

# The Orchard Trust

## Hilltop

### Inspection report

Ridge Walk  
Ruardean Hill  
Gloucestershire  
GL17 9AY

Website: [www.orchard-trust.org.uk](http://www.orchard-trust.org.uk)

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10 April 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Hilltop is a home for people with learning and physical disabilities and/or autism. The home is registered to provide support for up to six people. There were four people living there at the time of the inspection. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

### People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. For example, people were supported to have access to local groups and activities in the community and staff promoted choice and inclusion.

- People were protected from avoidable harm by staff who had been trained to keep them safe.
- Staff knew people well and the risks associated with people's care and health. They understood how to minimise risks to people and when and how to raise any concerns.
- Staff supported people to take their medicines safely and understood how to prevent the spread of infection.
- People received care from a consistent team of staff who had been safely recruited and trained to carry out their role. There were enough staff to meet people's assessed needs and ensure they lived a meaningful life and have access to the community.
- People's relatives told us they felt people were cared for by staff who were kind and compassionate. One relative said, "I would give them 10 out of 10 in everything they do."
- People's needs were assessed and care was delivered in line with current practices. Their care plans contained the information and guidance staff needed to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the

policies and systems in the service supported this practice.

- People were supported to make their own decisions about their care and were supported by staff in their best interests.
- People were supported with their nutritional needs and to maintain their health and well-being.
- Staff respected people's rights to privacy and dignity and their independence and access to the community was promoted and encouraged.
- The provider had systems for assessing and monitoring the quality of the service and implementing improvement where required and managing complaints.

At this inspection we found the evidence continued to support the rating of good. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated good (Last report was published on 25 October 2016).

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Hilltop

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

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

There was a registered manager in post. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection

#### What we did:

Before the inspection we reviewed information, we held about the service and provider as well as previous inspection reports. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This information helps support our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with the registered manager, the deputy manager, the Chief Executive Officer (CEO) and four care staff. We also spoke with two relatives by telephone.

We reviewed three people's care records as well as records relating to the management of medicines, complaints and how the registered persons monitored the quality of the service. We also looked at staff records relating to their professional development and recruitment.

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse or harm.
- Staff told us they had received safeguarding training and were aware of the different types of abuse. They were clear of the provider's safeguarding procedure and their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care.
- Easy read posters and leaflets were displayed around the home so that people and their relatives had the information they needed if they wanted to raise a concern about their safety or know about services and groups in the community.
- Relatives were confident that people were safe. One relative said, "I can honestly say I have never had any cause of concern."

Assessing risk, safety monitoring and management

- Individual risks relating to people's health, emotional well-being and support requirements had been identified and assessed, known and managed by staff.
- People's risk management plans were comprehensive, personalised and provided staff with the guidance they needed to support people. The care records of people at risk of developing pressure ulcers provided staff with information and control measures to mitigate the risks to their skin such as the use of pressure relieving equipment.
- Clear management plans were in place for those people who experienced epileptic seizures and those who required their food via a Percutaneous Endoscopic Gastrostomy (PEG) tube into their stomach. Protocols were in place and known by staff for people who required medicines via their percutaneous endoscopic gastrostomy tube or epilepsy recovery medicines.
- Staff responded to people's behaviours and anxieties to minimise risks to their safety and the safety of others in a proactive manner.
- Each person had a detailed personalised emergency evacuation plan in place. Staff fire safety awareness was assessed through regular fire drills and fire safety checks.

Staffing and recruitment

- People were supported by an established staff team who knew their needs well.

- Staff from Hilltop and the provider's other locations helped to cover any staff absences to ensure people were supported by a consistent and familiar staff team.
- Additional staff were made available if people needed support with activities in the community.
- People were being supported by staff who were of a good character as safe recruitment processes and values based interview techniques were being used.
- People's views about the staff who supported them were valued and used as part of the recruitment of new staff.

#### Using medicines safely.

- Safe medicines management processes were established in the home. People received their medicines as prescribed.
- Staff responsible for administering and managing people's medicines were trained and their knowledge was regularly observed and assessed.
- Detailed protocols were in place for people who were prescribed medicines 'as required', such as medicinal creams and those who required controlled drugs.
- Appropriate systems were being used to order, store and dispose of any unused medicines. The storage temperatures and the stock balance of each person's medicines was checked daily to eliminate the risk of medicines errors.
- People's medicines care plans provided staff with the information they needed. People's medicines administration records were completed with no gaps.

#### Preventing and controlling infection

- People lived in a home which was clean and well maintained.
- People were supported by staff to help clean their bedrooms and manage their laundry.
- Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced.
- A staff member was responsible for carrying out regular infection control audits which helped to identify any areas which needed to be addressed to prevent the spread of infection.

