

# Community Options

# Hillcroome Road

## Inspection report

12 Hillcroome Road  
Sutton  
Surrey  
SM2 5EL

Tel: 02086428401

Date of inspection visit:  
03 November 2016  
09 November 2016

Date of publication:  
14 December 2016

## 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

The inspection took place on 3 and 9 November 2016 and was unannounced. This was the first inspection of this service since it was registered with the Care Quality Commission on 15 April 2016.

12, Hillcroome Road is a supported living service that provides rehabilitative care and support for up to 10 adults living with mild to moderate mental health needs. Supported living is where people live independently in specifically designed or independent accommodation but need some help or support to do so. There were nine people living at the service when we inspected it. The accommodation was provided by another organisation and as 12 Hillcroombe Road is not registered for accommodation with the CQC, the premises and related aspects were not inspected.

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.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

Our inspection of care records showed risks to people were assessed and there was guidance for staff as to how those risks should be managed to reduce the likelihood of harm.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

People received their medicines safely from appropriately trained staff.

Staff had access to a wide range of training they said helped them with their role of providing good, effective care to people at the service. Staff told us they received good support from their managers through regular supervision.

The service took appropriate action to ensure people gave consent before care was provided and staff were familiar with the requirements of the Mental Capacity Act 2005 (MCA). We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

People were supported to plan and cook their own meals together with appropriate support from staff when it was needed. We saw that people made their own choices about eating. People's physical and mental health was closely monitored by staff. We saw that people had appropriate access to healthcare professionals such as the GP and their psychiatrists.

People and their relatives said that staff were kind, caring and compassionate. Staff knew people well and people said they felt they mattered. Staff also recognised people's right to privacy, promoted their dignity and respected confidential information. Advocacy services were available as necessary for people to use to support them in making decisions.

People said they felt that the service responded to their needs and individual preferences. Staff supported people according to their personalised care plans. Care plans were reviewed six monthly or earlier if people's needs changed.

We saw there was an appropriate complaints policy in place that people were aware of. People told us that the registered manager encouraged people to raise any concerns they had and responded to them positively and in a timely manner.

People and staff were positive in their comments about the registered manager. They said he promoted an open and positive working environment that they felt able to contribute positively to the development of the service.

We saw there was a wide range of quality assurance audits in place that provided valuable information to develop and improve the service. This included audits of a wide range of aspects of the service provision. Key stakeholders were asked for their views about the care provided to people living at the service. The responses we saw were all positive. Where suggestions or comments were received the registered manager used the information to develop and improve the service.

The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service.

## 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. Staff knew what to do if they suspected any abuse had occurred and were aware of the procedures to follow if concerns arose.

Risks to people were assessed and risk management plans were in place. This helped people and staff know how to reduce the risks identified.

There were sufficient numbers of staff to meet people's needs.

The provider helped people to manage their medicines safely through a staged process to take their medicines. Staff were appropriately trained to ensure people received their medicines safely.

### Is the service effective?

Good ●

The service was effective. People told us they were supported by well trained staff who were knowledgeable and had the skills to care for them effectively.

Staff received appropriate supervision as well as an annual appraisal that helped to ensure their work with people was effective.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) were followed.

People were able to give consent and make their own decisions about their care and support. They had a balanced, varied and healthy diet. Their healthcare needs were well met and they were able to access healthcare services with staff support if that was needed.

### Is the service caring?

Good ●

The service was caring. People valued the care they received and liked the staff who supported them.

The staff treated people with respect and protected their privacy

and dignity.

The staff were kind and helpful and knew the people they were supporting.

### **Is the service responsive?**

**Good** ●

The service was responsive. People told us they contributed to the assessment and planning of their care. We saw that care was tailored to meet people's individual needs and requirements and aimed at increasing people's independence. Care records were detailed and clear.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

People felt able to raise concerns and had confidence the registered manager would listen to their concerns and address them appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led. Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The provider had implemented a variety of quality assurance methods so that they could regularly check the quality of the service being provided. They made sure the service was improved and developed as necessary and that people were happy with the service they received.

