Freeways

Hillsborough House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 November and was unannounced.

Hillsborough House provides accommodation and personal care for up to 14 people with a learning disability. The home is a large converted villa in a residential area of Keynsham. The accommodation is set out over three floors which are accessed via stairs to the front and back of the house. At the time of our inspection there were 12 people living at the home.

The house had a kitchen, dining area, two lounges, an office and a staff sleeping room. Each person had their own bedroom and shared bathrooms.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in November 2017 we rated the service requires improvement and identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. At this inspection we found improvements had been made.

At this inspection the service has been rated good.

Improvements and changes had been made in staffing deployment, medicine guidance and care records. Staff were supported through an effective induction, regular supervision and training. There were opportunities for additional training specific to the needs of the service, including the care of people with epilepsy and autism.
Care records were not used consistently to ensure staff had easy access to important information that supported continuity of care. We have made a recommendation about this.

Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People said the staff made them feel safe because they were kind and reliable. However, some improvements were required. Potential risks to people's health and wellbeing were not uniformly documented to ensure consistency in standard and quality of care plan reviews. Initial assessment care plans were not documented on the provider's documentation. This meant the quality of the assessment of

people's care needs was variable or did not routinely take place before the service began.

People enjoyed participating and achieving individual goals that were inclusive and personal to them. People received care that improved their health, wellbeing, independence and that enabled them to gain new skills and access their local community.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Where errors had occurred, there was a protocol for staff to follow to minimise risk of harm.

People were happy and relaxed with staff and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

People were being supported to make decisions in their best interests. Consent to care and treatment was sought in line with the Mental Capacity Act 2005. Capacity assessments were untaken where appropriate and decisions taken in people's best interest were decision specific.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people could give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible.

People's end of life care was not being discussed and planned for and their wishes for end of life care had not been recorded. This was a work in progress.

People chose how to spend their day and were able to take part in activities of their choice. People also attended clubs and events in the community and were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff felt their opinions were listened to and felt confident they could approach the registered manager and were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where the registered manager was always available to discuss suggestions and address problems or concerns.
The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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

This service remained safe

Is the service effective?

Good

This service remained Effective

Is the service caring?

Good

This service remained Caring

Is the service responsive?

Requires Improvement

The service was not constantly responsive.

People were involved in planning their own care and support. This ensured that care met their individual wishes and aspirations. However not all the documentation was used consistently to support this.

The service supported people to participate in activities, hobbies and holidays that were important to them.

People had access to information so that they could make informed choices about healthy eating and lifestyle choices.

The service supported people to access the local community.

People achieved goals in gaining skills in independence including undertaking their own shopping and managing their own finances.

Is the service well-led?

Good

The service was well-led.

Improvements had been made since the last inspection.

Actions were taken to resolve concerns raised by people and their relatives.

Records were not consistently recorded on the providers documentation to ensure consistent quality and continuity of

care.

The manager was approachable and highly regarded by staff, people and health and social care professionals.

The provider worked proactively with other agencies to ensure a good quality service was provided.

Hillsborough House

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 checked 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 21 November 2018 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We also reviewed if the service was displaying their rating.

Some people at the service were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used pathway tracking. This is a method of reviewing people's care and the associated records to check that their health and social care needs are met.

We spoke with four relatives, seven members of staff, including the senior manager, and the registered manager. We received feedback from two health and social care professionals. We reviewed five people's care plans and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

People told us that they felt safe and well treated. One person said, "Yes safe, it's my home". A relative said, "[Person] wouldn't want to go back if [they] were not safe." A health care professional said, "They do a great job managing all the people, it's a safe place."

At our last inspection we found the service had not clearly documented actions taken to prevent reoccurrence of incidents. At this inspection we found the registered manager kept clear records about actions taken. They worked transparently with other organisations such as the local authority and complex health team to fully investigate any concerns and protect people. For example, we noted records supported that additional observations were made when a person had had a fall because of an epileptic seizure. The registered manager continued to ensure lessons were learnt and reviewed these with staff during supervision, handover and team meetings.