#### Learning lessons when things go wrong

- Records showed that accident and incidents were recorded, reviewed and actions were taken to help prevent further occurrences.
- There was evidence of learning from mistakes to ensure people remained protected and safe. For example, the bowel management protocols had been reviewed to ensure staff had the information they required to manage and monitor people's bowel care.
- The home's accident and incident reports were reviewed by a representative of the provider to help identify any trends or patterns and share updated practices and lessons learnt.





## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff support: induction, training, skills and experience

- People continued to receive effective care based on current best practice for people.
- The provider and registered manager ensured people received care and support which was current and effective. For example, staff had been trained in epilepsy care.
- People's relatives expressed confidence in the staff team and management of the home. They all felt that staff understood the needs of their family members well and were trained well.
- Staff assured us that they had the support and training they needed to carry out their role. They praised the support and training they received and had access to the provider's in-house training department. We received comments from staff such as, "Yes, the training is good" and "They always make sure our training is up to date." One staff member told us they had been supported in progressing to be a team leader.
- Staff records showed that staff received regular, personalised and comprehensive supervisions and an annual appraisal with the aim to improve care practice and the quality of care being delivered.
- Staff supported people to use technology such as computers. Equipment such as ceiling track hoists and high/low beds ensured people were supported in the least restrictive manner.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and well-balanced diet.
- Staff were aware of people's meal and food preferences. They encouraged people to make choices about their meals and have healthy options. Staff worked with people to develop their kitchen skills and plan and prepare their meals.
- People's specialised diets were catered for and recorded in their care plan such as, recommendations by health care professionals about the management and textures of people's food. People safely received their nutrients and fluids via their percutaneous endoscopic gastrostomy tube.

Adapting service, design, decoration to meet people's needs

- Suitable equipment such as specialised shower chairs/stretchers and ceiling track hoists had been provided for people to improve quality of life.

- Plans were in place to extend the house to incorporate a larger sensory room to replace the present sensory room in the house. This would allow people to enjoy the room together.
- People were encouraged to choose the decoration of their bedrooms and display items which were important to them.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Although Hilltop was situated in a rural location, people were supported to have equal access to the local health and social care services. The access to the home by emergency medical services had been reviewed to ensure people received emergency support in a timely manner.
- Each person had an individual health action plan, with clear guidance of how their health and well-being should be maintained such as weight management, eye and hearing care.
- Protocols were in place for staff to assist people in monitoring their well-being such as observing for signs of breast and testicular cancer.
- People had been provided with additional equipment and cushions to ensure people sat and lay in a good position. Photographic guidance of people's recommended sitting and lying positions were in place helped to guide staff.
- Staff had a good working relationship with their GP surgery and community health care professionals. Staff had engaged with health care professionals such as physiotherapists and speech and language therapist and implemented their recommendations. Staff worked and liaised with the rapid response team which had helped to avoid unnecessary hospital admissions.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff informed people of the support they were about to provide and encouraged people to be involved in decisions about their care.
- Staff understood the importance of valuing and respecting people's decisions and consent to their care and support.
- People's mental capacity to make decisions about the care and support they received had been assessed. Records showed that people, relatives and health care professionals had been involved in decisions made on behalf of people when they had been assessed as not having mental capacity to make a specific decision.
- Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how this impacted on their role when supporting people who lacked the capacity to make some decisions about their day or care. Staff were aware of the need to support people in their best interest and in the least restrictive manner and those who were deprived of their liberty.

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had lived in the home for many years and had developed strong relationships between each other and staff.
- Throughout our inspection we saw many positive and genuine interactions between staff and people when we walked around the home. We saw staff chatting with people in a friendly and warm way. Staff spoke to people respectfully and told people how they were planning to support them. We heard and saw lots of smiles and praise when people achieved something such as assisting people in making their lunch.
- People were informed of the reason of our presence in their home. Most people were unable to communicate with us, however one person showed us the pictures they were cutting out and chatted to us about living in the home. It was clear that they were comfortable around staff as they asked for reassurance to help them answer some of our questions.
- Staff had a very good understanding of people's needs and knew their preferences. Staff adapted their communication and approach according to people's communication abilities and skills. They used different techniques and strategies to understand the needs and wishes of people who were unable to communicate.
- People's care plans were personalised and provided staff with the information they needed to support people. Staff shared with us examples of how they had supported and encouraged people to develop and progress in their well-being to ensure people lived a fulfilling life and that their wishes were achieved. For example, people enjoyed visiting the provider's small-holding and local social groups.

Supporting people to express their views and be involved in making decisions about their care

- People's relatives praised the good will and nature of all the staff. They told us they felt confident that all the people who lived at Hilltop were safe and well cared for.
- Relatives felt that communication between them and the staff was open and they were informed of any changes in people's wellbeing. One relative said, "The staff at Hilltop are very in-tune with my son and his needs."
- People were supported to maintain and develop relationships with their families and people who were important to them.

