worries about [name of relative] getting their medicines. It's all very organised." Medicines were stored correctly and records were fully completed. One person required a rescue medicine to be administered on an as required basis and staff had been provided with appropriate training to enable them to administer this appropriately and safely. Staff told us and records confirmed that staff had received training in the safe administration of medicines.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles and responsibilities. One person commented, "We know what training the staff do. I did the epilepsy training with them." A relative said, "The staff are very good, [name of relative] gets the right amount of help when they need it." Staff told us they were provided with appropriate support and training to enable them to carry out their roles. One staff member told us, "The training is very good; it's made to be interesting. We have a very good tutor." Within the staff files we saw that staff had been provided with induction before they commenced working at the services and on-going training.

Staff told us that they were provided with regular supervision and an annual appraisal. One staff member said, "I find supervisions are good; we can talk about anything." We saw records which showed staff received regular supervision and an annual appraisal of their work.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed staff gaining consent throughout the inspection. For example people were asked if they wanted assistance, were ready for their medication or wanted their meal.

People told us they enjoyed the food and they received enough to eat and drink. One person said, "The food is lovely; my favourite is sweet and sour." Another commented, "I like the food; it's good, very good." All the people who used the service were supported to decide on the weekly menus. Staff also told us, and records confirmed that people's individual dietary requirements had been assessed and their weight was monitored regularly to ensure people's dietary needs were met in a consistent way.

People were supported to maintain good health with access to health care services. Staff helped people understand, manage and cope with their health needs by sharing information and supporting them at appointments. One relative said, "[Name of relative] has [name of health condition]. It's very difficult to manage, but the staff attended all the appointments and know how to manage their condition really well." People told us, and records confirmed that their health needs were frequently monitored and discussed with them. Records demonstrated that people had been supported to attend healthcare appointments as required.

Is the service caring?

Our findings

People continued to receive care from staff that were extremely kind, caring and compassionate. One person told us, "The carers are very nice and look after us." Another said, "It's the best home in Wellingborough. It's the best." A relative commented, "I can't speak highly enough of the staff. They all go the extra mile. They are more than carers, they treat them like family." We saw that families were also treated with kindness and compassion. The provider told us about how one person's family member had been ill and needed support to attend healthcare appointments. Staff at the service provided them with the necessary support to do this, involving their relative at all times.

The provider told us about one person who enjoyed art. They also liked to have some time alone but because of a debilitating condition needed to be under constant observation. The service had provided a small art studio in the garden so that the person could enjoy their hobby while also spending time alone in private. We saw this on the day of our visit and found that staff understood this person's need for time alone and made provisions for this.

Without exception there was a person centred approach to everything the service offered and how the service was run. The culture and direction of the service put people and their choices at the forefront of their care and people were able to have a say about matters that could have an impact on them and the support they received. For example, we saw that two people had requested to attend an Epilepsy Awareness course and staff had involved them in this training, supporting them to understand the course contents.

People were encouraged to express their views, were offered choices and made decisions about the way they wanted things to be done. For example, we saw that one person wanted to stay at home on the day of our visit and watch a film. Their choice was respected by the staff team. There was nothing that the staff or provider did not strive to overcome in supporting people to achieving and realising their aims. The provider told us, "Our main focus is to enable people to live the lives they choose and to help them in any way we can to achieve that."

Staff demonstrated empathy and an understanding of people's support needs and challenges. There was a genuine consideration for people's well-being and staff were committed to supporting them to be as independent as possible. We saw that one person became anxious about how much money they had in their wallet. Staff reassured them and explained numerous times throughout the day how much money they had and what they could buy. This was carried out with patience and sensitivity. One staff member said, "It's not like coming to work it's so homely and we are like a big family." Staff knew about the things that were important to people. They were consistently positive and encouraging and talked enthusiastically about the support they delivered. A member of staff said, "Everything we do is driven by what the residents want to do."

