Care Network Solutions Limited

# Hillside House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Our inspection took place over two days. On 9 November 2016 we made an unannounced visit. We also visited on 11 November 2016, but told the provider we would be coming. At our last inspection in December 2015 we rated the service as 'Requires Improvement'. We found three breaches of the Health and Social Care Act 2008 (Regulated Activity) Regulations. The care was not sufficiently person-centred, medicines were not always managed safely and we found the Deprivation of Liberty Safeguards (DoLS) processes were not always legally correct. The provider sent us an action plan after the inspection, which showed how improvements would be made. At this inspection we found the provider had followed their action plan and were no longer in breach of regulations.

Hillside House provides accommodation for persons who require nursing or personal care, learning disabilities or mental health conditions, adults under 65. The home is situated in the Headingley area of Leeds and is close to local amenities. The home has a mix of small flats and bedrooms. There is a communal kitchen/diner and lounge area. There is a small car park to the rear of the home and a garden to the front.

At the time of our inspection there were seven people using the service, and there was a registered manager in post. 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.

We found medicines were managed safely. Medicines were stored securely, records were fully completed and people told us they got their medicines when they were needed.

Staff had received training in safeguarding and understood when and how to report any concerns. People told us they felt safe using the service and we saw risks associated with people's care, support and social activities were effectively documented.

Recruitment of staff was safe, and followed good practice in making background checks in order to ensure staff were not barred from working with vulnerable people. Staff were present in the service in sufficient numbers.

We saw the building was well maintained and service contracts were in place to ensure major fittings such as electrical systems were regularly checked. Staff had taken part in fire drills and were confident they would know what to do in the event of a fire.

Care plans contained decision specific assessments of people's capacity, in line with the requirements of the Mental Capacity Act (MCA). The provider had applied for Deprivation of Liberty Safeguards (DoLS) where needed, and we saw plans in place to comply with any conditions attached to these.

We found staff received a thorough induction, and there was a rolling programme of training in place. Supervision meetings were held monthly and staff had an annual appraisal.

People received appropriate support with nutrition and hydration. We saw the provider had responded to one person's elevated risk in this area, and staff were able to tell us how the person received appropriate support to minimise this risk. Staff told us how they promoted healthier eating options. We saw people were supported to access health and social care professionals when needed.

We saw people had a good relationship with staff, and staff told us ways in which they ensured people's dignity, privacy and rights were respected. Key workers worked closely with people to help build a rapport, and supported people to contribute to their care plans.

We saw care plan information was available in different formats appropriate to the needs and preferences of people who used the service.

Care plans contained a large amount of detail specific to each person, showing how their care and support should be delivered according to their preferences.

People who used the service said they would be able to raise any concerns with staff. There were policies and procedures in place to ensure concerns and complaints were addressed appropriately. The provider held regular meetings with people to ask for suggestions and share information.
People planned activities which reflected how they wanted to spend their time. We saw records which showed these activities took place.

Staff gave good feedback about leadership in the service, and said they worked well together as a team. Staff expressed pride in their work and told us they understood the provider's philosophy for the service. There were regular team meetings at which open discussion was welcome.

There were systems in place to ensure accidents and incidents were logged and reported as required. The home manager and registered manager undertook regular audits to monitor and drive improvement in the service. There were plans in place to undertake a survey with people who used the service.

## 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 managed safely. Stocks of people's medicines matched records, there were appropriate protocols in place for the safe management of covert medicines and staff training in medicines administration was up to date.

Staff had received training in safeguarding, and understood the importance of reporting any concerns. They said managers would take appropriate action. The provider was notifying the CQC when safeguarding incidents occurred.

The provider ensured recruitment of new staff was safe.

### Is the service effective?

Good

The service was effective.

Care plans contained assessments of people's ability to make specific decisions, and best interests decisions were made where necessary. Where people had a Deprivation of Liberty Safeguard (DoLS) in place the provider was able to show how they were meeting any associated conditions.

Staff had received a thorough induction, and there was a rolling programme of refresher training in place. Staff had a monthly supervision meeting and an annual appraisal.

People were supported to access health professionals when needed. The provider ensured people who were at risk from poor nutrition or hydration received additional support. Staff told us about ways in which they promoted healthier eating options.

