

Mrs Sarah Louise Vooght

# 16 Hill Park Road Residential Care Home

## Inspection report

16 Hill Park Road  
Highweek  
Newton Abbot  
Devon  
TQ12 1NU  
Tel: 01626 337710  
Website: N/A

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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 

## Overall summary

The inspection took place on 3 February 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

16 Hill Park Road provides care and accommodation for one person. On the day of the inspection one person lived

in the home. 16 Hill Park Road can provide care for people who have learning disabilities and may also have with mental health conditions, sensory impairment and/or have restricted mobility.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff were relaxed, kind and caring interactions took place. The environment was clean and people were well cared for. A friend said; "[...] is cared for by kind considerate staff" and "It's a lovely home, always clean, a pleasure to visit."

Care records contained in-depth information that described what staff needed to do to provide personalised care and support. Staff responded quickly to people's change in needs. Where appropriate friends, relatives and health and social care professionals were involved in identifying people's needs. People preferences, life histories, disabilities and abilities were taken into account, communicated and recorded.

People's risks were managed well and monitored. Policies and procedures were in place and understood by staff to help protect people and keep them safe.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. A relative commented that staff took action to ensure people were not socially isolated.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex needs in their eating and drinking were supported effectively.

People had their medicines managed safely and received their medicines as prescribed. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, occupational therapists and social workers.

People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

The service sought feedback from people and encouraged people to share their concerns and complaints. The registered manager confirmed that, whilst they had never received any form of complaint, if they did, they would investigate the matter thoroughly and use the outcome as an opportunity for learning to take place.

People were kept safe and protected from discrimination. All staff had undertaken training on safeguarding adults from abuse and equality and diversity. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Professionals and appropriate legal representatives had been used where best interests decisions had been made. This helped to ensure people's rights were protected.

There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said: "We get all the training we need". The service followed safe recruitment practices to help ensure staff were suitable to work with vulnerable adults. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk. People were supported to have as much control and independence as possible.

People had their medicines managed safely. Medicine was stored and correctly and accurate records were kept.

Good



### Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected by staff. Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to maintain a healthy balanced diet. Relevant health care professionals were actively involved to meet people's needs.

Good



### Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed, kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff new people well and took prompt action to relieve people's distress.

Good



### Is the service responsive?

The service was responsive. People received personalised care treatment and support. People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests and hobbies.

People's needs were regularly reviewed and change in need was identified promptly and put into practice.

Good



### Is the service well-led?

The service was well-led. There was an open culture. The registered manager was approachable and kept up to date with best practice.

The registered manager and staff shared the same vision and values that was embedded in practice.

Staff understood their role, and were motivated and inspired to develop and provide quality care.

Good



# 16 Hill Park Road Residential Care Home

## 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 was undertaken by one inspector, took place on 3 February 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

People had limited verbal communication and were unable to tell us about their views of the service. We spent time in the home observing how people spent their day as well as observing the care being provided by the staff team.

During the inspection we spoke with the registered manager and one member of staff. We also spoke with one relative, a befriender employed by Mencap who visited people in the home and two health care professionals, a GP and an occupational therapist, who had supported people who lived at the home.

We looked at one record related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at all records related to the administration of medicines, three staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

Relatives and friends of people who lived in the home felt people were safe. Comments included; “They are definitely safe, I wouldn’t want them to live anywhere else” and “I feel they are safe, I would live there myself.” Health care professionals commented that they had no concerns and felt people were safe.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed all staff had received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse. One staff member told us the registered manager encouraged them to raise any concerns. They said, “I would always report any issues, I know what keeping somebody safe means and I know anything I reported would be investigated thoroughly.” The registered manager told us they had previously raised a safeguarding alert and action had been taken by the local authority to ensure the person was kept safe. They confirmed they would have no hesitation in raising an alert again in the future.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people’s needs. The registered manager confirmed they had never needed to use agency support. However, they had a contingency plan in place with a local agency to provide staff in the event of an emergency. Staff were not rushed and acted promptly to support people’s needs.

