

Hillcrest Community Ltd

# Hillcrest COMMUNITY

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hillcrest Community is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of our inspection 20 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People received safe care and support. All people we spoke with told us they felt safe. Staff knew how to safeguard people.

We reviewed care plans and found people had their capacity assessed appropriately. Capacity and consent forms had not been signed by people receiving care. We have made a recommendation for the provider to always offer the opportunity to people to sign their care records where appropriate.

The providers had ensured all staff who administered medicines were trained to do so. Systems for the recruitment of new staff had been improved.

Quality assurance systems had been introduced and implemented to enable the provider to learn and implement positive change. The provider audited the service however, the audits did not highlight all risks. We have made a recommendation for the provider to ensure audits are effective at addressing all risks.

The feedback about management and leadership was positive. Staff told us they felt supported and the leadership team were approachable.

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 and update

The last rating for this service was inadequate (published 24 April 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had made some improvements and was no longer in breach of regulation.

This service was in Special Measures following the previous inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillcrest Community on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

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## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. This meant the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the manager would be at the location to support the inspection. Inspection activity started on 26 October 2021 and ended on 10 November 2021. We visited the office location on 27 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We reviewed care records for three people who used the service. We looked at a range of other information including audits, complaints records, recruitment files for three staff and records relating to accidents, incidents and safeguarding. We spoke with the manager, three other members of the management team and three members of care staff. We also spoke with six people who used the service and six relatives.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure they promptly responded to, or properly reported, allegations of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- We found safeguarding concerns were raised and recorded.
- The safeguarding policy was relevant to the service.
- Staff we spoke with received appropriate training and had a good understanding of their responsibilities to make sure people were safe.
- All people we spoke with told us they felt safe. A person we spoke with said, "I feel safe because I have a really good relationship with my carer. They know me well and we have more of a friendship now."
- Staff knew how they could whistle blow. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening.

### Staffing and recruitment

At our last inspection the provider had failed to ensure robust recruitment systems were in place. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems and processes were in place when the service recruited staff however this was not clearly documented. The provider ensured all staff had the necessary checks. We later saw evidence the documentation has improved.
- Feedback from surveys state staff are on time and stay the required length of visit.
- There was sufficient staff to meet people's needs. Staff told us they had enough time to get to calls. One staff member said, "We do have enough time for travel and visits, before we didn't but now it's really good."
- People who used the service told us their visits were on time.

## Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure capacity was assessed and consent sought. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We reviewed care plans and found people had their capacity assessed appropriately.
  - Risks to people's health and welfare were assessed and clear plans put in place to manage and mitigate identified risks.
  - Risk assessments were up to date and reviewed regularly. New and emerging risks such as those in relation to COVID-19 had been assessed with plans put in place.
  - Records showed all staff had completed moving and handling training.
  - There was a lesson learnt log. Staff told us management arrange lesson learning sessions during meetings.
- Although capacity and consent forms were in place, they had not been signed by people receiving care. Since the inspection Hillcrest Community has provided evidence that people using the service have signed the capacity and consent forms.

We recommend the provider ensures people using the service are offered the opportunity to sign their care records where appropriate.

## Using Medicines safely

At the last inspection in February 2021, the provider had failed to ensure safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Managers provided an action plan and sufficient improvements had been made.
- The providers had ensured all staff who administered medicines were trained to do so and had included frequent competency checks.
- An electronic recording system had been introduced to help staff manage medicines administration safely. Though we found some recording issues we were assured that people had received their medicines as prescribed.
- A system for checking medicines and records was in place and issues found had been actioned. Some of the recording issues we noted had already been actioned by the managers.
- A 'when required' medicines policy had been added to each person's records, however these were not person-centred and did not guide staff how each person liked to take their medicines. This was raised during the inspection and action was taken immediately to address this. We later saw evidence of personalised guides in place.

We recommend the provider continues to work with the system provider to further improve the electronic records. The provider should ensure that up to date lists of medicines are available to them and only medicines administered by staff are added to the system.



#### Preventing and controlling infection

- The provider's infection control policy (IPC) was relevant to the Provider and included COVID-19 information.
- We were assured the provider was providing appropriate personal protective equipment to staff.
- The provider was accessing testing for staff.

# Is the service well-led?

## 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. However, these needed to be further embedded, to ensure there was a continuous approach to improving care.

At our last inspection, we found five instances the service should have notified CQC of, but they had failed to do so which is a legal requirement. This was a breach of Regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider was sending statutory notifications to CQC. We saw no evidence the provider was not sending statutory notifications.
- CQC were not appropriately notified when the registered address changed however, since the inspection we have seen evidence this was in progress.
- The service did not have a registered manager in post. The previous registered manager de-registered in January 2021. However, we saw evidence the registration for the registered manager was in progress.
- The provider displayed their current CQC rating in the service.
- The provider had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- Staff received regular supervisions in line with the provider's policy.
- Hillcrest Community's statement of purpose was up to date and accurate.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service. However, the audits did not highlight all risks. For example, the care plan audit did not identify capacity and consent forms had not been signed by people receiving care.

We recommend the provider ensures audits are effective at addressing all risks.

- Care plans were personalised to reflect peoples care needs and health conditions.
- We saw evidence accidents and incidents were being recorded, reviewed and actioned.
- People and their relatives told us the improvements they had experienced in the care at the time of our last inspection had continued and further improved.
- The provider had addressed and achieved compliance in relation to all previously identified breaches of regulation.
- Throughout the inspection the manager was honest and open with us. Where they saw improvements were needed, they had taken action.
- The management team understood their duty of candour, to be open and honest when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The feedback about management and leadership was positive. Staff told us they felt supported and leadership was approachable. One staff member said, "I am very happy, I can ask questions whenever I want."
- People were asked for their feedback about the service they received. This included satisfaction surveys, feedback during spot checks and feedback on staff performance.
- Feedback from surveys of staff and people using the service was summarised and given a rating. This was shared with staff during meetings.
- Most people felt the service was well managed. One person told us, "The office staff are approachable and do listen."
- The service worked in partnership with the local authority.