

Care Management Group Limited

Hilltop

Inspection report

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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 residential care home providing personal care for up to seven people with autism. At the time of the inspection there were six people being supported. The service provides care in one domestic style property

The service had been developed prior to publication of 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. Staff values were in line with the underlying principles of the guidance. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service encouraged people to live as full a life as possible and supported them to achieve the best possible outcomes. People's confidence, independence and wellbeing had improved since they began using the service.

Dedicated and enthusiastic staff ensured that people's daily life was filled with meaningful opportunities, entertainment and involvement in making friends and reducing social isolation.

People were protected from the risk of abuse. Risks to people had been assessed and were managed safely.

There were enough staff to safely meet people's needs. Staff knew to report any incidents or accidents and the registered manager reviewed incident records to look for trends and reduce the risk of repeat occurrence.

Staff received good training and support to carry out their roles effectively. Staff were positive about working in the service. Staff worked with other professionals to ensure people's healthcare needs were met.

People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet and told us they enjoyed the choice of meals and snacks.

Staff treated people with dignity and respected their privacy. People were involved in making decisions about the support they received. Staff were caring and compassionate in their approach.

The home was well led. Systems and checks were in place to ensure that the home was operating well.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

This was the first inspection since a change in registration on 05/03/2019. The last rating for this service was Good (published on 3 January 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-Led findings below.

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. 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 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.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used this information to plan our inspection.

During the inspection

We met with two people who used the service and six members of staff including the registered manager,

deputy manager, a senior care worker and three care workers. Not everyone living at Hilltop was able to tell us about their experiences and we observed people with staff. People's verbal communication was restricted, therefore we observed interactions between people and staff.

We reviewed a range of records. This included three people's care records, medicine records, two staff files which included recruitment, supervision and training details; and a variety of records relating to the management of the service, including audits and checks.

After the inspection

After the inspection we received feedback from two professionals and three people who knew the service well. We spoke with three family members. 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.

This is the first inspection for this service following a change in registration. At the last inspection this key question was rated Good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- When there had been safeguarding concerns, staff had contacted the relevant professionals, such as the local authority and CQC. The policies made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Allegations of abuse since the last inspection had been dealt with in line with the policy. Records showed the investigations into concerns and outcomes.
- Where a person was at risk due to self-harm behaviours, protocols and safeguarding measures were in place to help mitigate risk.
- Staff had completed safeguarding training and were confident about how to report any concerns, both internally and to external agencies.
- Staff had received training in physical intervention. Where restraint was required the least restrictive option was taken. Care plans described how to use de-escalation techniques such as distraction in the first instance.
- People were relaxed and at ease with staff and each other. They were clearly comfortable approaching staff and spending time with them.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed. Some people living at the service could present with behaviour that challenged. Staff were trained in prevention, de-escalation and restraint methods. Records and observations confirmed that people were supported in-line with their individual guidelines.
- Staff recognised how to support people in a way which reduced tension. For example, some people didn't always get on due to noise levels. Staff managed this by giving people time out to reduce tensions.
- Risk assessments were carried out to enable people to receive care safely and take part in activities of their choosing. For example, staff were familiar with people's needs when going out and taking part in activities.
- Personal Emergency Evacuation Plans were in place to inform staff and first responders of the support people would need to leave the building in an emergency.
- Risks about the environment were considered and planned for. Checks on the electrics, gas and water safety were regularly completed. People told us there had been an issue with heating and hot water since Christmas. We spoke with the registered manager about this. They acknowledged the boiler had recently been replaced. There had remained some inconstancy in water temperatures meaning hot water had not always been available for showers and baths. This was being rectified during the inspection by an engineer.

Staffing and recruitment

- There were procedures in place to ensure recruitment was safe. This included undertaking Disclosure and Barring Service checks (DBS). This would identify whether a person had any convictions that affected their suitability to work with vulnerable adults.
- Staffing levels were appropriate for the needs of the people living in the service. Rotas were organised to ensure a good skill mix, with experienced staff available to support those with less experience. An agency was used to cover any gaps. The same agency was used so staff were familiar and worked with the same people to provide consistency.
- Staff told us there were generally enough staff and they were able to organise shifts, so people were supported safely and had opportunities to follow their interests. Staff said, "I like the shift patterns they work for me" and "Shifts are varied."

