

Tebmar Ltd

Hillcrest

Inspection report

Tebmar Limited
Hillcrest
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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:

Hillcrest is a residential care home that is registered to provide personal care for up to five adults with learning disabilities and autism.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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 over their own lives, choice, and independence.

People's experience of using this service:

- People received safe care and were protected against avoidable harm, neglect and discrimination.
- Risks to people's safety were assessed and strategies were put in place to reduce the risks.
- The recruitment practices ensured suitable staff were employed to work at the service and staff were employed in sufficient numbers to meet people's needs.
- Peoples medicines were safely managed.
- Systems were in place to control and prevent the spread of infection.
- People's needs were assessed to ensure the service could meet their needs.
- Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.
- People were supported to maintain good nutrition and hydration.
- Staff supported people to live healthier lives and access to healthcare services.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff treated people with kindness, compassion and respect.
- People were supported to express their views and be involved in making decisions about their care.
- People were involved in planning their care and in on-going reviews of their care.
- Systems were in place to continuously monitor the quality of the service.
- The service worked in partnership with outside agencies.

Last Inspection Rating:

Requires Improvement (report published on 27/04/2018).

The service met the characteristics for a rating of 'good' in all five key questions we inspected. Therefore, our overall rating for the service after this inspection was 'Good'.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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 ●

Hillcrest

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:

The inspection was carried out by one inspector.

Service and service type:

Hillcrest is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, four people were receiving this type of service.

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 announced inspection. We gave the service 24 hours' notice of the inspection visit because it is a small service, which cares for people with learning disabilities and autism and people needed to be informed we planned to visit the service. We also needed to be sure that people and staff would be available.

What we did:

Prior to the inspection we reviewed information we had received about the service, including information within the Provider Information Return (PIR). 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 reviewed other information received from the provider, such as statutory notifications about incidents and events the provider must tell us about. We sought feedback from other professionals who work with the service. We took this information into account when we inspected the service and in making judgements in

this report.

During the inspection we spoke with one person using the service and two relatives. We spoke with two care staff, two senior staff, the deputy manager and the registered manager.

We looked at the care records for three people using the service and three staff recruitment records. We examined other records relating to staff support and training and the management of the service. These included, records relating to staff training, supervision, medicines, incident and accidents, complaints, safeguarding and maintenance and the quality monitoring audit systems.

Is the service safe?

Our findings

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

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

Staffing and recruitment:

- At the last inspection in April 2018, we found the provider was unable to demonstrate they had consistently followed safe recruitment practices. The registered manager told us they had improved the systems to evidence the employment recruitment checks.
- Records demonstrate the provider had obtained criminal conviction checks and received pre-employment references before new staff started working at the service.
- Staff were assigned in sufficient numbers to ensure each person using the service received support according to their assessed needs.

Assessing risk, safety monitoring and management:

- At the last inspection in April 2018 we found the hot water in one person's bedroom exceeded the safe temperature, this posed a potential scalding risk. Following the last inspection, the registered manager immediately arranged for thermostatic valves to be fitted to ensure hot water did not exceed the maximum temperature.
- Water temperatures showed that staff completed regular checks to ensure the hot water system did not exceed the maximum temperatures.
- Staff undertook scheduled health and safety checks on the environment and equipment in the home to make sure it was safe for people and staff to use.
- Scheduled checks were completed on the fire, electrical, water and gas systems.
- The security lighting outside the perimeters of the service had been replaced. This made it safer for people using the service and staff to access the car park on dark evenings.
- Risk assessments outlined what staff needed to be aware of to protect individuals from harm. The assessments were regularly reviewed and updated as and when people's needs changed.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place, this informed emergency services of people's communication and mobility needs, to ensure people could be safely evacuated from the building.

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

- People were protected from harm and abuse. Relatives commented they trusted the staff providing care for their loved ones. One relative said, "You can just tell the staff really do care about [person] I have 100% confidence in them, they would never let [person] come to any harm."
- Safeguarding training was completed at staff induction and refresher training was provided to keep staff up to date with current safeguarding legislation and the local reporting procedures.
- The registered manager reported safeguarding concerns to the local safeguarding authority.

