

# Mrs Sarah Louise Howick and Mr Simon Parker

## Hillcrest

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 18 November 2015.

Hillcrest provides accommodation, personal care and support for up to 4 people. There were four people living in the home at the time of the visit. People who live at the home have a learning disability. People had their own bedroom and shared the lounge and kitchen with the other occupants. The home was close to the shops and other amenities

There was a registered manager in post. The registered manager was also one of the owners of the business. 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 2008 and associated Regulations about how the service is run.

There was a lack of formal systems to monitor and improve the quality of the service. This included seeking the views of people and their representatives through surveys. Staff did not always receive the training needed

# Summary of findings

to meet people's needs effectively. Whilst staff had received some training it was not clear how often this should be updated and there were gaps in what the provider expected staff to complete. Staff had not been trained in food hygiene.

People could not be confident that they were safe in the event of a fire. This was because staff had not taken part in regular fire drills. There were delays in making repairs for people to be safe in the event of a fire.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. People received their medicines safely.

Systems were in place to ensure that complaints were responded to, with action taken to improve the service provided. There had not been any recent complaints.

People were involved in making decisions about their care. People had a care plan that clearly described how

they wanted to be supported. People had opportunities to take part in activities both in the home and the local community. People were encouraged to be independent. Other health and social care professionals were involved in the care of the people living at Hillcrest.

Staff were knowledgeable about the people they were supporting. They were caring in their approach to people. Staff told us they were supported in their role and met with the registered manager regularly to discuss their performance and any training needs.

The registered manager regularly visited the service to speak with staff and people and to work alongside the team. They were knowledgeable about the people living at Hillcrest and it was evident positive relationships had been built.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not consistently safe.

People could not be assured of their safety in the event of a fire. Staff were not taking part in regular fire drills and repairs were not always responded to promptly.

People's medicines were managed safely. Sufficient staff were available to meet people's support and care needs. People received safe care and risks to their health and safety were being well managed whilst not curtailing their rights or independence.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately.

**Requires improvement**



### Is the service effective?

Some improvements were required to ensure the service was effective. This was because training was not delivered frequently to ensure staff were kept up to date.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

People were involved in making decisions. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People's freedom and rights were respected by staff who acted within the requirements of the law.

People's nutritional needs were met and this was kept under review to ensure people were having enough to eat and drink.

**Requires improvement**



### Is the service caring?

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach.

People's views were listened to and acted upon.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive. Staff were knowledgeable about people's care needs and how they wanted and should be supported. People were involved in developing and reviewing their plans which clearly described their support needs, interests and life histories.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

There were systems for people or their relatives to raise concerns.

**Good**



## Is the service well-led?

Improvements were required to ensure the service was well led. There were lack of formal systems for monitoring and improving the service. This included seeking the views of people and their representatives through an annual survey.

People and staff spoke positively about the management of the service. The registered manager worked alongside the team in providing support to people.

**Requires improvement**



# Hillcrest

## 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 was an unannounced inspection which was completed on 18 November 2015. One inspector carried out this inspection. The previous inspection was completed in May 2014. This inspection followed up on areas identified at the inspection before. In May 2014, we found the provider had taken action to address those breaches of regulations.

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 planned to make. The provider failed to return the PIR by the date given.

We reviewed the information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted the lead for the community learning disability team to obtain their views on the service and how it was being managed. This was then cascaded to the team. No response was received.

During the inspection we looked at two people's records and those relating to the running of the home. This included staffing rotas, policies and procedures and recruitment and training information for staff. We spoke with two staff and the registered manager. We spent time observing and speaking with the four people living in the home.

# Is the service safe?

## Our findings

Two people told us they liked living at Hillcrest and they felt safe. One person told us in the past they went out on their own but now they prefer to go with staff as this keeps them safe. The staff told us everyone was accompanied when they went out in the community to ensure their safety in respect of the busy roads and their mobility.

We saw in the maintenance book, staff had reported in July 2015 that the emergency lighting by the front door was not working. Staff said they had contacted an external contractor to get this repaired. The registered manager on the day of the inspection contacted the external contractor explaining the urgency. This was repaired on the day of the inspection. This meant there was a significant delay in ensuring fire equipment was fit for purpose, which had put people at risk. There was also a bedroom door that did not close securely and this had been reported but no action taken in the last seven days. An extractor fan in the downstairs toilet required cleaning. This could potentially be a fire hazard. The delay in resolving these issues could put people at risk in the event of a fire.

