Hillsview Care Services Ltd

Purleigh Avenue

Inspection report

26 Purleigh Avenue
Woodford Green
Essex
IG8 8DU

Tel: 07506435350

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05 April 2017

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10 May 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 5 April 2017.

Purleigh Avenue provide accommodation and support with personal care for up to six people with a learning disability. Five people were using the service when we visited.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Although systems were in place to minimise risk and to ensure that people were supported as safely as possible, not all risks were comprehensively assessed. Although people were supported by staff to receive their medicines safely, the service did not have a robust medicines policy and procedure in place for staff to follow.

Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They were confident that the registered manager would address any concerns.

People were protected by the provider's recruitment process which ensured staff were suitable to work with people who need support.

People were supported and encouraged to make choices about all aspects of their care and support.

Staff were knowledgeable about people's needs and how best to meet these. The training and support they received helped them to provide an effective and responsive service.

People received a person centred service. Their cultural and religious needs were respected and celebrated. People's nutritional needs were met and they were encouraged to be as active as possible. There were enough staff to support them to do things that they liked and provide the care and support they needed.

People's healthcare needs were identified and monitored. Action was taken to ensure they received the healthcare they needed, to enable them to remain as well as possible.

The quality of the service was monitored by the provider and the registered manager to ensure people received a quality service that met their needs and wishes.

Staff were clear about their roles and responsibilities. The registered manager and staff team were committed to continuous improvement of the service and to improving people's quality of life. People and their relative's views were sought and valued. Their feedback was used to inform developments in the

service.

People were supported by kind and caring staff who treated them with respect. They were supported to do as much as possible for themselves and to gain new skills. Care records contained information about people's needs, wishes, likes, dislikes and preferences.

People lived in an environment that was suitable for their needs. Specialised equipment was available and used for those who needed this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
The service did not have a robust medicines policy and procedure in place for staff to follow, although people were supported by staff to receive their medicines safely.

All risks were not clearly identified with strategies to minimise risk to enable staff to support people safely.

Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People were protected by the provider's recruitment process.

Is the service effective?

Good

The service was effective. Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure they supported people safely and competently.

People's healthcare needs were met.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring. People were treated with kindness and their privacy and dignity were respected.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs and before they provided care and support they took time to explain to people what they were doing.

Is the service responsive?

Good

The service was responsive. People received individualised care and support.

They were encouraged to make choices about their daily lives.

Individualised care plans gave clear information about how people liked and needed to be supported.

Any complaints or concerns were listened to and addressed.

Is the service well-led?

Good

The service was well-led. The provider's quality assurance systems ensured that people received a safe and effective service.

People were very happy with the way the service was managed and with the quality of service.

Staff told us they were well supported by the management team.

Purleigh Avenue

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 unannounced inspection took place on 5 April 2017 and was carried out by one inspector 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 service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. After our inspection, we spoke with one person's care co-ordinator and we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spoke with two people who used the service and observed the care and support provided by the staff in the communal areas. We also spoke with three staff, the registered manager, the deputy manager and a relative. We looked at two people's care records and other records relating to the management of the service. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine management records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and were happy living at the home. We saw that people interacted positively with the staff and were comfortable with them.

We looked at how risks associated with people's support were assessed and checked and if plans were in place to assist staff to mitigate those risks. We found that although risk assessments were in place for some areas, these did not cover all risks. We saw that risk assessments relating to some aspects of the support provided were in place, such as managing falls, diabetes and behaviour that challenged. Staff managed other risks such as pressure ulcers and risk of choking. However risks and strategies around ulcers and choking were not specifically stated in people's records.

The service also offered support to people in respite care. We found that for two people on such placements, the service did not have up to date risk assessments for management of epilepsy, choking (from eating fast and eating non food items), and falls prevention. We saw some risk assessments were in place from 2015 but these had not been updated. Therefore, not all risks were appropriately assessed with strategies in place for staff to manage those risks. On the day of the inspection, the service had two new staff who were on induction training, during the morning shift. It is imperative that all risks and management strategies are clearly identified and stated on people's individual files so that staff understand how to manage these in order to keep people safe.

We looked at the medicine administration procedure followed by staff and checked the Medicines Administration Record (MAR) charts. People received their prescribed medicines safely and when needed. Medicines were administered by staff who had received medicines training and been assessed as competent to carry out this task. We found that MAR charts were properly completed and up to date. They included people's photographs to check that medicines were given to the correct person. There was an accurate record of the medicines that people had received. Allergies were also indicated. A system of monthly medicines audits was in place. However, we found that some people received "homely remedies" (medicines bought over the counter) and were also administered medicines on a "when required" basis. The service did not have sufficiently detailed guidelines in place to give staff clear information about when and how to administer these types of medicines. There were no medicine administration risk assessments in place. This meant that people may be at risk of unsafe practice in relation to medicine administration.

The above concerns are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Information was displayed in the office detailing how to report safeguarding concerns and raise concerns with CQC. Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. Two recently employed staff were enrolled to undertake this training. We observed that staff were available to offer support to people when they needed it.