People were protected by safe staff recruitment practices. Staff files evidenced, all employees underwent the necessary checks which determined they were suitable to work with vulnerable adults.

Risks associated with people’s care and support were managed appropriately. Arrangements were in place to continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises were managed to a high standard to help maintain people’s safety.

People’s medicines were well managed by staff, stored appropriately and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicine administration records (MAR) had all been correctly completed. Where refrigeration was required temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained.

People’s complex needs with regards to administration of medicines had been met in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records clearly detailed correct legal processes had been followed and informed staff how each medicine was to be administered. For example, best interests’ decisions had been made by health care professionals for staff to administer some medicines covertly. Staff understood the need for this action to be taken, followed the correct procedure as outlined in people’s care plans and completed MAR sheets appropriately.

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. A relative said; “Staff know [...] really well and take every measure possible so they get the support they need.” A friend told us; “Staff have supported [...] for many years and know exactly what support they need, they are knowledgeable and do a good job.” A health care professional commented that, from their experience of visiting the home, staff were appropriately trained.

People were supported by staff that had received support through supervision, appraisals and training. Ongoing training was planned to support staffs’ continued learning and was updated when required. Staff felt this enabled them to consistently provide effective support. Comments included, “Training is ongoing and this continuously develops. As people’s needs change we improve our skills” and “I feel very well supported.”

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had been appropriately involved and care records informed staff of people’s current legal status. The service was awaiting authorisation on all the applications made.

Staff understood and had good knowledge of the main principles of the MCA. Staff put this into practice on a daily basis to help ensure people’s human and legal rights were respected. Care records evidenced and staff confirmed that people’s capacity to make decisions was always considered. Staff involved the right professionals and family members if appropriate to help ensure best interests’ decisions were made in line with legislation. The registered manager attended meetings where best interests’ decisions were discussed and kept recorded documentation to evidence and inform staff of their duty to

carry out lawful care and support. A healthcare professional commented that the registered manager was a very good advocate for people living at the home and always acted in people’s best interests.

People were relaxed during lunch. People who needed assistance were given support. We saw staff gave people choice, checked people had everything they required and supported people to eat at their own pace and not feel rushed.

People were supported to maintain a healthy balanced diet. Staff knew people’s food preferences and timed meals around people’s individual daily routines. Care records highlighted where risks with eating and drinking had been identified. For example, one person’s record evidenced where staff had sought advice and liaised with a speech and language therapist (SLT). Staff had recorded a change in a person’s eating skills. An assessment had taken place and a soft diet had been advised to minimise the risk of the person choking. We observed practice during the lunch time period. Staff adhered to advice given by the SLT and supported people in line with their current needs.

The registered manager told us they had conducted some research through the Royal National Institute of Blind People (RNIB). They had researched the positive impact changes made to the environment and eating and drinking utensils could have on people living with a sensory impairment. As a result they had introduced practical ways to try and improve the eating and drinking experience of people. For example, coloured plates had been purchased that contrasted with the colour of the table and food items. This helped people to better identify what they were eating.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced where health care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example, an occupational therapist had been contacted following an annual health review check to assess if a person’s meal time experience could be improved. A relative said, “[...] always gets the help they need, I only have praise for the staff.”

# Is the service caring?

## Our findings

People were well cared for and received good support from staff. A relative said; “The home provide exceptional care” and “Staff are very caring”. A friend told us; “It’s such a lovely home; [...] is so kind and considerate”. A health care professional commented people were cared for by staff who knew them really well.

People’s privacy and dignity were respected. People were well dressed and presentable. A friend said; “[...] has their own bathroom, kitchen, lounge and bedroom, which keeps their privacy” and “[...] is always very clean and always nicely dressed”. Staff told us the various ways they helped to ensure people’s privacy and dignity were respected. For example, Staff drew curtains and closed doors, talked people through each step of the care they gave and knew the importance of maintaining people’s confidentiality. The registered manager told us people had their own area of the home and people who mattered to them and health care professionals could visit in private at any time.