- Staff were aware of people's preferences and supported people in their best interest. For example, we observed staff giving one person a foot massage. The staff member said, "She loves a foot massage. It helps to relax her."
- People's views and decisions about their life were respected. The registered manager told us that people's individual diverse and spiritual needs were supported and regularly reviewed with people and their families.

#### Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding promoting and respecting people's dignity and privacy. We observed staff speaking to people respectfully and with dignity. They gave people time to express their views and spoke to them in a respectful manner and at a pace that they could understand.
- Staff recognised when people became tired and encouraged people to rest during the day.
- Activities were offered to promote people's confidence and independence as much as possible. For example, people were encouraged to independently take part in an exercise class while staff monitored them from a distance.
- Staff gave people opportunities in maintaining and supporting them in their independence for example, staff supported one person to hold their own cup when taking a drink.

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People receive personalised care at Hilltop. Staff provided support which was caring and responsive to people's individual needs, preferences and individual support requirements.
- The registered manager and staff worked to enable people to live a fulfilled life. Staff promoted people's personal development and assisted people to reach their potential. For example, some people had been awarded certificates of achievements such as developing their communication skills.
- People were encouraged and supported to have access to a wide range of activities in the community and carried out a variety of activities in the home such as arts, crafts and nail care. One person was supported to choose a course and attend college each term. We observed that staff provided people with constant support and encouragement to focus on the activity in hand.
- Transport and additional staff were made available to allow people to access the community such as shopping or attending groups and activities which they enjoyed such as a trampoline group.
- All the relatives we spoke with were positive about the care and support that their relative received at Hilltop. We received comments such as "We are very happy with the care provided at Hilltop. They are on top of everything and always check with us if there are any changes in care" and "They get the best possible care you can get."
- Staff were aware of people's individual communication needs and how people uniquely expressed their views, likes/dislikes and choices.

Improving care quality in response to complaints or concerns

- People's care plans reflected their support needs and preferences and the management of people who had specific medical conditions, such as a management plan for one person who experienced epileptic seizures.
- Effective communication between staff ensured they remained informed of any changes in people's needs
- Some people regularly stayed at the home for a respite period to give their main carer a regular break. Family communicated changes in people's care needs at the beginning of their respite period, however this was not consistently recorded. The registered manager provided assurances that the recording of the reassessment of people's needs would be immediately addressed.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- People were supported by staff who knew them well and would quickly be able to identify changes in people's health and access rapid access health care support to ensure they received comfortable and dignified end of life care.
- We discussed with the provider and registered manager how they ensured people's preferences and choices about their end of life care would be followed. The registered manager explained that planning and recording of people's end of life care was an on-going process. Plans were in place to start to sensitively approach people and their families when appropriate to discuss their end of life wishes.

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- An established registered manager was in post who knew people, staff and the provider's values well. They led by example and provided staff with ongoing support. They understood their regulatory requirements and to display their current inspection ratings.
- Hilltop was part of the local community and had formed links with local services and community groups as well as being involved in the provider's other services. The CEO stated, "Providing a service to the local community is very important to us.
- The provider and registered manager consulted and empowered people to be involved in running of the provider's services. They valued their input and suggestions. For example, the provider had worked collaboratively with people and staff to assist them in reviewing and embedding the provider's values.
- An open and transparent culture was promoted and honesty was expected from staff when things went wrong or errors were made. The registered manager and staff had a proactive approach in reviewing their systems and learning from any mistakes.
- The provider had recognised the value of having a sensory room on site for those people who were limited in the activities they could access and were planning to extend the home to provide a larger sensory room.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement; continuous learning and improving care.

- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the operations manager who regularly visited the home. These included checks on people's medicines, care plan, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The management team met regularly to share information and good practices. Staff from Hilltop worked in conjunction with the provider's other locations, for example, bank staff were available if required
- The provider had a business contingency plan and had assessed the impact of Brexit on the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive about the consistent and supportive management team. They felt supported and valued the provider's input and monitoring of the service. Staff could raise concerns through staff meetings and told us the management team were approachable and accessible.
- The provider and managers remained current in their practices and worked in partnership to drive improvement across the service and the provider's services. For example, systems were in place for the senior management team to have a better understanding of the services provided. A designated member of the trustee board visited the home regularly and the CEO had carried out a 'care shift' at Hilltop to enable them to better understand the experiences of people and staff. The CEO explained that "It gave me a really good insight into life at Hilltop. We want to be excellent in all that we do."
- The registered manager kept themselves updated and fully informed by attending training and conferences; subscribing to national health care newsletters and sharing and learning from the provider's other managers.
- People's voices and opinions were heard and valued. For example, representatives from each of the provider's location met every two months with the provider to raise any concerns, discuss future developments and share information.

Working in partnership with others

- The registered manager and staff worked with others, such as health professionals and local organisations to support people. For example, advocacy services.
- The home and provider had links the wider community, such as local community groups, charities and churches.