Using medicines safely

- Staff were trained to administer medicines safely. A senior care worker carried out competency checks to ensure good practice was followed.
- Medicines were stored securely in people's rooms. Additional medicines were kept in a separate storage area access only by staff responsible.
- Some people were prescribed 'as required' (PRN) medicines, such as pain relief or medicines to help people relax when anxious. There were clear protocols in place for when people should be offered and given these medicines. We saw that other methods to distract people and reduce their anxieties were used before PRN medicines were considered. Following the use of these medicines staff completed incident reports. The management team were alerted each time an incident form was completed.

Preventing and controlling infection

- The premises were clean with no malodours. Staff had access to protective equipment such as aprons and gloves to use when necessary.

Learning lessons when things go wrong

- Accidents and incidents were recorded so any areas for improvement could be identified. For example, risk assessments were reviewed, and people had been referred to relevant health and social care professionals.
- Staff and supervision meetings were used as an opportunity to discuss how the delivery of care could be managed to mitigate any identified risk.

Is the service effective?

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.

This is the first inspection for this service following a change in registration. At the last inspection this key question was rated Good. At this inspection this key question remains the same. This meant 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

- People's physical, mental and social needs were holistically assessed. There had been no new admissions, recently. People's assessments were constantly being updated as staff learned more about them. For example, using care planning information to support a person's personal development.
- People's care and support was delivered in line with legislation, standards and evidence-based guidance. This had resulted in particularly good outcomes for people in a short timeframe. For example, one person had progressed to using community facilities, which they had not previously been able to do so.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and an introduction to organisational processes. This was followed by a period of shadowing more experienced staff. Families told us they were confident in the knowledge and skills the staff displayed.
- Training identified as necessary for the service was regularly refreshed. There were plans in place to roll out more specialised training to meet people's specific needs.
- Staff were supported in their role and were given the opportunity to develop professionally. Regular supervisions took place formally and in the form of competence checks. Staff told us they felt very supported. They said, "Feel very supported. Given time to do training and the support from other staff is helpful" and "I felt very supported when I started and the door is always open if you are not sure of anything."

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

- Staff supported people to eat and drink appropriate amounts to keep them healthy. They highlighted when people were at risk and escalated this to the appropriate professionals.
- There was a pictorial menu to support people to understand what food was being prepared. However, this menu was flexible, and people often made their own choices which was supported by staff.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals. Records showed these included a range of health and social care professionals. One professional involved with the service told us, "The manager engages well and is responsive to requests for information."
- 'Health Action Plans' were in place for people which included information about how to support them to

live healthy lifestyles. People also had 'Hospital Passports', these included information about their health and personal care support needs and were intended for use by staff, in the event of the person being admitted to hospital.

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

- The premises had been adapted to provide everyone with their own room. Rooms were personalised reflecting people's likes. For example, characters from cartoons. One person liked caravans, and this was reflected in the decoration and furnishings. Rooms reflected people's tastes and preferences.
- There was a sensory area available to support one person. Some people were heat sensitive and air conditioning had been installed to ensure the temperature of their room could be managed effectively.
- Some areas of the service had damage to walls and paintwork. The registered manager told us this was constantly reviewed and a maintenance team addressed issues when raised. They told us, "It's a constant challenge."
- Shared areas were spacious and enabled staff and people, who were able to, to sit together and socialise comfortably.
- One person had their own separate accommodation which led onto a small garden area solely for the person's use.
- There was access to outdoor spaces. Not everyone who lived at Hilltop was able to be with other people without becoming distressed and unpredictable. They had their own garden area which staff encouraged them to use.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were effectively managed. Care plans included support people needed with personal and oral care.
- Some people found attending appointments with healthcare services difficult. Arrangements were put in place to support them to have necessary check-ups in a way which was acceptable and less distressing for them.
- Some people living at the service had complex health conditions. Staff understood these well and worked with relevant professionals to ensure people had the right support. For example, creating positive behaviour support plans to enable effective treatment.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people were subject to restrictions on their liberty to keep themselves, and others, safe. These restrictions had been legally authorised and any conditions attached to the authorisations were met.