### Is the service caring?

Good

The service was caring.

People told us they had good relationships with staff, and could express preferences for staff they worked closely with.

Staff had a good approach to ensuring people's privacy, dignity

and rights were respected.

Care plans contained detail relating to people's likes, dislikes and preferences. Information in the care plans was detailed and showed the service had got to know people well.

## Is the service responsive?

Good

The service was responsive.

Care plans showed how people wanted their care and support to be provided. Key workers supported people to contribute to regular reviews of their care plans.

The provider met with people regularly to discuss the service. People felt able to raise any concerns, and there were policies in place to ensure concerns and complaints were addressed appropriately.

People planned how they spent their time, and were supported to undertake a range of activities.

## Is the service well-led?

Good

The service was well-led.

Staff told us they had good leadership and support from the management team, and we saw people who used the service had a good relationship with the management team.

There was a programme of audits in place to measure and improve quality in the service. Action plans showed how improvements would be made.

The home manager and registered manager met regularly with staff and welcomed open discussion.

# Hillside House

**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.

Our inspection took place over two days. We made an unannounced visit on 9 November 2016, and told the provider about our visit on 11 November 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we knew about the service. This included past inspection reports, notifications from the provider and the provider's action plan. We also contacted the local authority and Healthwatch to ask if they had information about the service to share. They did not raise any concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We did not ask the for a provider information return (PIR) before this inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we spoke with the registered manager, who was also the regional operations manager. We also spoke with the home manager, the deputy manager and four members of staff. We spoke with two people who used the service, and received written comments from four people who preferred to share their experience in this manner. In addition we spoke with one visiting professional.

We looked in detail at two people's care plans, the stocks of four people's medicines and records relating to these, and other records relating to the running of the service. These included records of recruitment, support and development of four staff, policies and procedures, maintenance certificates, meeting minutes and records of audits carried out by the provider.

Good

# Is the service safe?

## Our findings

At our last inspection we found breaches of regulations relating to safe care and treatment and safeguarding. Medicines were not always managed safely and some safeguarding incidents had not been reported to the Care Quality Commission (CQC) as required. We rated this domain 'requires improvement'. At this inspection we found the provider had taken action and was now meeting legal requirements.

Four people who used the service received assistance with their medicines, and we checked all stocks of medicines and medicines administration records (MARs). We found stocks of medicines matched the MARs, and saw staff completed a stock check each time medicines were given, meaning any errors could be addressed in a timely way. All MARs were fully completed with no gaps. One person we spoke with said, "I get my tablets when I need them."

One person had a medicine which could be given in a drink without their knowledge when it was needed. This is also known as covert medication. We saw there was a clear protocol which showed the person's GP had been consulted. A member of staff who administered medicines told us, "[Name of person] understands the benefit of the medicine, and will sometimes ask for it when their symptoms are bad. Sometimes we can suggest they take it and they will say yes. If they refuse and we think they need the medicine, we can give it to them without them knowing, but that's a last resort we don't often use."

Medicines were stored in locked cabinets in people's rooms or flats, and we saw the temperature of storage was checked daily to ensure medicines were stored appropriately. Some medicines contain drugs which require additional security and record keeping. These are also known as 'controlled drugs'. At the time of our inspection there were no controlled drugs in use.

Staff told us they had received training in the safeguarding of vulnerable people, and records we saw confirmed this. Staff had a good knowledge of the forms abuse can take and clearly understood the importance of reporting any concerns. One member of staff said, "It is important we protect service users." They told us they were confident the managers would take appropriate action in response to any concerns raised, and said they would alert the provider or external bodies such as the CQC if they felt action had not been taken. We saw the provider was recognising incidents which needed reporting as safeguarding concerns, and was making reports to the CQC as required.

People who used the service told us they felt safe living at Hillside House. One person said, "The staff make me feel safe." We observed people were relaxed when speaking with staff and in each other's company. We saw risks associated with people's care and support were well documented, and contained detailed guidance about how these risks could be minimised. We saw a range of risk assessments in place including financial abuse, internet vulnerability, social vulnerability, weight loss and self-harm. The provider had a proactive approach to taking positive risks in order to support people to live full lives. For example, one person had been on a foreign holiday and we saw risks associated with the trip had been fully assessed, and plans put in place to minimise these risks.