Using medicines safely:

- Staff received training on the safe administration and storage of medicines. The training included observing the staff's competency to follow the procedures for administering medicines.
- We saw that staff followed the procedure for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- Staff received infection control and food hygiene training and routine health and safety checks were carried out on the environment.
- Staff were provided with protective equipment, such as disposable gloves and aprons to reduce the risks of cross contamination, when providing personal care and food handling.
- Staff received training on the control of substances harmful to health (COSHH). Cleaning chemicals were stored safely away when not in use.
- We saw that the home was clean, tidy and well maintained.

Learning lessons when things go wrong:

- The registered manager and provider had used the findings of the last CQC inspection as a basis for learning and making improvements.
- Staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred, they were reviewed, and action taken as necessary.
- Updates on people's care were shared within the staff team to enable learning and improvement around people's safety.
- Records were updated to reflect any changes in people's behaviour to enable staff to support people in the safest manner possible.

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.

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 care needs were assessed to identify the support they required. Since the last inspection the service had not received any new admissions.

Staff support: induction, training, skills and experience:

- New staff received comprehensive induction training that included shadowing experienced members of staff. One member of staff said, "The training is fantastic, I have never worked anywhere where it has been so thorough." Another member of staff said, "I was given lots of time to read the care plans, to really get to know about all the people living here, it was a luxury to have the time to do this. I feel the manager really invests in the staff, I never want to leave, I love it here."
- All new staff completed the Skills for Care, Care Certificate, which covers the fundamental standards expected of staff working in care settings.
- Records showed staff received regular one to one supervision meetings, to discuss their work and any training needs.

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

- People were supported to decide what meals they had each day.
- Special dietary requirements were catered for, and food allergies or intolerances, were clearly documented within the care plans.

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

- People were supported to access health and social care services.
- The advice and support from healthcare professionals was clearly documented in people's files, and staff followed their advice.
- The registered manager and staff worked well with other professionals involved in providing people with care and support. Relevant information was shared appropriately to ensure people consistently received effective care, support and treatment.
- People were supported to access healthcare services as needed such as, district nurses, mental health nurses, GPs, dietitians and speech and language therapists. Relatives confirmed the staff kept them informed of any changes in people's health. One relative said, "The staff always stay with us when [person] attends hospital appointments, they are so supportive." The registered manager told us they had supported one person to attend their first medical health review, through using a social story to explain what was happening, this had resulted in the visit being a positive experience for the person.

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

- People were involved in decisions about the home. There was a homely atmosphere and people had decorated and personalised their rooms to their individual taste. One relative said, "[person's] bedroom is always clean and tidy."
- Bathrooms had adapted equipment to support people with using the facilities safely.
- The home was well maintained.

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.

- Records within people's care plans evidenced mental capacity assessments had been carried out, along with best interest meetings, as required.
- DoLS authorisations were routinely reviewed to check the conditions of the authorisations followed the least restrictive practice. The provider submitted applications to renew the authorisations within the set timeframe, to ensure the approved restrictions remained lawful.
- Consent to care and support was always gained. Staff knew people well and they were aware of the verbal and non-verbal communication methods used by each person. This ensured staff only provided care and treatment once it was established the person had given their consent.

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.

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

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

- People had caring, kind and supportive relationships with staff. One relative commented, "The staff are wonderful, I could not ask for any better." Another said, "[Person] loves the staff, and the staff love them too, they are so kind, caring and compassionate, we are so lucky to have found a home like Hillcrest."
- We saw very caring interactions between staff and people throughout the inspection. One member of staff said, "It's a privilege to work here, because it is a small home we can really deliver person centred care."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background.
- Staff ensured people were not excluded from integrating with the community. For example, one person found going to the local shopping centre overwhelming as crowds, noise, children, and other stimuli, raised their anxiety levels. The car park was some distance away from the entrance to the shopping centre, which further increased their anxiety. To ensure the person could continue to go shopping the registered manager arranged with the manager of the local shopping centre for the person to access the centre via the delivery entrance, which gave them direct access into the centre. This had a positive effect on reducing the person's anxiety.