Staff explained how they would recognise and report any safeguarding concerns they had about people's safety and wellbeing. They told us if they had any concerns, they would inform the manager. Procedures were in place that ensured concerns about people's safety were appropriately reported to the manager, to the local safeguarding team and other relevant agencies. A whistleblowing policy was in place. Staff were aware of this and knew the process to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at.

The provider had a suitable recruitment and selection procedure in place. The manager carried out relevant checks when new staff were employed, in order to make sure they were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. At least two references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of their passport, driving licence and birth certificate. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

There was a system in place to assess and monitor staffing levels in relation to people's needs and the number of people accommodated at the service. People told us that staff were always available to assist when needed. We saw that staffing levels were sufficient to ensure people's needs were met and staff were available to supervise and support people when on outings and when participating in activities. The deputy manager told us that staffing levels were managed according to the number of people residing at the home during a given week, people's needs and when they required extra support for hospital appointments and arranged activities.

The premises and equipment were appropriately maintained. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use.

A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. Accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

People lived in an environment that was suitable for their needs. There were adapted baths and showers and specialised equipment such as hoists available and used when needed.

Good

Is the service effective?

Our findings

People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Comments included, "Yeah I'm happy with everything" and "They do everything in time."

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. A care co-coordinator commented the staff were "knowledgeable" about people's needs and knew how to look after them. Staff received training which was a combination of e-learning and face to face courses. Staff told us that they received support and encouragement to obtain qualifications in health and social care via enrolling on the Skills for Care certificate course. There was a computerised system that indicated the training staff had received, when this needed to be updated and when new training was completed.This enabled the registered manager to monitor staff training and to ensure they had received the necessary training. Staff confirmed they received training that was relevant to meet the needs of the people who used the service and it was regularly updated.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a DoLS. Records showed that relevant applications had been made to supervisory bodies. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty and that their human rights were protected.

People were supported by staff who received support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the management team.The service supported staff through regular supervision of their work.This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service).

People were provided with a choice of suitable, nutritious food and drink and were encouraged to eat and

drink sufficient amounts to meet their needs. Menus were chosen at weekly meetings but people were able to have something different if they wished. People told us the food was "good"; however another person said, "Not really good, some days it's alright some days it's not, sometimes it hasn't got a really nice taste." We discussed this with the registered manager who told us that alternative food choices were always offered in order to ensure people's preferences were met. People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Comments included, "Yeah I'm happy with everything" and "They do everything in time."

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Snacks were available if people wanted them and special diets were catered for. For example, one person's notes said "encourage [the person] to eat healthy and offer a diabetic diet, no sugary food." Individual files contained details of people's dietary requirements, likes and dislikes as well as any help they needed with eating and drinking. If there were any concerns about a person's weight, nutrition, or ability to swallow this was monitored and if necessary, a referral was made to the relevant professional.

People were supported and encouraged to maintain good health and had access to healthcare services.They saw professionals such as GPs, dentists, psychiatrists, physiotherapists, dieticians and specialist nurses. Individual files gave details of the person's health needs and how to meet these.They also gave details of what might indicate that a person was unwell. Staff told us that some people had difficulty expressing their health needs.They observed people's body language and looked for any unusual signs and actions to detect problems.

Details of medical appointments, why people had needed these and the outcome were all recorded. Each person had "hospital passports" which contained information to assist hospital staff to appropriately support them if they were treated at the hospital. For example, their communication needs, dietary requirements and health conditions.

Good

Is the service caring?

Our findings

People spoke positively about staff who they described as friendly, helpful. They felt staff respected them. However, one person said, "No I don't think so, well they don't understand some of them. What we do and what we don't do." We discussed this with the registered manager who informed us two new staff members were getting to know people who used the service.

People were supported by a mixture of consistent staff who knew them well and recently recruited staff.They told us about people's needs, likes, dislikes and interests.They knew people's individual routines and any signs that might demonstrate they were unwell or had a problem.

People were treated with respect and their privacy and dignity were maintained. We saw staff spoke to people in a polite and professional manner. There were positive interactions between the staff and people who used the service. Staff were patient and considerate and took time to reassure people and explain things so they knew what was happening. When people needed support with their personal care, this was carried out discreetly.

People were supported to be as independent as possible. People's care plans highlighted the areas where their independence should be encouraged. For example, one person's personal care plan said to "encourage [the person] do as much as possible for themselves, to let them take their time."

People were listened to and involved in decisions about their care and about any changes to the service. We saw that people had individual meetings with their keyworker. In addition, one person was supported by an independent advocate to speak on their behalf and to ensure, as far as possible, their wishes were identified.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

People were supported to maintain relationships with their relatives. One relative told us that they visited most days and felt welcome. Staff also supported people to go out with their family member and for weekend stays at home.

