SCC Adult Social Care

Hillside Resource Centre

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

Hillside resource Centre is a residential care home for up to 22 people with learning disabilities. Care is provided across two floors in a large adapted building. At the time of our visit there were 12 people living at the service.

At the time of inspection, consultations were in progress to change the use of the building and close the service. This was because the service was large and did not meet the requirements in Registering the Right Support. Registering the Right Support is CQC guidance on how to register learning disability services in line with accepted best practice. However, the provider had taken steps to ensure people and relatives were involved in the process and adaptations had been made to ensure people received personalised care.

At our last inspection in January 2016 we rated the service Good. We identified a breach of the legal requirements in relation to notifications and rated the service as 'Requires Improvement' in Well-led. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. We also found evidence of improvement in the Well-led domain to achieve a 'Good' rating. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

People were kept safe because staff understood and responded to risks. Where incidents occurred, action was taken to keep people safe and staff knew what to do if they suspected harm or abuse had occurred. People's medicines were managed safely and administered by trained staff. People lived in a clean home environment where the risk of the spread of infection was reduced. There were enough staff present to keep people safe and checks had been carried out on staff to ensure they were suitable for their roles.

People were supported to eat foods they liked, in line with their dietary needs. Staff supported people to meet their healthcare needs and people lived in a home environment that was accessible to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had the right training and support for their roles.

Staff were observed to be pleasant and caring and they knew people well. People spoke positively about the staff who supported them and we saw evidence of people being supported to develop skills and independence. Care was delivered in a way that was dignified and people's privacy was respected by staff.

People were supported to access a variety of activities, outings and holidays. Care plans contained person-centred information about people which staff were knowledgeable of. Regular reviews took place and people's wishes regarding end of life care had bene documented. There was a complaints policy in place

which was accessible to people and staff regularly provided opportunities for people to make suggestions or requests about their care.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service improved to Good.	**Good**

Hillside Resource Centre

Detailed findings

Background to this inspection

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

This inspection took place on 2 November 2018 and was unannounced.

Due to the small size of the service, the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked for feedback from the local authority.

We reviewed information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with three people who lived at the home and one relative. We spoke with the registered manager, the provider's nominated individual, and three care staff. We looked at care plans for three people including risk assessments, person-centred plans and daily notes. We also checked medicines records for three people.

We looked at a variety of checks and audits as well as records of surveys and minutes of meetings of staff, people and relatives. We reviewed records of accidents and incidents as well as records relating to complaints and compliments. We looked at two staff files and checked records of staff training and supervision.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person said, "I'm safe as they're [staff] always here for me." A relative told us, "Yes its safe, the buzzer goes off if the gate opens so they can check who's coming or going."

Risks to people were managed safely. People's care records contained evidence of risks being assessed and there were detailed guidelines for staff on how to keep people safe. For example, one person was at risk of damaging items as they liked to collect things and write on them. There was a plan that stated staff were to ensure this person had items and pens they could write on when they wished. The plan included words staff could use to guide the person as well as ideas for activities the person liked that could divert them. Risk plans covered a variety of needs people had such as choking, behaviour and going out into the community.

Where incidents occurred, staff took actions to keep people safe. The provider kept a record of all incidents that occurred and the action taken to reduce the risk of them happening again. Records showed risk assessments were reviewed following incidents and staff considered measures to keep people safe. Staff understood their roles in safeguarding people from abuse and knew how to identify and respond to any concerns. Staff had received training in safeguarding adults and this had been regularly refreshed to ensure their knowledge remained up to date.

There were sufficient numbers of staff at the service to keep people safe. One person told us that they could call staff whenever they needed them and this made them feel safe. Staffing levels were calculated based upon people's needs and activities. Rotas showed that these levels were sustained and people had the support they needed to take part in activities. Staff were allocated to provide people with one-to-one time each week and facilitate activities and outings at the service.

The provider had carried out appropriate checks on new staff. Staff files contained evidence of checks such as references, health checks and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record checks and hold a database of staff that would not be suitable to work in social care.

People were protected against the risk of the spread of infection. The home environment was clean and people told us they were regularly supported by staff to clean the home. During the inspection, we observed people and housekeeping staff cleaning the home and saw completed records of cleaning checklists.