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

- People were involved in making decisions about their care and support. The staff provided care for people with complex learning disabilities. They were very skilled in communicating with the people using the service. They used words and pictures and read body language and gestures to understanding what people were communicating to them.
- People had access to an independent advocacy service to support them to make decisions about their care and support. The advocates supported people to communicate their wishes.

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

- Respecting people's privacy and dignity was at the heart of the culture and values of the service.
- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening.
- People were encouraged to maintain their independence and do as much as they could for themselves.

Is the service responsive?

Our findings

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

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:

- The assessments completed before people moved into the home formed the basis of the care plans. Each care plan was tailored to the individual needs of the person and provided staff with detailed guidance on how to support the person.
- People and their relatives, where possible, were fully involved in their care. One relative told us, "They [staff] involve me in all decisions about [person's] care."
- People's likes, dislikes and things important to them were recorded in their care plans.
- Staff were knowledgeable about each person living at the home and could explain how they supported them.
- People attended activities of their choosing.
- People's communication needs were assessed and met in a way that met the criteria of the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- The philosophy of the service was based on the 'TEACCH' approach, which is a system of communication, specifically designed for people with autism.
- Pictorial information was available throughout all areas of the home, as they were used to guide and prompt people to make choices and decisions.
- Each person had a TEACCH schedule that clearly set out their day for them, so they knew what they were doing. For example, photos of the pubs and shops so people could make an informed choice on where they wanted to go and do.
- Social stories were used in a pictorial format, to inform people about the fire and complaints procedures.
- Pictorial forms were used for people to give feedback on their experience of using the service.

Improving care quality in response to complaints or concerns:

- Information on how to raise any concerns or complaints was provided for people in easy read formats. A relative told us, "I know about the complaints procedure, but everybody is so accommodating and willing to listen, I can talk to the staff or [registered manager] at any time, they always listen."
- The service had not received any complaints; however, there were systems in place to respond and investigate complaints as needed.

End of life care and support:

- People's care plans contained information about their preferred end of life care, if people wanted to discuss the topic. There was nobody receiving end of life care when we visited the service.

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.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- At the last inspection in April 2018, we found there was insufficient records available to demonstrate the management oversight of staff recruitment, training and maintenance systems. During the last inspection the registered manager took prompt action to address the concerns identified. At this inspection we found the actions they had taken had been sustained.
- Staff understood their roles and felt well supported. One staff member said, "The support from the registered manager is fantastic, when I have done a late shift she even phones me to check I have got home safely. It's things like that, that make you feel valued." Another member of staff said, "Because we are such a small team we work really well together."
- The registered manager and senior staff carried out regular supervisions and appraisals. Staff confirmed this, and we saw evidence of this in the records we checked.
- The registered manager understood their legal requirements within the law to inform CQC of notifiable incidents and events at the service.
- The rating from the last inspection was clearly on display within the service and on the provider website. Providers are required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.

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:

- There was a clear management structure that promoted person-centred values. The registered manager and senior staff had the skills, knowledge and experience to perform their roles effectively.
- Relatives and staff all commented that the registered manager and senior staff were accessible and easily approachable. One relative said, "[Registered manager] is passionate about providing a home from home, where people feel loved."
- There was a positive, open and honest atmosphere within the service. We saw people and staff interacting in a caring manner with each other throughout the day and communicating positively.
- The registered manager and designated staff carried out regular quality checks to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that these checks were effective and identified areas where actions needed to be taken.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Engaging and involving people using the service, the public and staff:

- Staff meetings were held regularly, and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- People were given opportunities to provide feedback on their experience of using the service through easy read questionnaires.
- Satisfaction surveys were undertaken so that relatives could provide feedback and drive continuous improvement at the service. We saw that feedback they had given was very positive.
- The provider worked closely with family members and health professionals to support people's needs.

Continuous learning and improving care:

- Staff received regular ongoing training to ensure their learning, skills and knowledge was relevant to providing support for people with learning disabilities and autism.
- Staff had access to a range of operational policies and procedures on areas of good practice and these provided staff with up to date good practice guidance.

Working in partnership with others:

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was confirmed by relatives we spoke with.