The provider had policies and procedures to ensure recruitment of new staff was safe. We looked at the files of four members of staff and saw notes made at interview which evidenced the person's suitability for the role, and relevant checks including references, identity and Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people. Making these checks helps employers make safer recruitment decisions.

There were sufficient staff on duty to provide the necessary support for people, and staff we spoke with said this was case for all of their shifts. People who used the service said staff were able to provide the support they asked for at any time.

We looked at records which confirmed the maintenance of the home was kept up to date. For example, we saw the gas and electrical installations were regularly serviced, and fire safety equipment was also regularly checked and tested. Staff we spoke with said they had taken part in fire drills, and we saw records confirming this. Staff told us they were confident they knew what to do in the event of a fire and could safely evacuate the building. In addition they could identify people who would need additional assistance, and we saw people had personal emergency evacuation plans which detailed their ability to recognise and respond to risks associated with fires, and what additional support they may need in order to be evacuated safely.

Good

# Is the service effective?

## Our findings

At our last inspection we rated this domain as 'Requires Improvement'. We found a breach of regulations relating to safeguarding of people who used the service. Some people had approved DoLS in place; however, care plans did not always show the provider had undertaken any assessment of people's capacity to make decisions. At this inspection we found the provider had taken action and was now meeting legal requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they had received training in the MCA, or were expecting to attend the training shortly after our inspection. We saw records which confirmed training had been received or had been booked for November 2016. One pre-arranged training session took place during our inspection.

Care plans we looked at contained records of capacity assessments for specific decisions relating to each person's needs. For example, we saw assessments for decisions such as where to live, and consent to care and treatment. We saw these assessments involved a range of social and healthcare professionals. Where people had been assessed as not having capacity to consent to living at Hillside House, DoLS applications had been made, and we saw records of associated best interests decisions. These involved a range of professionals including independent mental capacity advocates. At the time of our inspection four people had an authorised DoLS in place, and the provider had one application pending.

We looked at two DoLS authorisations in detail. Both had conditions attached, to show what the provider had to do in order for the DoLS to be applied appropriately. For one person, this included a requirement to increase the amount of time they spent unsupervised, both in the community and in Hillside House. We saw records and risk assessments which showed how the person would be supported in ways which met the conditions of the DoLS. We looked at daily notes which confirmed staff had been following the plan. The home manager told us, "[Name of person] had one trip into the community which they were given a short time inside a shop whilst staff stayed outside. It went well, but [name of person] did not want to carry on with a step by step approach. They wanted to go straight to going out unsupervised. When we said that wouldn't happen yet they withdrew their cooperation with the plan." We found staff who supported the person were aware of the conditions attached to the DoLS. One staff member said, "It is supposed to be less

and less restrictive, but it's on hold at the moment as [name of person] doesn't want to do it."

Staff understood the importance of offering choice and gaining people's consent. One member of staff told us, "People have the right to change their minds. We advise, guide and support. We don't tell them what to do, that would take away their rights." Another member of staff said, "It's important you have a rapport with the person before asking them something. To get consent you have to explain and give people space."

We saw there were policies and regular training in place for the use of restraint. Staff we spoke with told us their training meant they were confident in using restraint, and they were able to tell us about other strategies they would use to try and help someone before using restraint. A member of staff told us, "It's the last resort. We avoid it as much as we can. The person gets emotional support afterwards, as do the staff." Another member of staff said, "There are stages to go through. We verbally redirect, or try to listen to the person's problems and solve them if we can. Physical intervention is the last resort." One person who used the service told us, "Restraint isn't nice, but I know why they sometimes have to use it. Not often. They do try and talk me down first."

Staff told us they received a thorough induction and a rolling programme of training to ensure they had the skills necessary to be effective in their roles. This included infection control, moving and handling, fire safety, mental capacity and the use of restraint. They told us their induction involved learning in a classroom setting and some study, and said they spent time shadowing more experienced staff before providing care and support for people. Staff told us they had been asked at the end of their induction if they felt ready to become fully operational members of staff. All the staff members we spoke with said they would have felt comfortable asking for more training if they felt they had needed it.