The home was safe. We saw evidence of regular checks of the home environment and where these identified improvements, they were actioned. Regular checks were undertaken on the fire safety of the building and we saw a recent fire risk assessment had been introduced. Information for people about what to do in the event of a fire was on display in an easy-read accessible format.

Good

Is the service effective?

Our findings

People told us that they liked the food that they were supported to prepare. One person said, "I like making spaghetti bolognese, we make it here."

People's dietary needs were met. Care plans contained information about people's favourite foods and any foods that they did not like. One person liked fruit and cups of tea every day and this was clearly documented in their care plan with pictures. Records showed this person regularly enjoyed eating fruit at the service. Where people had specific nutritional needs, these were documented clearly. For example, one person was at risk of choking when they were supported to eat. There was clear guidance for staff, with input from healthcare professionals, which documented how the person could be supported to eat safely.

Staff supported people to access healthcare professionals. Where people had specific health needs, we saw evidence of staff supporting them to attend appointments and information from healthcare professionals was used to inform care planning. For example, one person was regularly reviewed by the community team for people with learning disabilities (CTPLD) and records showed staff attended reviews with them and kept a record of correspondence. Information from the CTPLD, about how to support the person if they became anxious, was in their care plan. People had health appointment trackers in their files which showed regular check-ups with dentist, optician and their GP.

The home environment was suitable for the people that lived there. The registered manager told us that the building was dated and consultations had been conducted on its future. There was a plan to have a final consultation on the closure of the service because it was built for a large number of people and did not fully meet the guidance on learning disability services outlined in Registering the Right Support. Despite this issue, we found that all people living at the home were all able to move freely around the home environment. The home was brightly decorated and well-lit with pictures on display and signage to help people to orientate themselves. We observed people moving around the home safely and being able to make use of facilities to prepare food and drinks independently. Records showed people's needs had been assessed and this had taken place to ensure people would be suited to the home environment.

People had consented to their care in line with current legislation. People's ability to make specific decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). Where people were assessed as unable to make specific decisions, best interest decisions were documented which involved relatives, healthcare professionals and staff. 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 Safeguarding (DoLS). Where best interest decisions involved restrictions being placed on people, applications had been made to the DoLS Team. A relative said, "They've got their freedom, it's not like they're locked in or anything."

Staff had the right training and support for their roles. Records showed staff had received training in areas such as safeguarding, health and safety and infection control. Training was also specific to the needs of people, with staff having completed training in how to support people with learning disabilities and specific

conditions. Staff told us that they completed an induction before starting supporting people. Staff also had regular one to one supervision meetings and appraisals. Records of these showed meetings were used to discuss their performance and identify training goals. The provider kept track of all staff training and supervision to ensure refresher courses were attended regularly to keep staff knowledge up to date.

Good

Is the service caring?

Our findings

People gave positive feedback about the staff that supported them. One person said, "I get along with all of them [staff]." A relative told us, "You can tell how all the staff are so caring."

People were supported by caring staff. During the inspection, we observed interactions between people and staff that demonstrated warmth and kindness. In the morning, staff engaged in conversation with one person about music and showed a good knowledge of the person's tastes and their favourite songs. Later, we observed staff discussing a person's planned move to their own flat. Staff took an interest in the person's future as they shared their plans and talked about plans to decorate. Throughout the day, people interacted with staff in a way that showed they were comfortable in their presence with smiles and laughter. People benefitted from consistent staff who had worked with them for a long time and they had built a rapport with. When asked, staff had a good understanding of people's needs and what was important to them.

People were supported to be independent. A relative said, "[Person]'s allowed to go into the kitchen and make a cup of tea." During the inspection, we observed people being supported to carry out domestic tasks such as cleaning and food preparation. Care plans included goals for people to develop skills that would impact positively on them. These included learning to access the community safely and preparing their own meals. People had time with staff each day where they spent time doing tasks in order to gain skills and independence and their progress was regularly discussed at reviews.

Staff provided care in a way that was considerate of people's privacy and dignity. One person said, "I can spend time on my own whenever I want." Throughout the day, staff were observed knocking on people's doors and waiting for permission before they entered. Where personal care took place, this was done discreetly behind closed doors.