People’s friends and relatives were able to visit without unnecessary restriction. They told us they could visit at any time and were always made to feel welcome. Comments included; “I’m not able to visit very often, but when I can I am made to feel very welcome” and “Out of courtesy I let [...] know when I’m coming, but I don’t need to, I would always be welcomed.”

People received care and support from staff who understood their history and knew their likes and dislikes. Staff used people’s personal histories to help ensure people’s past preferences informed decisions made about current day to day choices. For example, some people were not able to make certain decisions for themselves. Staff used their knowledge of people’s past to make decisions in people’s best interests. This included what colour clothes people wore or what colour décor was used within the home.

People were supported by staff who knew their communication skills and abilities. Staff devoted their time

to people and showed concern for their wellbeing. Meaningful caring interactions took place between people and staff. Staff had an in-depth knowledge of people and responded quickly to people’s needs. For example, staff had researched and purchased items to help ensure they were prepared for people’s change in needs before they happened. The registered manager explained this meant people would be supported to continue doing things which were important to them, with little or no disruption to their chosen daily routine. A staff member said, “We are always thinking ahead and thinking how we can do things better”.

Staff interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. Staff used a disability distress assessment tool (DisDAT) to help people who had complex needs to express their views. DisDAT helped to identify distress cues in people who have mental health conditions and severely limited communication. Staff recorded the context and their observations when people expressed contentment or distress. This helped identify common themes which enabled staff to identify what people liked and disliked. Decisions could then be made that supported people’s choice and gave them control. A health care professional commented that staff picked up signs that others would not be able to detect and used that information when appropriate to provide skilled support.

People were supported by staff who thought about their future needs. Options had been explored and arrangements had put in place, to help ensure people’s preferences and wishes were managed and supported in advance. For example, people had access to specialist palliative care support. This enabled people to be assessed, and have a plan and the equipment they may require in place for when they needed it. Staff understood people’s individual needs. They worked in partnership with health care professionals, and attended meetings to discuss people’s choices. Arrangements were in place to continually review and communicate people’s change in care needs. A friend said, “The staff always plan ahead and keep me well informed with future plans”.



# Is the service responsive?

## Our findings

The service supported people to express their views. They actively involved those who acted on people's behalf in decisions about the planning of care. Care records were written from the person's perspective and detailed people's communication skills, abilities and preferences. They evidenced how people wanted to be supported in all aspects of daily living. For example, one care record listed in detail a person's bedtime routine and exactly what was needed for the person to be as comfortable as possible. The registered manager commented that if the person had things exactly as they wished the person would get a good night sleep. Staff ensured this always happened.

People's care records clearly set out what people could and could not do independently and where support was required by staff. People's strengths were promoted where possible to help ensure elements of independence were encouraged. For example, where people needed to be physically assisted to perform tasks, such as eating. Staff would support people to use their own hands in conjunction with theirs so the person still felt in control.

People had their individual needs regularly assessed to help ensure personalised care was provided when they needed it. Arrangements were in place to ensure care records were frequently reviewed and documented where people's change in needs had been identified and met. For example, where activities that used to bring people joy and contentment were evidenced to now cause distress. Records clearly detailed this information which helped ensure staff provided appropriate support that responded to this change in need. Health and social care professionals had been used where appropriate, when reviewing care needs. This included dentists, dieticians, social workers, psychiatrists and GPs. The registered manager commented they sought as much professional help as possible when assessing people's needs. They made sure people got the right support at the right time. A staff member commented, "[...] (The registered manager) goes out of her way to involve the right professionals to get the right action and judgement." A healthcare professional told us the registered manager supported people to get their needs met in a timely way.

The registered manager and staff had supported people for a number of years, understood all their histories and knew

their interests and hobbies. The provider explained having this in-depth knowledge of people meant activities could be meaningful and designed around them. For example, staff knew the importance music played in people's lives, what type of music people enjoyed and when they liked to listen to it.

People were supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. People enjoyed visits to garden centres, animal sanctuaries and the theatre. The registered manager commented that they continued to take people out to places they had always enjoyed and as long as people did not display signs of distress they would always continue with this action. A friend commented, "Staff always try and get [...] out, they are not afraid to take [...] anywhere".