People or their representative were involved in planning how their care and support would be provided and were encouraged to express their views and to make choices. There was detailed information in people's care plans about the way in which they wanted to be supported. A relative told us, "I have total peace of

mind. I always know what's happening with [name of relative] and I am involved and informed about everything." The staff thought and records demonstrated that people's care plans were individualised and expressed who each person was because they or their representative had been involved in planning how their support would be delivered.

People were supported to be as independent as possible. One person's relative said, "[Name of relative] is supported to do as much as they can for themselves and I know they are made to feel valued and useful and the best they can be." All the staff we spoke with were positive about encouraging and improving people's independence and were proud of the progress people had made. One member of staff said, "We support people to make their own choices, gain life skills and more independence."

There was an independent advocate who supported people at the service with decision making and also to assist with any other areas they may need support with. We saw that information about the service was available to people in pictorial formats and this included the complaints procedure, care plans and reviews and health action plans. We also saw that the independent advocate had worked with people to translate their Candour policy into an easy read and pictorial format and this was displayed within the service.

Staff told us and records showed that every month they sit down with people and discuss their care plans; they go through their risk assessments and update all their information. They focus on what has been achieved by people and discuss whether they feel their goals are being met. One person told us, "[Name of staff member] sits with me and shows me my book [meaning care plan]. I know what's in it."

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, in a private area so they would not be overheard. People told us and we observed that staff were respectful of their personal space and that when people wished to spend time alone this was respected. We saw people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their rooms after knocking and being invited to enter.

Is the service responsive?

Our findings

People were supported with detailed assessments prior to receiving a service. This was to ensure that the service was able to meet people's needs effectively. Staff were experienced at supporting people to make a gradual transition to the service where this was needed. One relative told us, "They [staff] were able to meet [name of relative] needs and it has given me peace of mind." During the inspection we saw records of pre admission assessments that had been carried out with people and their relatives. One member of staff said, "All the information we need is communicated to us and is in the care plan."

The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. Staff knew people very well; they understood each person's background and knew what care and support they needed. One person told us, "I can do the things I like here and would not live anywhere else." A member of staff explained, "We always think about the person and what it is that they need, so they can be as independent as possible."

People were supported to take part in a range of activities that met their needs. One person told us, "I go bowling and I like to go out for meals." Another informed us that they really enjoyed watching DVD's and listening to music. We saw that they had an extensive collection of DVD's and CD'S. A relative informed us, "[Name of relative] is always busy and goes out a lot. They have a better social life than I do." Each person had an individual, flexible activity plan that they had been supported to devise. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices.

People said they were very happy with the service provided and had no complaints. There was a complaints policy and procedure in place, but no complaints had been made by people using the service or their families. Staff knew what to do if someone made a complaint to them and said that knowledge gained from any complaints would be used to improve the service they provided. There were regular opportunities for people to speak in private to staff or the provider.

Is the service well-led?

Our findings

The service had a registered manager. The provider for the service was also the registered manager. We asked people who used the service if they knew who the manager/provider was. One person commented, "Yes its [name of provider]. A relative knew who the provider was and praised them highly. They told us, "You just couldn't get a better manager. All homes should be run like this one." Staff were also positive about the provider and one commented, "The manager is lovely, like family and will do whatever it takes to make sure the residents have the life they deserve."

The provider had a clear vision and values that were person centred and focussed on recognising and celebrating the uniqueness of every person using the service. They provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence at the service and observation of staff practice to help staff develop the way they worked with people. Staff spoke highly of the provider and said that they were accessible and approachable.

Staff told us they were supported by the provider and could speak with them openly. Staff meetings and supervisions had been held on a regular basis. One staff member said, "We are very well supported here. We are listened to and can raise any concerns or ideas."

The provider used annual questionnaires and house meetings to gather people's views. Where comments had been made the provider had responded to them and the actions taken had been recorded. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits. These helped to highlight areas where the service was performing well and the areas which required development. This helped the provider to ensure the service was as effective for people as possible.