People's religious, cultural and social needs were identified and addressed. For example, festivals from different religions such as Holi, Eid, Easter and Christmas, were celebrated by the service. The registered manager told us that culturally appropriate food would be provided upon request. Some people had West Indian food and a special diet for diabetics was also catered for.

Good

Is the service responsive?

Our findings

People's needs were assessed before they used the service to ensure that their needs could be met. Information was gathered from them, their relatives and any professionals involved in their care.

All the people we met required varying levels of personal care and support with all aspects of daily living. We received mixed responses from people about the support they received. One person told us that staff were "reliable" and said, "Yeah I'm happy with everything." A care co coordinator made positive comments about the service and did not have concerns about the care and support provided to people who used the service.

We reviewed care planning for two people who lived at the home. People's needs were assessed before they were admitted to the home, to ensure this was a suitable place for them to live. The care plans were person centred and reflected people's needs, preferences, likes and dislikes and how their care was to be delivered. For example, one care plan said encourage [the person] to carry out their own personal care tasks. Another person's plan stated that they were "non verbal" but communicated by grasping [staff member's] wrist. We saw that people received the care they needed. The care plans were reviewed during monthly key worker meetings (individual meetings between staff and the person who used the service) and updated if required. The service looked after people on respite care and developed basic care plans based on their needs and wishes.

Staff told us that in addition to care plans and records, they got updates at shift handover from other staff and seniors. Therefore, staff had current information about how people wanted and needed their support to be provided.

Staff told us that they followed care plans and routines. Daily records were kept by staff about people's day to day wellbeing and activities they participated in, to ensure that people's planned care met their needs. Most of the people who lived at the service used the lounge and dining room. We saw photographs of activities people had participated in such as picture frame making, post card making and going on bus rides. One person told us they went to a day centre twice a week and wished to increase their attendance there. They also told us that there wasn't much to do in the home. On the day of inspection, we saw that people were not offered activities and they sat in the lounge or "wandered" around the house. We discussed this with the registered manager who informed us that activities and outings were offered daily but people sometimes chose not to participate. We saw evidence of activities as above. However, we recommend that staff take a pro-active approach and seek guidance on varied and imaginative activities programmes for people to provide adequate stimulation and encourage interaction.

People were supported and encouraged to make day to day choices. They chose when they got up, what they did, where they went and what they ate. We saw staff responding to individual needs. However, during the morning shift, we also observed that there was little interaction between the staff and people who used the service. We pointed this out to the registered manager who informed us that two staff were on induction and were in the process of getting to know people and their routines. We noted that a more experienced staff member on the afternoon shift was aware of people's needs, was communicative and interacted easily

with people.

People were supported and encouraged to raise any issues they were not happy about. There was a pictorial complaints policy and procedure in place which was on display in people's rooms and at the entrance for people and visitors to refer to. People told us they would complain "to the manager" or tell their relative if they had any complaints and felt confident the registered manager would act upon them swiftly. Staff knew what to do if they received a complaint and told us they would always refer it to a senior person. There were no complaints logged in the log book.

Good

Is the service well-led?

Our findings

People and their relatives knew who the management team were and spoke positively about how the service was run.

The registered manager and the deputy manager assisted us during our inspection. We observed people were comfortable approaching the manager and other staff and conversations were friendly and open.

People were involved in developing the service. Yearly surveys were sent to people who used the service and other stakeholders such as staff and healthcare professionals. We looked at the results from the most recent survey and noted comments received on people's behalf were mainly positive. Results of the survey had been analysed and used to highlight areas to make improvements.

People's views were also gathered during regular house meetings and key worker sessions. Minutes from these meetings covered issues such as menus, events, outings and activities. Staff meetings, handovers and one to one supervision were used by staff to relay information about the people who used the service and improvements that could be made.

Staff felt supported by their manager and were comfortable discussing any issues with them. They told us "I can always go to [the manager] with any issues. They are supportive." Staff felt they worked well as a team and were supportive towards each other. Staff meetings were held regularly and helped to share learning and best practice, so they understood what was expected of them at all levels.

The provider had systems in place to monitor the quality of service provided and to ensure it was safe and met people's needs. The registered manager monitored the service both informally and formally. Informal methods included direct and indirect observation and discussions with people, staff and relatives. Formal systems included audits and checks of medicines, care records and finances. They also carried out weekly and monthly health and safety checks and audits of people's medicine. The registered manager also carried out regular reviews of the service including checks about care records, accidents, incidents and complaints. Any issues identified were noted and monitored for improvement. This helped to ensure that people were safe and appropriate care was being provided. Following the inspection, the provider and the registered manager reassured us that they had updated all the risk assessments for people who used the service. The medicine management policies and procedures had also been updated to include the use of homely remedies and PRN guidelines. They were in the process of developing a more comprehensive quality monitoring tool in order to ensure there was continued monitoring of the progress made where actions were identified and that all records, policies and procedures were current and updated as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure care was provided to people in a safe way, through assessing and mitigating risks and ensuring the proper and safe management of medicines.