Staff received further support through a programme of monthly supervision meetings and an annual appraisal. We saw records which showed the meetings were well planned and meaningful, and staff told us they thought the process was useful.

Some people at Hillside House lived in flats with kitchens, and some shared a communal kitchen. We saw people planned what meals they would like a week in advance, and could cook for themselves or have assistance from staff. We asked people whether they were encouraged to have a healthy diet. One person told us, "There is always salad about, they do try and encourage us to eat well." Staff we spoke with said they tried to encourage healthier eating. One staff member told us, "I try and tempt them with things, change the taste of things with different ingredients. Sometimes someone tries something that way and finds out they like it."

At the time of our inspection there was no one at nutritional risk. One person's care plan showed they had experienced a period of weight loss. We saw records which showed the provider had taken action, including monitoring the person's intake of food. We saw the person's weight had stabilised. Staff we spoke with were aware of the elevated risk associated with the person, and told us how they encouraged the person to eat. A staff member said, "We got input from the dietician, and as a result always had snack food for [name of person] to eat. Although they are encouraged to make their own food in their kitchen we also encouraged them to eat in the shared kitchen as well, to make sure they had meals."

People we spoke with said they were able to see health and social care professionals when they needed to. We saw records in people's care plans showing they had seen professionals including dieticians, GPs and social workers.

Good

# Is the service caring?

## Our findings

People who used the service gave positive feedback about the staff, and we observed a relaxed atmosphere, with friendly conversations between people and staff on both days of our inspection. Staff gave good examples of how they ensured people's privacy and dignity were respected, including knocking on doors, making sure private matters were not discussed where other people may overhear and respecting people's rights. One member of staff told us, "We treat people equally. It's about giving respect to get respect." Another staff member said, "You don't just barge in on people, you give them their personal space."

Staff told us they were confident people received good care. One member of staff said, "People get the best care they are willing to receive. The care here is good." Another staff member said, "We enjoy our jobs, I think it shows off how caring we are." People we spoke with gave good feedback about the staff, and said they had mostly good relationships with them. One person told us why they had said they did not get on well with all staff. They told us, "It's just that I get on better with some staff more than others. That's all."

The home manager said they listened when people told them they did not get on with a member of staff. They said they tried to find ways to improve the relationship. For example, they would encourage the person to spend time doing something they enjoyed with the member of staff. They told us, "We want to try and build rapport."

Staff were nominated as individual 'key workers' for people who used the service. The role involved working closely with the person in reviewing care plans and liaising with families where necessary. The home manager told us, "The key worker does social activities with the person and spends quality time with them to build a bond. They do the monthly care plan evaluation with the person. We change the key worker regularly to enable people to get a relationship going with all staff, and also to make sure people do not become over-reliant on one staff member. If someone wants to change their key worker they can suggest alternatives." A member of staff said, "Being a key worker for a person gives me a chance to get to know them better."

Care plans contained information about people's likes, dislikes and preferences. Guidance in individual risk assessments and plans included a large amount of detail which showed the service knew people well. Staff told us they found the information useful in building meaningful relationships with people. One staff member said, "I get to know people's likes and dislikes from their care plans, and you pick up on notes and risk assessments. Understanding these help you understand the person. The rest is spending time with people."

People we spoke with said they felt they were involved in planning their care, and said their wishes were respected. One person said, "I don't like [an aspect of the person's care], but they have made sure I understand it. I think it's fair, and they respect my boundaries. It's to protect me."

We saw the provider made information available to people in a variety of formats appropriate for the people using the service. For example, we saw one person's activity plan had been presented in written and

pictorial formats, as this helped them make use of the information independently.

Good

# Is the service responsive?

## Our findings

At our last inspection we rated this domain 'requires improvement.' We identified one breach of regulations. The provider was not ensuring care was sufficiently person centred, because people and staff referred to 'house rules' which had not been documented. At this inspection we found the provider had taken action and was now meeting legal requirements.