This was in breach of regulation 12(1) (2) (b) (d) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Staff were not taking part in regular fire drills. Information recorded in the fire log book indicated that two staff had taken part in a fire drill in November 2015. However, there were no other records to confirm other staff had taken part in a fire drill since 2013. This meant staff may not be competent or confident in the event of a fire. The fire record book stated that all staff should take part in a fire drill at least twice a year.

This was in breach of regulation 12(1) (2) (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. For example staff were observed emptying the kettle after each use to prevent a person picking this up and scalding themselves. People were observed safely using the kitchen area and reminded to not walk too close to the

cooker when it was hot. Staff were vigilant when people were in the kitchen. Each person had a risk assessment to ensure their safety in the event of a fire and safe evacuation.

Other checks were completed on the environment including routine checks on the gas and electrical appliances. Certificates and records of these checks were kept. An independent company carried out an annual health and safety audit. This assessed the safety of the premises and whether it was fit for purpose and ensured the provider was following health and safety legislation. The provider had completed any identified actions such as ensuring there was an up to date Health and Safety poster and replacing a fire seal on a bedroom door.

The home was clean and free from odour. Cleaning schedules were in place. Gloves and aprons were available to staff when involved with any personal care. There were sufficient areas for staff to wash their hands and hand gel was provided.

Staff confirmed that they had received training and competency checks in relation to the management of medicines. We looked at the medicines and the medicine administration records for everyone cared for by the service. These were in order.

People were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse. Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. A member of staff said if they suspected abuse, then they had a duty to report it to the registered manager. Another member of staff stated, "The manager is really good and regularly discusses the safeguarding policy and the procedures during one to one supervisions. I know if I had any concerns the manager would respond appropriately and quickly". They told us if they had any concerns that they felt had not been responded to, they would have no hesitation in reporting to external agencies such as the Care Quality Commission or South Gloucestershire Council's safeguarding team. Staff were aware they could report to external agencies and this formed part of the whistle blowing policy.

Sufficient staff were supporting people. This was confirmed in discussion with staff and the rotas. Staff told us any shortfalls were covered by the team and the registered provider. The registered manager told us it was important

## Is the service safe?

that people were supported by familiar staff and agency staff were never used. People told us they could always go out when they wanted. There was always two staff working during the day and evening. A member of staff provided sleep in cover at night in the case of an emergency.

The provider followed safe recruitment practices. We looked at the recruitment files for two members of staff and found appropriate pre-employment checks had been

completed. All members of staff had at least two satisfactory references and had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The registered manager told us two new staff were starting at the beginning of December 2015 once all their recruitment information had been received and checked.

# Is the service effective?

## Our findings

People told us they liked the staff that supported them. People were observed actively seeking out the staff and spending time with them.

We were shown a training overview for all staff working for the provider. The registered provider acknowledged this was an area that needed to improve. There were gaps in the required training such as equality and diversity, record keeping, supporting people with autism, confidentiality, role of the carer and nutrition. Only two or three staff had completed this training out of a team of ten staff. From the training matrix we saw there was no record of staff completing food hygiene training.

In relation to food hygiene staff were knowledgeable about what they had to do to protect people from risks of poor food hygiene practice. This included dating opened food and the correct storage in the fridge such as not putting uncooked meat next to cooked food. Staff confirmed they had not completed formal training in this area. However, where staff are involved in preparing and cooking food they should complete appropriate food hygiene training.

This was in breach of regulation 18 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Staff confirmed they had completed an induction when they first started working in the service. This included working alongside more experienced staff. The registered manager was unaware of the new Care Certificate that was introduced in April 2015. There is an expectation that all new staff working in the care industry should complete this induction. We sign posted the registered manager to the Skills for Care website. Skills for Care is an organisation that guides care providers on the expectations in respect of training for staff working in the care industry.

During the induction period staff completed various courses electronically or through workbooks. This included safe medicine administration, manual handling, health and safety, fire, infection control and safeguarding training. The registered manager confirmed that some staff attended training delivered by external training providers such as safeguarding and first aid. It was not clear when staff should receive updates on their training to ensure their practice was up to date.

The registered manager confirmed staff had opportunities to complete the health and social care diploma training or had previously completed a National Vocational Qualification. The health and social care diploma is a work based award that is achieved through assessment and training. To achieve an award, staff must prove that they have the ability (competence) to carry out their job to the required standard. Seven of the staff had already completed the award and the registered manager told us this would be extended to the new staff once they had completed their induction.

