

Hillsview Care Services Ltd

Hillsview - Eastwood House

Inspection report

15-17 Eastwood Road
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Essex
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Date of inspection visit:
24 May 2023

Date of publication:
14 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hillsview Eastwood House is a 20 bedded service for people with mental health needs, physical disabilities, or dementia. At the time of our inspection, there were 16 people using the service.

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

People felt safe using the service and were protected from abuse because the staff knew how to identify and report concerns. Risks to people were assessed and reviewed regularly. People were supported to make decisions and choices in relation to their care and support. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. Staffing levels were sufficient to ensure people received appropriate support to meet their needs. There were systems in place for the monitoring and prevention of infections. Staff were knowledgeable about the people they cared for. Systems were in place to make sure people received their medicines safely, as prescribed by their doctor.

People received personalised care and support that was tailored to their individual needs. Care plans had sufficient information for staff on how to deliver care and support to people, in accordance with their wishes. People and their relatives knew they could speak with staff or the management team if they had any concerns. Staff encouraged people to take part in activities of their choice and this helped to ensure they were not socially isolated. The provider had a complaints policy in place which included who to contact to raise a complaint and how it would be dealt with.

The manager was approachable and worked with the staff to ensure people were supported appropriately. There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. People who used the service, their representatives and staff were asked for their views about the service and they were acted on. People and staff felt there was a good atmosphere and an open culture in the service. The manager worked closely with other health and social care professionals to ensure people's changing needs were met.

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

Rating at last inspection

The last rating for this service was good (published on 18 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Hillsview - Eastwood House

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Hillsview – Eastwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hillsview – Eastwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for a month and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave a short the service notice of the inspection. This was because we needed to be sure that the

provider or manager would be in to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During our inspection

We spoke with 3 people who used the service, 3 members of staff, the manager, the provider and the operation manager. We reviewed a range of records. This included 3 people's care records, 3 staff files, training records, risk assessments and medicine administration records. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

We were able to get limited views from people due to their needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us. Following the inspection, we continued to seek clarification from the provider to corroborate evidence found. We spoke with 4 relatives by telephone to obtain their views of the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe.
- People and their relatives told us they felt safe using the service. A person told us, "I am safe, the staff are very nice." A relative said, "My [family member] is safe in the home, I would know if there was anything wrong, they would tell me."
- The provider had safeguarding policies and procedures in place. These advised staff on what to do if they had concerns about the welfare of any of the people they were providing care and support to.
- Staff were clear about their responsibilities to report concerns and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "I will report any abuse to the manager."
- Safeguarding concerns had been reported to the local authority safeguarding team accordingly.
- The provider also had a whistle blowing policy and procedure in place. A whistle blower is a person who raises a concern about a wrongdoing in their workplace.
- Staff were aware of the whistle blowing policy and told us they would not hesitate to report if they witnessed any wrongdoing at work.

Assessing risk, safety monitoring and management

- Potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- People were supported by staff who understood how to provide safe care and reduce risks.
- The manager carried out a detailed risk assessment to ensure people received care and support safely.
- We saw risk assessments were very detailed and gave staff clear guidance on how to support people safely. Risk assessments were reviewed regularly to ensure they were still relevant. This helped to ensure people were receiving safe care and support.
- The provider had a system to ensure all equipment was maintained and serviced. We saw fire safety checks were undertaken on a regular basis and the hot water temperatures were monitored to ensure people were not at risk of scalding.

Staffing and recruitment

- There were sufficient numbers of staff available to meet the needs of the people.
- People and their relatives told us there were enough staff working on each shift at the service. One person replied "Yes" when we asked them if there was enough staff on duty. Relatives commented that they did not have any concern about the staffing level in the service when they visited.
- We noted the staffing level were kept under review to respond to people's choices, routines and needs. For

example, when people had activities in the community, more staff would be working on them days.

- People's needs were met in a consistent way as the provider had not used any agency staff to cover sickness or annual leave. Those were covered by staff working for the service.
- The provider had an effective recruitment procedure to ensure suitably qualified and experienced staff were employed.
- The provider ensured appropriate checks had been carried out such as criminal records check before staff were employed and started work. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services.
- Other checks included obtaining proof of staff home addresses and their right to work in the United Kingdom.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff were provided with PPE (personal protective equipment) such as gloves and aprons as part of infection control and prevention measures. They were aware of their roles and responsibilities for the management of infection.
- There were no restrictions on relatives visiting their family members.
- We have signposted the provider to resources to develop their approach. We noted some of the flooring needed to be renewed and some areas of the service needed redecorating. This was discussed with the provider who assured us the work would be carried out within the next 4 to 6 weeks. They said they would inform us once the work had been completed. The redecorating had already started and the provider was waiting for quotes to replace the flooring.