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. A member of staff said, "I am aware of the types of abuse people may face, I would tell the manager if I witnessed abuse and if they don't take appropriate action, I don't hesitate to whistle blow or report to the police or social service."

There were systems in place to ensure that people received their medicines as prescribed by health care professionals and people told us that they received their medicine on time. Four medicine errors had occurred since our last inspection and action had been taken by the service to prompt staff to check they were giving people the correct medicine in the right way and at the right time. Staff had been reminded in team meetings and handover of the correct way to support people with their medicine. Clear procedures had been put in place to guide staff on action to be taken if an error occurred, this included seeking medical advice and carrying out a review to identify any measures that could be put in place to reduce the likelihood of a reoccurrence.

Medicines were stored in a designated medication room which only staff responsible for administering medicines had access to. The medication room and medicines fridge temperatures were recorded and fell within safe ranges. We also looked at the medicine administration records (MAR) and found these records were up to date and accurate. These records included a photograph of the person, known allergies and details of staff members authorised to administer medicines.

Risk assessments which covered areas including falls, moving and handling, medicines, weight loss, nutritional needs, and skin integrity were in place. People had individualised risk assessments relating to behaviours that may challenge. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of falling,

there were plans in place to support them. We also saw records confirming staff had been monitoring a person's safety on a regular basis and they used technical devices to aid early detection of risk. The registered manager said, "We have a pro-active strategy which indicate signs which staff can watch out for and prevent the situation from escalating."

People using the service and staff told us there were enough staff to meet their needs and during the inspection we observed a good staff presence. We reviewed staffing rotas from the previous four weeks. Staffing levels were kept at the level deemed safe by the provider. Staff were attentive to people's needs and when people required assistance they responded quickly to provide support to people. On the day of the inspection, there were sufficient staff to support individual people to their different activities and appointments such as hospital, others to a pottery session and supporting those who were in the service with their daily skills. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. The registered manager also covered some shifts and had active engagement with people. The registered manager said, "There are always enough staff on duty, we currently have two vacancies. If we are short we use regular Freeways bank staff or the same agency. We ask for consistency for staff who are familiar with the service."

Recruitment procedures were in place and ensured people were supported by staff suitable to work with vulnerable people. Recruitment records for staff confirmed relevant checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers to check upon their employment history and past performance.

The environment was safe and all health and safety checks were current and up to date. The fire plan confirmed important information relating to fire points and the lay out of the building. Staff had been trained to use various items of equipment such as fire extinguishers, evacuation mats, reading the fire panel and raising the fire alarm. Fire safety was discussed with people to ensure they understood what to do in the event of a fire.

Each person had a Personal Evacuation Plan (PEEP) in place which highlighted the level of support they required to evacuate the building safely. There was an emergency grab bag that contained a fire plan folder. Regular fire drills were completed to ensure staff knew what to do should there be an emergency. The management of the premises and equipment was current and up to date. Records confirmed that the testing of gas and electric safety, water testing and equipment was all in place.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. A person who used the service said, "They are good at what they do." A relative said, "They [staff] seem to know how to support each of the people they look after." Staff said they felt well equipped for their role.

The provider's training records confirmed staff had received training in health and safety, infection control, moving and handling, safeguarding adults, food hygiene, mental capacity and deprivation of liberty safeguards and control of hazardous substances (COSHH). Training specific to people's needs such as autism, epilepsy and behaviour management care was also available. The training record highlighted staff who were due a refresher training. The team leaders medicine competence training was due and the registered manager confirmed they were currently booked on training in January 2019. The provider's action plan also confirmed staff who required any update to their training.

New staff received an induction and staff were supported to undertake The Care Certificate. The Care Certificate is an industry recognised set of standards which sets out the knowledge and skills required to fulfil a role in care.