People were supported to maintain relationships with those who mattered to them. A relative said, "[...] (The registered manager) keeps in touch, keeps in touch a lot" and "I'm always kept informed and get sent good reports on how [...] is". A friend told us, "Staff always keep in touch, explain everything that is going on and keep me informed". The registered manager understood the importance of this and told us the staff helped people to have contact with their families and friends, especially those who lived in other parts of the country. For example, they told us people were supported to send cards to mark special occasions and buy gifts for friends and family.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families and clearly displayed in the entrance hall. The registered manager confirmed they had received no written or verbal complaints. Questionnaires were sent to people, their relatives and stakeholders such as GPs and social workers. These contained a section on concerns and people were encouraged to feedback their experience and raise any complaints. The provider described how they were proactive in their approach and addressed any concerns raised immediately to prevent escalation. People told us they knew how to make a complaint. A friend told us; "Absolutely no doubt I would make a complaint if it was necessary. I wouldn't hesitate. But I don't have any reason to." A healthcare professional commented they had no concerns whatsoever.



# Is the service well-led?

## Our findings

The registered manager was involved in all aspects of the day to day running of the service. There was an open culture, people felt included and strong links were held between people, their families and health and social care professionals. A friend told us the registered manager was “Approachable, very adaptable to change, very smart and knows how to treat people properly”. A health care professional commented that the registered manager was open in their approach, honest and discussions were always two way.

The registered manager sought feedback from relatives, friends and health and social care professionals regularly to enhance their service. A friend told us they were asked their opinions and encouraged to make suggestions that could drive improvements. They said, “I’m often asked my opinion on things, [...] is a very open person and easy to talk to.” A healthcare professional commented that the registered manager was always willing to try new ideas and activities suggested to improve the care people received.

The registered manager worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the staff worked in partnership with them, were easy to contact, quick to respond, followed advice, and provided good support.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The provider had an up to date whistle-blowers policy which supported staff to question practice and defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the provider and were confident they would act on them appropriately.

Staff understood what was expected of them and shared the registered manager’s vision and values. Staff supervision and appraisals evidenced there were processes in place for staff to discuss their practice. A staff member commented that the registered manager was fair, open to suggestions, very professional and keen to do well and improve the lives of people they cared for. They confirmed this was something they respected, agreed with and adhered to in their day to day work. Staff said supervision

was a two way process, it provided a platform for both sides to express how they felt, both good and bad. Constructive feedback was given on performance which helped staff to be accountable and reflect on their practice and encourage improvement.

The registered manager inspired staff to provide a quality service and be actively involved in developing the service. A staff member confirmed they were happy in their work, were motivated by the registered manager and understood what was expected of them. They said; “I’m very satisfied working here. It is a rewarding job, and it makes me very happy”. Staff told us they could discuss anything with the registered manager at any time and that open communication was encouraged. Comments included, “We are encouraged to bounce ideas off each other all of the time. We are always coming up with suggestions” and “I’m often asked for my ideas on how things can improve. This is an on-going process.” The registered manager talked us through a recent suggestion that a staff member had made, that had been put into practice, and said it had improved a person’s life.

There was an effective quality assurance system in place to drive continuous improvement of the service. The registered manager carried out regular audits which assessed the quality of the care provided to people and the environment in which people lived. For example, an environmental audit had identified areas of the home that could benefit from being updated. Action had been taken to address this and a plan for future development had been put in place.

The registered manager attended local network meetings where care home owners and managers met to discuss current best practice. Specialist speakers were brought in to give advice and the registered manager used information obtained to make improvements to their service. They commented they used these meetings to measure their delivery of the care and treatment they provided against current guidance, and support service development. For example, following one meeting the registered manager identified a potential concern regarding their legal responsibility to maintain people’s confidentiality. As a direct result they immediately took action and joined the Information Commissioner’s Office (ICO). This ensured the service fulfilled their legal requirements under the Data Protection Act 1998.