Learning lessons when things go wrong

- The provider had a system for the reporting and recording of any accident or incident so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence. This helped to ensure people were supported safely. For example, we saw following one incident, the person was referred to an occupational health assessment and actions were taken to minimise the risk of the incident happening again.
- There was an on-call system where a member of the management team was available to advise staff in the event of an emergency.
- Staff were encouraged to report any new risks or concerns about people who used the service so appropriate action could be taken to help ensure people remained safe.

Using medicines safely

- Medicines were managed in a safe way. People told us they received their medicines when they needed to have them. The service had a medicine policy which outlined the safe handling of medicines.

- People's care plans had information as to the medicines people were prescribed.
- Staff had received training on the management of medicines. They received regular updates to ensure their practice was up to date and safe.
- We looked at some completed medicines records and found they had been signed by staff to indicate people had taken their medicine.
- Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager and staff were familiar with the processes and principles of the MCA and DoLS and understood their responsibilities.
- Staff received training on the MCA and there were policies and procedures for them to follow. They asked for people's consent before providing care and support.
- We saw where able people had been consulted and given consent to receive care and support.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to engage in meaningful activities of their choice and were involved in the local community.
- At our last inspection, we recommended that the provider looked into best practice guidance on establishing individual activity plans with each person in the service to ensure they were more supported to pursue hobbies and activities of their choice.
- During this inspection, we noted people were encouraged and supported to pursue their interests and maintain links with the community. Each person had an activity timetable in place. They were able to choose how they spent their time and lived their lives how they wanted. On the day of our visit, we found people went out in the community to take part in different activities.
- The manager kept a record to monitor what activities people had undertaken. This subject was also discussed during regular meetings with people who used the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support in accordance with their preferences, interests and diverse needs. Care plans were personalised. This helped to ensure staff had the information they needed to meet people's needs.
- We looked at the care records of people who used the service and found them to contain sufficient information about them.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.
- Staff had daily handovers in between shifts to discuss people's needs. A record was kept detailing the care staff had provided to people at each shift and any changes in the person's condition.
- Where people were willing to, their funeral wishes had been discussed and recorded. This helped to ensure their final wishes would be met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and this information was included in their care plans.
- Information was made available in accessible formats, for example, we saw where people who were unable to speak, the complaint procedure was in picture format.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which contained information about how complaints would be dealt with and the timescales for a response.
- A person told us, "If I am not happy about something, I will talk to the staff or the manager." A relative told us, "I am very happy with the home. If I had any concerns, I would speak with the manager or one of the staff."
- Complaints were recorded and responded to accordingly. We saw the manager had dealt with complaints that had been raised in an appropriate way.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was aware of the requirement to inform the Care Quality Commission, where a notification needed to be submitted. A notification is information about important events which the registered provider is required to send to us by law.
- The provider kept us up to date with any changes that happened at the service and were open and transparent in responding to any issues raised or whenever we had requested information from them.
- People and their relatives commented positively about the staff and the management team. A person told us, "I like it here, the manager is good." A relative said, "[Family member] is definitely happy with the home."
- Staff told us the manager was very supportive and they could talk to them if they had any issues or concerns. One member of staff said, "The manager is very good and very supportive." Staff felt they were listened to and were able to share ideas.
- Staff were aware of who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met. There were policies and procedures in place to guide the staff in their roles.

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

- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had received training in equality and diversity.
- There were monthly meetings held for staff and these enabled them to raise any issues or concerns they had. We saw a number of areas were discussed during those meetings, such as any changes in people's needs, activities, policies and procedures and training courses. This meant that staff were being kept up to date with any changes to the service or people's needs.
- Meetings were also held with people who used the service and this gave them an opportunity to share any issues they might have or anything they would like to discuss.

Continuous learning and improving care

- The provider had a range of systems to assess and monitor the delivery of care and support.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration, infection control, and health and safety checks.

- We saw the provider took actions where shortfall was identified, for example during a MAR audit where a missing signature was identified.
- The provider sought the views of people using the service, their relatives, staff and other professionals through satisfaction surveys. They then analysed and acted on the feedbacks to improve the quality of the service provided.

Working in partnership with others

- The manager worked closely with other professionals and had regular contact with them to ensure people's needs were met fully.
- The manager sought advice and support from them as needed. Records showed people had access to a range of healthcare professionals. For example, people had visit from their doctors on a regular basis to review their medicines.
- There was guidance for staff on what to do if they were concerned about the person's wellbeing. People were supported to maintain good health.
- Relatives told us the manager and staff kept them informed of any changes in their family members' health needs.
- The manager kept themselves up to date with best practice and legislation by attending meetings run by the local councils and through networking events.