Staff felt they were well supported and that they had access to regular supervisions and an annual appraisal. Supervision records confirmed staff discussed topics such as changes to people's support, staff conduct and performance and any training required. Staff felt able to raise concerns with the manager in between their supervision sessions. One staff said, "I can speak to the manager anytime about anything I am worried about" and another staff told us, "I have supervision every six weeks. We use this to set my goals and see how we are. There is also reflective practice on how things could be done differently and we give feedback on service users".

People were supported to be involved in planning their menus and preparing their own meals. The service provided weekly life skills sessions where individuals can prepare meals. People had enough to eat and drink and were given choices. We saw there was a variety of food in the cupboards and the fridge. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes.

There was helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. As part of the way food was prepared and provided, the service had consulted with other care professionals such as speech and language therapists to ensure that they were meeting people's dietary needs.

We observed people making light snacks and drinks. Pictorial charts relating to food choices were hung in the kitchen to prompt people to make healthy and appropriate meal choices. For example, one person's speech and language therapist (SALT) had recommended texture G diets to reduce the risk of choking. We checked and found these were offered as per guidelines.

People experienced their meals in a relaxed environment. A pictorial menu in the dining room confirmed the meal options planned for that day. We also heard staff asking people what they wanted for lunch. One person chose beans on toast which was not on the menu but they were supported to prepare it. The kitchen had a lowered level work surfaces to allow people to access the kettle and could help themselves to tea and coffee.

Each person was registered with a GP of their own choice and we saw care records indicated there had been prompt referrals to the GP where there was any concern. The care and support team also had close working relationships with other health care professionals such as occupational therapists, physiotherapist, the dementia wellbeing team and district nurses. Feedback from healthcare professionals was positive, "They follow through instruction. They are very cautious and what is expected of them and like to be clear that they know what they are doing."

'Hospital passports' were in place and identified specific medical conditions that healthcare professionals would need to be aware of when either visiting the service or if the person attended hospital. People's health conditions were noted in pre-assessments completed by the local authority One person had a specific medical condition that was recorded in their care file but not all staff were aware of what action they should take should they become unwell, but were clear that they knew where to find the information..

Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as professional visits, phone calls, reviews and planning meetings. However, we saw one person's health record had not been updated if a dental appointment had occurred since last year. We discussed this with the registered manager who informed us they arrange it.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied where appropriate for DoLS. An overview process monitored applications and notified the local authority of any changes if an authorisation was in process.

Peoples consent was sought before receiving care and support. Where people lacked capacity to decide or give consent, this had been assessed and decisions made by relevant people in their best interests. Staff were able to demonstrate how they gain consent sought before care and support was provided. For example, one member of staff told us, "I ask if they are okay. If I can help with anything. Offer a section of clothes if they need anything and even if they would like their hair brushing."

Good

Is the service caring?

Our findings

The feedback we received from people, relatives and professionals was that staff were kind and caring. One person said, "Yes they are kind, I have been living here for 18 years". A relative told us, "Staff are very kind, they take their time with [person], very good." A health and social care professional confirmed that staff are "Caring, no doubt about, they are a large home and can be difficult to manage but the staff are excellent in their care for everyone."

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal. They gave people the time they needed to communicate their needs and wishes and then acted on this.

Staff knew people well and could tell us a lot of background information about them. We observed that staff always took time to explain what they were going to do, why they were doing it and what the outcome was likely to be.

People's care plans identified their communication needs. One person had pictorial cards to communicate what they will be doing on that day. Staff had used a range of coloured pictures of money safes, to support people to communicate which money safe they preferred.

People had been involved in the planning of their care. Care plans had given staff guidance on how to promote effective communication. Staff told us, "[Person], dictates what she wants and I write it for her."

Staff members said they respected people's choices if people do not wish to receive elements of care this is respected. One staff member told us, "[Person] likes to sleep during the day and is awake at night, we respect this. He has always been like that." At lunchtime staff showed people two pictorial choices of meal so they could see them before choosing what they wanted to eat.

Staff confirmed that all personal care took place behind closed doors and we saw that staff knocked on bedroom doors before entering. People were relaxed around staff.