- Any changes in restrictive practices were highlighted to the relevant authority.
- Restrictive practices were recorded in positive behaviour plans. These were reviewed regularly to provide an up to date overview of people's needs.
- Best interest meetings were held to discuss any decisions made on people's behalf. These involved relevant professionals and relatives.

Is the service caring?

Our findings

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

This is the first inspection for this service following a change in registration. At the last inspection this key question was rated Good. At this inspection this key question remains the same. This meant 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

- We observed people received good care and support. Staff were kind and respectful in their interactions. For example, staff were taking time listening to what people had to say before they responded.
- Staff used appropriate tone of voice when talking with people and clearly understood people's individual communication needs.
- Relationships with family were supported. For example, some people visited their family and this was supported by staff. A relative told us, "[Person's name] comes on Sundays supported by their care workers. We meet [Person's name] in all different places for an afternoon out. This placement is perfect."
- People and staff had built strong and trusting relationships. Staff spoke affectionately about the people who lived at the service and displayed genuine consideration for people in their care. One staff member said, "Working here is challenging, exciting, and very rewarding."
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. One member of staff told us, "It's all about respecting everyone in an individual and unique way."

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

- There was a visible person-centred culture at the service. It was evident that the service was run with people's wishes and interests at heart. There was an emphasis in supporting people to achieve their full potential through positive planning and listening to what people told them. For example, social activities were tailored to meet individual needs.
- It was clear staff understood people's unique ways of communication. For example, watching body language. Being alert to any signs of agitation. One member of staff said, "We know [Person's name] well. We can see early signs where we might need to provide that bit of extra support, step back or get more help."
- People were observed content and settled in the presence of staff and approached them to initiate communication. The way staff responded showed that people enjoyed these interactions.
- Throughout the inspection there were examples where people had the opportunity to achieve their wishes and goals. For example, being supported to go out to community settings and take part in supported social activities.
- People's diverse needs were respected and documented. Care records included detailed information about each person's diverse needs relating to their disability, religion and relationships. A relative told us, "Hilltop have been very supportive in helping [Person's name] come to services which are focused on those with a learning disability."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Some people required continual monitoring because of their health needs. However, staff recognised when people became agitated and recognised signs when the person wanted time on their own. This was respected by giving the person time and space on their own in a safe environment.
- Sometimes people presented themselves in a way which might have compromised their dignity. Staff were mindful of this and discussed with people how their actions and appearance might attract unwanted attention. This helped people make informed choices about how they presented themselves in the community in order to keep themselves safe and protect their dignity.
- People's personal information was stored electronically with password access and paper files were stored in the office. When the office was not in use there was a keypad entry system to ensure confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this service following a change in registration. At the last inspection this key question was rated Good. At this inspection this key question remains the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The staff team were focused on enabling people to lead as full a life as possible. Professionals we spoke with told us the service was flexible and responsive to people's individual needs. People's daily schedules were determined by their individual interests and routines were based upon their preferences. Comments included, "The staff team are impressive." The service used innovative and creative approaches. For example, the design of sensory smell cushions in colours relating to the smell of lemon and peppermint.
- The service used bespoke techniques to personalise care and support. For example, designing an aid to support a person to tie shoelaces.
- The service was responsive in supporting people to attain lifestyle goals. For example, the use of a social story books. Social story books supported people with autism to help them learn to deal with situations which might be challenging, social behaviour and responses. This approach supported the people to see scenarios visually, so they knew what to expect and make informed choices. Examples included, using the story book for desensitisation to have a blood test. It showed the process step by step, so the person was accepting of each stage. When the nurse visited to carry out the test the person was familiar with what it entailed and was able to make an informed decision about it taking place. This demonstrated the person clearly understood the process and supported their informed decision to decline.
- Staff had responded to a person's long-term hospital admission by ensuring there was continuity of the staff supporting them in a hospital environment. It had meant the person had remained calm in an environment which was extremely challenging for them due to living with autism. A staff member told us, "We [staff] have been so proud of how we have managed to support [Person's name]. The service was looking at ways of establishing a room on the ground floor to support a return to the service.
- People's wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences. Activities enabled people to maintain friendships with their local community.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service took steps to identify and plan support for people to maintain relationships, take part in the wider community and to avoid social isolation. The service used the organisations 'Wheel of Engagement Tool'. This had been designed for services to encourage continuous improvement in order to focus on the quality of life for the people being supported. It focused on four key areas. Sensory stimulation, active community involvement, positive behaviour support and active communication support. This had been