Staff told us all the food was freshly prepared and they were aware of what people liked and disliked. People told us they liked the food, there was a choice and there was always enough to eat. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals.

People had access to health and social care professionals. People confirmed they had access to a GP, dentist and opticians and could attend appointments when required. People had a care plan detailing the support they required in relation to meeting their health care needs and support with making appointments. A nurse practitioner visited the people on the day of the inspection to offer people their flu vaccination. Three out of the four people consented to the treatment. However, one person clearly indicated their refusal and this was respected.

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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day to day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals had been involved and best interest meetings had been held. The registered manager and the



## Is the service effective?

staff had recorded these decisions that had been made in a person's best interest. For example why it was important for people to have their medicines and the support they required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us no one had an authorised DoLS in place. However, they had submitted applications in respect of each person living in the home. This was because everyone required support and supervision at all times to ensure they were safe. The registered manager told us, they were waiting for these to be assessed and authorised by the local authority.

Hillcrest is a small residential home close to local amenities. The home was suitable for the four people presently accommodated. Three of the four bedrooms

were on the first floor. Individual assessments were in place for each person to safely move about the home. These included using the stairs. One person's bedroom was on the ground floor. The registered manager told us they kept this under review as people's needs changed. Staff told us about a recent situation where an ambulance was called and they had difficulty assisting the person down the stairs as. As a result a fire extinguisher was being moved to make it easier to use the stairs.

Bedrooms had been personalised to suit the person. One person told us they had chosen the décor for their bedroom. It was evident they were proud of their bedroom.

All areas of the home were comfortably furnished. The kitchen was the hub of the home and people were seen frequently sitting in this area doing activities and chatting with staff. There was a small court yard to the rear of the property which led to a self-contained flat. This was not occupied at the time of the inspection. Staff said the small lounge in this area was used for team meetings, training and meetings with professionals.

# Is the service caring?

## Our findings

People told us they liked the staff that supported them. One person said, “The staff are always happy and I like living here, it is my home”. They told us everyone gets on really well. The atmosphere in the home was warm and friendly. It was evident people got on well with the staff that worked in the home.

Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them.

People told us they could have visitors to the home. Records contained the information staff needed about people’s significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people saw family members regularly.

The provider owned two homes and it was evident that people had opportunities to meet with the people from the other home. This included parties and celebrations. Recently people had attended a Halloween party at the other home. Three of the people had been on holiday to Devon with people from the other home. One person told us they liked to visit the other home for a coffee and a chat with some of the people that lived there.

Everyone had their own bedroom which they could access whenever they wanted. People were observed moving around their home freely. Some people chose to spend time in the kitchen chatting with staff whilst they were preparing the evening meal. People were relaxed in the company of staff and the atmosphere was friendly.

Staff were observed using Makaton a sign language for people with a learning disability which aids communication. Guidelines were included in the care plan on how each person communicated their needs. There were also pictorial cards to aid menu choice and a smaller

set which could be taken out shopping. Staff told us people liked to be involved in the food shopping and the pictures were used to enable people to find items in the supermarket.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff reassured people about what we were doing during our visit and took time to explain our role. People were asked if they wanted to meet with the inspector and where people were anxious, staff provided reassurance and respected their decisions. For example one person did not want us to go into their bedroom and this was respected.

People’s privacy and dignity were maintained. Staff were observed knocking on people’s bedroom doors prior to entering. They also sought people’s permission when showing the inspector around their home. From talking with people it was evident they thought of Hillcrest as their home.

People’s cultural and religious needs were taken into account when planning their care. Presently no one has expressed an interest in going to church. Staff told us that if a person wanted to go to church they would be supported to do this.

People’s records included information about their personal circumstances and how they wished to be supported. Records about people were held securely in a locked cupboard in the office. Staff told us that people could view their records at any time they requested.

People were given support when making decisions about their preferences for end of life care. This included seeking the views of family where relevant. Where necessary, people and staff were supported by palliative care specialists and other healthcare professionals. Necessary services and equipment were provided as and when needed. The registered manager told us where possible and the person had expressed a wish to stay in the home this would be accommodated. However, they acknowledged this may not always be possible for example if a person needed nursing care or if people could not use the stairs.