Staff knew people's names and they spoke to them in a caring and affectionate way. A relative told us "They know [person] better than we do and they bring out the best in [them]." One person said, "They [staff] support me well and know how I like to be hoisted and make me comfortable."

Staff respected confidentiality. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected. People's relatives could visit their family member at any reasonable time and they were always made to feel welcome.

The service had received several compliments which we reviewed, they spoke highly of staff members and how the service had responded to different situations and personal circumstances. One compliment read, "I

would like to thank all the staff for taking care of my [person]. I know [person] is so happy there and has a good life at Hillsborough house with all the members of staff and residents. Another compliment said, "All staff at Hillsborough provide a very professional and efficient service within a caring and family atmosphere, with activities tailored to each individual resident as appropriate". There were many compliments about individual staff members, the care they had given, the high standards of care delivered and the good relationships staff had with people.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in November 2017, we also found that daily records used to monitor people's health and behaviour had not been fully completed. At this inspection we found that improvements had been made.

At this inspection we found the quality and frequency of individual daily records was regular and included information on how people had spent their day including their behaviour and health needs.

At the last inspection we found some monthly key working documents which were used to review care plans, had not been completed. This had also been identified in the registered managers' audits. At this inspection we found improvements had been made. Care plans which were in place had been regularly reviewed. One person told us "I sit with my keyworker and see what has been working, my social worker has come to some". Reviews were used to see how effective each person's plan of care had been and to note any significant events. People set their goals and these were reviewed throughout the year. One staff said, "Nothing is unattainable, we support people to be the best they can be". One relative said, "I am involved and informed all the step of the way." People's life histories had been included in the care plans. This meant staff had access to information about people's lives prior to receiving support at the service.

Person centred plans, 'Listen to me' contained easy to read information on people's individual support needs. They contained up to date guidance for staff about how people's needs should be met and were accessible to staff. People's likes and dislikes were recorded. Personal preferences such as preference for female care staff only were documented and whether people liked to eat in the dining room and the times they preferred to eat. However, some other information around healthcare needs was not consistently recorded using the service's care plan documentation. The meant that staff would need to look in different places for some information, such as local authority assessments. This meant there was inconsistency in their quality and content and a risk that care plans may not be up to date. The registered manager confirmed that they would ensure uniformity of care plans and that they are fully reviewed.

Despite this staff were knowledgeable about the people they supported and people and their relatives told us that staff looked after them well. One person advised, "They know how to support me, I have lived here so long" and one relative to us, "They are absolutely marvellous, they know what they are doing."

We recommend the provider reviews the record keeping systems to ensure care records consistently provide the guidance required to ensure continuity of care' and meet people's individual needs, in line with best practice.

At the last inspection we found information on food and fluid intake and nutrition was not recorded. At this inspection we found nutrition records were in place. Dietary preferences and requirements such as textured diets were also recorded. Staff knew people well and had become familiar whilst supporting people with their individual care needs.

People's social, cultural beliefs and religious preferences were actively encouraged by staff. Staff were confidently able to describe and understood people's differing religious beliefs. People had links to a local church. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation.

A variety of activities were available to be enjoyed by people at the service. This gave people choice about spending the day as they wished. During the afternoon of the inspection we saw people involved in board games such as snakes and ladders another person used a computer in a different lounge. People participated enthusiastically whilst staff gave encouragement. People also had individual activities of their choice. One person told us, "I go to pottery club and church on Sunday." One relative commented on the feedback form, "[Person], has a range of regular activities and opportunities. These is also displayed on a week by week basis on a notice board"

Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. The service was in the process of requesting a replacement and a more responsive falls detector which alerts staff if a person had a fall because of a seizure.
Staff recognised the importance of supporting people to maintain contact with friends, family and their local community. Staff told us "[People] like to go out to the local church and pub." Staff told us, [Person] uses her tablet to video call their family who can no longer visit her often from London." Relatives commented that, they were treated "very well. All staff are very friendly and make me feel welcome and always offer refreshments and opportunities to sit and relax and talk to [person] and other residents."