People were dressed in clean clothes and staff told us how they supported people to choose what they wished to wear each day by talking to them about the weather and their plans. Staff were considerate of people's appearance and supported people when they required it. For example, one person had got themselves ready to go out and a staff member noticed they needed to adjust their jumper. The person was asked discreetly if they wished to change and they did so with guidance from staff.

Good

Is the service responsive?

Our findings

People told us that they were happy with the activities on offer. One person said, "I like dancing and we have parties here." A relative said, "[Person] goes out all the time, they went to Portsmouth on the minibus recently and they often go to the local pub."

People had their own personalised activity timetables. Staff helped people to identify activities that they would enjoy and that matched their interests. Where people had specific interests and hobbies, their care plans reflected them. Records showed people went on frequent outings with staff, both locally and to tourist attractions. Staff also supported people to go on holidays and we saw records of one person being supported by staff to choose where they wished to go away. Activities were regularly discussed at reviews and meetings.

People received personalised care. People told us that they were regularly asked what they wanted to achieve and this was documented. People were aware of their care plans and records showed they had regular input into them. Care plans contained lots of pictures to ensure they were accessible to people. Where people had specific needs, care had been planned around them. For example, one person's routine was very important to them and their care plan contained detailed step-by-step guidance on how the person liked to get ready each day.

Another person used specific words and phrases to communicate to staff and these were clearly recorded in their care plan. When asked, staff were knowledgeable about these. People's wishes with regards to end of life care had been recorded and we saw that care plans included information about what was important to people at that stage of their lives. This was documented in a pictorial format which showed important and sensitive discussions had been held with people. Records showed people's care was being regularly reviewed and any changes resulted in updates to care plans.

The provider took complaints seriously. People were informed of how to complain and we saw the complaints procedure on display within the home in an easy-read format. People were provided with leaflets about how to complain and the provider had a record to document any recent complaints. There had not been any complaints in the last 12 months but we did see record of people being asked for regular feedback at reviews and through surveys.

Good

Is the service well-led?

Our findings

At our inspection in January 2016, we found that the provider had not been notifying CQC of events when they had a statutory duty to do so. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found that the provider had notified CQC whenever they were required to do so. The regulations state providers must notify CQC of events such as deaths, serious injuries and allegations of abuse. We checked the provider's records against those held by CQC and saw that when such incidents had occurred, the provider had submitted a statutory notification. We discussed notifications with the registered manager and they were knowledgeable about when these were necessary.

People told us they got on with the registered manager. One person said, "If I tell [registered manager], she does something about it." A relative said, "The manager has a good handle on things."

During the inspection, we observed people interacting positively with the registered manager. The registered manager knew about people's needs and had a good understanding of what was important to them and their interests. The registered manager regularly supported people and was involved in reviews. Records showed people were regularly given opportunities to make decisions about their home through house meetings and surveys. Records of house meetings showed they were used as opportunities to involve people in their care. A recent meeting showed discussions about what personal care was and why it was important, with people sharing what was important to them. They had also used the meeting to plan a coffee morning at the home.

Staff felt supported by management. Staff told us that the registered manager was responsive to them and had an open door policy. Systems were in place to inform staff of what their roles were each day and these were documented. Staff had regular meetings where they were kept up to date with current practice as well as being provided with opportunities to make suggestions. A recent meeting had been used to discuss changes at the service and consultations about its future. We also saw staff had provided information about feedback from people and given suggestions for activities and events to take place.

There were checks and audits in place to monitor and assure the quality of the care that people received. Records showed checks were frequent and they looked at important areas such as the home environment, documentation and medicines. Where audits identified improvements, these were added to a central plan and signed off when completed. We saw that some maintenance work following a recent environmental audit had been added to the plan and signed off when completed. The plan also included that staff were to review care plans around healthcare needs following learning from a safeguarding concern at another service. This showed a culture of learning and adapting to accepted best practice.

Record were accurate and up to date. After our last inspection, we made a recommendation about record keeping because care records were not always presented in a clear way. In response, the provider had updated their systems for recording risks and care needs and we found these were presented on the page in a way that staff could efficiently find important information about people. Care files were regularly audited

and reviewed and staff kept accurate daily notes which recorded how people were each day and any care tasks and activities that took place.