# Is the service responsive?

## Our findings

Staff took the time to listen to people and respond to their requests. People were included in conversations taking place in the home. People were involved in the planning of their day. On the day of our visit one person wanted to go to the local shops and two others wanted to go out for coffee. People were supported to do this with staff support.

People were supported to maintain their independence and community involvement. People told us they could go out whenever they wanted and there was always enough staff. Some people liked to go to the local shops and others liked to go for a walk. Staff told us regular trips were organised to the theatre and places of interest. Some people regularly attended an arts and crafts club held locally. This enabled them to build relationships with other people living in the local area.

People had their needs assessed before they moved to the home by the registered manager. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported.

People had their individual needs regularly assessed, recorded and reviewed. Care reviews were held at regular intervals involving the person, relatives where relevant and

other professionals. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example referrals to the local community disability team for an occupational therapist assessment to ensure the environment was suitable.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed. We noticed there was a gap in the record for one person of five days in October 2015. The registered manager investigated the reasons and told us the person had been away. This should have been recorded.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people or by their relatives in the last twelve months. Some people communicated using non-verbal communication. There was information to enable staff to interpret if the person was unhappy so that staff could respond to their concerns.

# Is the service well-led?

## Our findings

The registered manager told us no formal audits had recently been completed. They told us, they did not operate any formal quality monitoring stating. They visited daily and spoke with staff and people which included checking on the quality of the service provided. They told us checks were completed randomly on care files and other records relating to the running of the business. There were no records of these checks or action plans to drive improvements since January 2014. The registered manager told us they completed annual surveys. We asked for a copy to be sent to us by the 20 November 2015. These were not received. This meant the provider did not have formal systems to seek the views of people using the service.

This was in breach of regulation 17 (1) (2) (a) (b) and (d) (ii) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Good Governance.

We require providers to send us the provider information return under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 prior to the inspection. The provider failed to send us this information. Therefore we have awarded the well led question as 'requires improvement'. This is because a good provider should have the information readily available through their own internal monitoring and quality assurance systems to be able to complete the provider information return.

Staff spoke positively about the management style of the registered manager. Staff told us the registered manager was approachable and supportive. One member of staff told us, "I was new to care and the registered manager and the staff put me at ease, it is one of the best places I have ever worked. I get a real sense of job satisfaction when I leave at the end of the day and I always look forward to coming to work".

The registered manager was knowledgeable about the people and took an interest in their general well-being. People were very happy to see the registered manager when she visited on the day of the inspection.

Hillcrest was a family run business. The provider owned another home which was close to Hillcrest. The provider

was the registered manager of both homes. From talking with staff the registered manager was hands on and took an active role in the delivery of care working alongside the team. Staff confirmed the registered manager and other family members were contactable at all times should they require support or advice. A member of staff told us, "There are never any staff shortages as the registered manager or another family member will cover at short notice, they are committed to providing person centred care".

The registered manager told us it was important that all staff had an opportunity to work in both homes enabling them to get to know each person and for people to get to know all the staff. Staff confirmed they worked in both homes. It was clear that the people in the home had built positive relationships with the staff that were working on the day of the inspection.

Staff told us the provider was committed to providing services that was tailored to the person. Care plans showed that people were seen as individuals in respect of the information recorded and the services they were receiving. Staff were observed providing people with individual support that met their needs.

Staff meetings were held approximately every three months. Topics included management cover and the welfare of people living at the home. For example, staff were reminded about people's changing needs and the expectations of the providers. Staff told us the frequency of the meetings was appropriate and gave them an opportunity to meet as a team and discuss various topics relevant to the home. Minutes were available for those staff that had not attended.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the registered manager. This ensured appropriate action had been taken to reduce any further risks to people. From looking at the incident reports the registered manager was notifying us appropriately. Notifications tell us about important events which the service is required to send us by law.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider had failed to ensure maintenance had been completed in respect of fire protection and the emergency lighting. In addition staff had not regular taken part in fire drills as per the provider's guidance. Regulation 12(1) (2) (b) (c) (d) and (e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met: The provider had not ensured that staff had received suitable training in respect of their roles ensuring this was updated at regular intervals. It was not clear when staff should receive refresher training. Regulation 18 (2) (a) and (b).</p>

Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider was not monitoring and reviewing the service provided to people. There were no action plans to drive improvements. There were systems to seek the views of people using the service or their representatives. Regulation 17 (1) (2) (a) (b) and (d) (ii) (e) (f).</p>