Ideas and suggestions from people were listened to and put into practice where practicable. We saw easy read meeting records and photographs which people used to choose which sofas they preferred to furnish the service. This demonstrated the service tried to ensure everyone was informed about issues concerning the service. Residents meetings were also an opportunity to discuss the care, activities and menus. This meant people had opportunities to express their views about the care and support they received.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I've no complaints" and "Nothing to complain about, I talk to staff, they have helped me write my complaints before". A relative added, "I've had no complaints, but I received an email with all the information I need to complain. Another relative told us, "Why would I complain? That's the best thing I ever did to place [person] at Hillsborough, they look after [person] well, there is nothing to mourn about". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

The provider had an End of Life Care wishes document entitled 'Living Well Book'. However, we did not see any evidence of the residents End of Life Care Wishes having been recorded using this documentation. Although the information was not recorded we received feedback from the staff that they would be receiving training to enable them to carry out these conversations in a sensitive manner. No one at the service was receiving end of life care.

Good

Is the service well-led?

Our findings

At our last inspection in November 2017 we found that the service was not meeting the regulations in regard to good governance. Previous shortfalls that had been raised with the provider had not been improved in relation to managing risks and consistent recording of information. Audit systems were not effective as areas that were identified as requiring actions were not always completed.

At this inspection we found arrangements were in place to monitor the quality and safety of the service. The registered manager, team leader and assistant manager completed regular audits, for example health and safety; medicines and infection control checks.

At this inspection we found the quality and frequency of individual daily records was regular and included information on how people had spent their day including their behaviour and health needs. However, some improvements were needed to ensure care records accurately reflected people's needs and preferences, including end of life care. Daily handovers had been completed so that staff had important information about people, such as any change in needs or health appointments they needed to attend.

Health and social care professionals we spoke with told us the registered manager worked alongside them to promote effective outcomes for people. They said, "The service made a lot of progress, open and honest. They are one of the best I work with. Good to work with responsive and receptive to suggestions". The provider was working positively to promote partnership working with other agencies to drive improvements.

At the last inspection we found that no analysis was undertaken of the survey findings for people or relatives at the service level. People and relatives had not been informed or any changes made as a result of the survey. At this inspection we found annual satisfaction questionnaires were used to obtain feedback from people, their relatives and professionals. The outcome of the survey we reviewed showed a high satisfaction level with the service, with most aspects of the service being rated as 'excellent' or 'very good'. Some comments included, "Yes its good, here, I don't want to leave" and This is my home, everyone is very kind and helpful, I have been here for long."

The registered manager told us they felt supported and that the senior manager visits the service six times a year to complete a service assessment. In addition to this the senior manager completes six supervisions with the manager every year as well as an annual appraisal. The registered manager was also able to contact them by telephone if they needed to at any time. They told us the senior manager was in touch with them regularly to provide additional support and records confirmed the provider completed their own audits of the service to address any immediate issues.

People we spoke with told us they considered the home to be managed well. One person said, "I love her, [Registered manager] is wonderful." Staff told us they felt supported by the registered manager, comments included; "I have worked with [Registered manager] for years, she is always willing to listen and "[Registered Manager] supports me 200%, [Registered Manager] reassures me when I need support." The atmosphere

was very homely and friendly, staff were always smiling and told us they loved working at the service.

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. Management was visible within the service and the registered manager took an active approach. A member of staff told us, "I can approach the manager [they] listen to my suggestions". One professional told us, "[Registered Manager is a credit to Hillsborough house, [name] cares about the service users. [They] do their best to ensure that staff are working in line with it all."

The registered manager was open and transparent during the inspection process and was confident they could drive improvements within the service. This helped to create a positive culture where staff felt able to raise any issues or concerns.

The registered manager had notified the Commission of all incidents that affected the health, safety and welfare of people who use the service. Statutory notifications are information about specific important events the service is legally required to send to us. We use this information to monitor the service and to check how events have been handled.