People we spoke with told us they felt able to spend their time as they pleased, and understood why some activities needed the support of staff. One person said they did not like the fact the front doors were locked, but told us they understood why this was the case. A care plan we looked at contained a protocol for use of a mobile phone which stated they would hand their phone to a member of staff at 9pm each day. The protocol stated, '[Name of person] has asked for this protocol to be in place for their own benefit.' The person preferred not to speak with us; however, we spoke with a visiting professional who had supported them in making this decision. They told us the person had expressed a wish to limit their internet access at night, and had asked for staff to take their phone in order to achieve this aim.

Care plans contained very detailed, personalised information that showed what care and support was needed and how this should be provided. A range of relevant, individual care plans had been written including those for communication, personal relationships, social skills and personal care. We saw these plans were regularly reviewed, and people were encouraged to take part in this process by their key worker. One person told us, "They talk to me about my plan and listen to my ideas."

We saw there was a written handover sheet which staff used to record significant information from each shift. This captured information about changes in people's health, and any incidents which had taken place during the shift. This included observations made after the incident and any communication with the person. For example, we saw one handover sheet which contained notes relating to someone who had exhibited behaviours that challenge. There were notes as to the changes in their emotional state after the incident, together with relevant comments they had made when talking to staff on duty. This enabled staff to be responsive to any changes in people's care and support needs.

People who used the service told us they would have no problem raising concerns with any member of staff. The provider had policies and procedures in place to ensure complaints and concerns were recorded, and we saw there was a record of concerns raised verbally which showed how the home manager had responded to what they had been told.

There were regular meetings with people who used the service, at which a variety of topics were discussed. We reviewed the minutes of the three most recent meetings and saw there had been discussions including activities people wanted to do, notice of new people planning to use the service and suitable arrangements for people who wished to smoke.

People made their own decisions about activities they wished to participate in, and prepared a planner for the week ahead. People we spoke with said they were able to do things they enjoyed, change plans when

they desired and had the opportunity to choose which staff accompanied them where this was required. We saw records which showed people had been involved in a variety of activities including going bowling, to the cinema, to restaurants, for overnight stays in hotels and to the local library. We also saw one person was planning a holiday of their choice, and had been asked to select which member of staff would accompany them.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post when we inspected. They were also working as the provider's regional operations manager. Hillside House also had a dedicated home manager, who was planning to register with the CQC. They were supported by a deputy manager, senior care staff and a care team.

We received good feedback about leadership in the home. Staff told us management were supportive, approachable, responsive and regularly seen working alongside staff to provide support and care. The home manager told us, "The manager's job is not in the office, the service users come first. We do day and night shifts, we try to build a rapport with staff and make people feel safe." We observed people knew the managers in the service and had a friendly relationship with them. We found the management team had a good knowledge of people who used the service.

Staff comments about leadership included, "The management work with the clients, and they are a good source of advice and support for us," "They are good leaders," and "They listen to our suggestions, they are open to communication. We always have someone on call, and they always respond." Staff told us they liked working at the service, and spoke with pride about the work they did. One member of staff said, "There is a good dynamic, we work well as a team." Staff told us they thought the provider had a clear vision and philosophy for the service which had been explained to them. One member of staff said, "The philosophy is clear. It's about driving changes in people's lives."

Staff told us they attended regular meetings with the management of the service, and said they found the sessions useful. One staff member said, "We have meetings every month. It is an open discussion." Another staff member told us, "They let us speak our minds."

People we spoke with did not have any concerns about the quality of the service, and the written feedback some people preferred to give showed people were happy with the care and support they received. The registered manager told us they planned to carry out a survey to capture people's feedback at the end of the year.

We saw records relating to accidents and incidents, and the home manager told us they monitored these for any emerging patterns or trends which could be addressed to reduce the risk of the incidents occurring again. Accidents and incidents were checked to ensure safeguarding reports were made as required.

The home manager and registered manager carried out a programme of audit to measure, monitor and improve the quality of the service. We saw reports of regular checks including those on medicines, care plans and infection control. Each audit included an action plan to show how any improvements were to be made, and by whom. We saw actions were marked off to show completion. In addition we saw the registered manager was completing a monthly operations audit. This was as a part of their regional operations manager role.