# Hillcroome Road

## **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 3 and 9 November 2016. It was carried out by one inspector. Before this inspection we looked at notifications that the service is legally required to send us about certain events such as serious injuries and allegations of abuse. We spoke with six people who used the service and observed care and support people received throughout our inspection.

We also spoke with three staff, the registered manager and the service manager. We looked at four people's care files and four staff files. We looked at other records related to the running of the service. After the inspection we spoke with two relatives and two health and social care professionals.

# Is the service safe?

## Our findings

People told us they felt safe living at Hillcroome Road. One person said, "I love the place, I feel so happy and safe now." Another person said, "You won't find a better place to live. It's a homely place and I feel safe here."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. Staff knew how to recognise the signs of potential abuse and how to report abuse and to take action if they were concerned that a person was at risk. Staff we spoke with said people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff told us they would contact external agencies such as social services if they had any concerns that remained unresolved.

We saw that the registered manager had taken appropriate action where there were concerns for someone who was at risk of self-harm. This involved the registered manager seeking advice from the local safeguarding authority and the police. It also enabled the local authority to establish if any further steps needed to be taken to protect the person from the risks they posed to themselves.

In relation to managing risks a relative said, "It is good that staff don't just go through the motions, they're genuinely helpful and caring and do their best to help minimise risks for people." Our inspection of people's care records showed that every person living at the service had risk assessments that met their needs appropriately. We saw staff identified possible risks to each person's safety and took action in consultation with health and social care professionals to promote their safety and wellbeing. We saw risk management strategies were in place for people, drawn up together with the person concerned. An example of this involved staff liaising with health and social care professionals where a person was moving on into the community and living in less supported accommodation.

We saw the registered manager had systems in place so that if an accident or incident occurred, steps could quickly be taken to help prevent the same thing from happening again. We noted that staff had consulted with people's relatives and social workers to determine what additional assistance could be given to reduce the likelihood of identified risks for people.

People told us there were enough staff on duty to meet their needs. We examined staff rotas and we saw there were good staffing levels provided for people. There were two staff on duty during the day as well as the registered manager and one sleep in staff at night. The registered manager said when staffing levels needed to be increased they had the flexibility and the resources available to ensure additional staff could be provided.

We looked at the staff recruitment procedures and we found they were satisfactory and "fit for purpose". References were obtained from previous employers and criminal record checks were made regarding the suitability of individual staff to work with people in a care setting. We saw records of staff interviews as part of the recruitment process to assess their suitability for the post. These measures helped to ensure that

people were protected by the provider who recruited staff able to demonstrate their previous good conduct and were suitable people to be employed in the service.

We saw that there was a staged process designed to help people to be able to take their medicines safely by themselves as part of their rehabilitation programme. The process was carefully managed by staff together with the person concerned. One person told us, "It is really helpful to have this because it means when I leave here I should be able to take my medicines safely by myself." Another person said, "It's a really good thing because staff just go at our pace and we move up the stages when we are ready and feel confident to do so."

Records showed that staff had received training and support to administer medicines safely to people and to enable people to use medicines themselves.

We inspected people's medicines administration records (MAR) and these records confirmed that staff had provided the assistance people needed to take their medicines at the right time and in the right way. We also undertook a stock take check for two people's medicines and these checks showed that stocks of medicines tallied with the records maintained for people. We found no errors in either of these sets of records and this indicated that the administration of people's medicines was undertaken safely.



# Is the service effective?

## Our findings

One of the people we spoke with told us, "Staff know what they are doing here. I am impressed because I am making progress and I am lucky being here". Another person said, "The staff are well trained and they know how to help us."