used for each person in a creative way' ● The service supported people in engaging activities which had previously not been thought possible. For example, one person would not use community transport or a car to access the community. By using desensitisation techniques over a significant period, the person would now sit in the car with their feet in and a seatbelt on with the engine running. They were not yet at the stage for the door to be shut. Further work had taken place by accessing a local caravan park with the objective of going on holiday in the future.

- One person particularly liked theme parks. The service had supported them to purchase an entry card to visit theme parks around the country.
- Some people had their own transport and were supported by staff to attend a range of activities including horse riding, swimming and days out.
- One person had their own sensory room which had tactile items such as leaves and water beads which they particularly enjoyed.
- People were supported to retain family contacts in a person-centred way. For example, visiting parents and meeting family members in community settings. A relative said, "Extremely inclusive [as a service]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had an extensive range of communication aids to support people in ways which supported their understanding and responded to their individual needs.
- Assistive technology supported positive communication through accessible visual symbols. Using a sketch tool to write significant words to communicate to staff. For example, they had written cinema. It alerted staff that they wanted to visit the cinema. A staff member told us, "[Person's name] has moved on so much using this. Their word use has extended so much. It really is supporting them and helps us understand what [Person's name] want or needs."
- One person had a communication board in their room which. This can be used to let staff know when the person wants to be on their own. Another person uses the same process to inform them about what's happening during the day.
- Assistive technology packages supported people to make decisions about what they want to eat and drink, to contact family members in this country and abroad. Staff were encouraging people to familiarise themselves with a range of assistive technology systems to develop their communication in a way that suited them.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available.
- Complaints had been responded to in line with the organisations policies.
- Staff sought people's views of the service and ensured any concerns were resolved.

End of life care and support

- The service had systems in place to support people and their families if they entered the final stages of life. For example, there were 'Best Interest', decisions regarding personal possessions. The service considered parents' wishes due to some of their anxieties about ageing.

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.

This is the first inspection for this service following a change in registration. At the last inspection this key question was rated Good. At this inspection this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted an open and inclusive working culture at the service. Staff told us they found the registered manager to be approachable and supportive. One staff member said, "Very supportive. A lot of changes but they [Registered manager] gives us a lot of information."
- Staff told us morale was mixed since a change in company registration. Comments were mixed, "Things have changed and its different now" and "Change in company has seen a dip in morale. Bigger company, can affect change but there hasn't been many." We found no evidence this was having a negative impact on the people living in the service. The registered manager acknowledged there had been some changes. They told us staff were receiving updates as and when necessary through supervisions and meetings.

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 registered manager understood their responsibilities under the duty of candour. There was a detailed policy in place outlining the providers responsibilities.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- There was an effective quality assurance system in place to drive continuous improvement within the service.
- Staff, the registered manager and senior managers completed checks to help ensure the quality of the service was maintained.
- Information from a variety of sources such as audits, incident records and advice from professionals, was used to aid learning and improvement.

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

- The management team were committed to engaging with everyone at Hilltop. They sought the views of people and their representatives in a variety of ways including informal discussions, meetings and surveys which were meaningful for people living with autism. A relative told us, "I am confident the service has been

responsive to any feedback I have given."

- Some staff had their work and commitment recognised by receiving achievement awards. The team at Hilltop had received an outstanding care award in 2019. Family members and an advocate nominated the team. A staff member told us they were extremely proud to have received the award. "It proves we are doing a brilliant job."

Working in partnership with others

- The service worked in partnership with key organisations to support care provision.
- Records showed the manager had involved professionals in the development of people's care and support, to help ensure any changes were always in people's best interests.