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living in the unit. A discussion with the staff showed they had an in depth knowledge of the needs of the people they were looking after. Staff told us they had received the necessary induction and training to allow them to do their jobs effectively and safely. A check of the training records confirmed this information was correct.

The staff files we looked at showed that staff received regular supervision every six to eight weeks. Staff confirmed this with us. They said that their supervision meetings provided them with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We saw that all staff had received an annual appraisal of their work and general performance.

We saw that verbal and written handover meetings were undertaken on each shift to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood. All the people we spoke with told us they were asked about the care and support they required. They also told us they were able to make decisions about their daily routines. They told us about their rehabilitation care and support plan and what the staff did to make sure they remained as well as they could be

From our observations and inspection of care records it was also evident that people were able to consent to their care and support. All the people living at Hillcroome at the time of this inspection had capacity to decide about their care.

When we spoke with the registered manager they showed they had a good understanding of the Mental Capacity Act 2005 (MCA) and circumstances where people might be deprived of their liberty. 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 it is in their best interests and legally authorised under the MCA. In supported living services the applications to deprive people of their liberty must be made to the Court of Protection. People at the service were free to leave and were not subjected to restrictions that could have contributed to a deprivation of liberty.

We asked people about their meals. They told us they planned, purchased and prepared their own food with help sometimes from staff if they needed assistance. We also checked with the registered manager to see what arrangements were in place to do with people's diet and nutrition. They told us each person decided

their own weekly menu and meal plan and cooked their own food unless people jointly decided to cook together such as on Sundays. Staff provided support to people where it was needed to help ensure their choices included suitable and nutritious food and drink. This was to ensure their nutritional needs were met and that they developed cooking skills to enable become more independent.

From our inspection of people's care records we saw that their health care needs were met by a wide range of health care professionals. This included an occupational therapist who was part of the staff team. All of people's health appointments were recorded in their files and these included dieticians, consultant psychiatrists, GPs, and dentists. The healthcare professionals we contacted told us that the staff regularly communicated with them to ensure that the care provided was safe and effective.

## Is the service caring?

### Our findings

All of the people were positive about the quality of care they received. One of them said, "I am pleased with the care I get because the staff are helpful and cheerful, as is the manager." Another person said, "The staff are very supportive and caring to us all." Relatives were similarly complimentary and one of them said, "I don't have to worry about my family member because I know the staff are so caring and supportive."

People said they were treated with respect and with kindness. An example of this was a person who said, "The staff are fine with me, I consider myself to be really lucky to be living here." Another example was a person who told us, "The staff are genuinely caring and they go the extra mile for us."

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. In addition to this we noted that staff recognised where people needed extra assistance. A person mentioned this saying, "The staff have been so supportive and caring, I wouldn't be moving on now if it wasn't for all the care and kindness they have given me with the extra little things that count."

Comprehensive information was held on people's files about their personal histories and their hopes and aspirations for the future. This helped staff to understand people better and to support them in a caring and effective way. People were enabled to express their views and we saw they were actively involved in their care and support. People told us they felt they mattered and they said their rehabilitation back into the community was greatly assisted by the friendly and warm environment that existed at Hillcroome.

Staff told us and people confirmed they had access to the local advocacy service if they needed it. This service provided people with additional guidance and assistance to make decisions about aspects of their lives. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that staff recognised the importance of not intruding into people's private space. Each person had a key to their own room and we observed people were asked how they would like staff to gain access to their rooms. We saw that people were asked to give their consent to a variety of matters such as who could access their confidential information. We saw that arrangements were made to ensure that people's wishes were respected while also ensuring they were safe and secure. Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

## Is the service responsive?

### Our findings

People told us they were fully engaged in their care plan and in the reviews of these plans. Our inspection of people's care files evidenced what we were told by people. We saw that the method used to structure people's care was person centred and placed the person at the centre of their care plan. People were asked to identify their strengths, dreams, aspirations and the resources that were available to them. They were also asked what areas of their lives they wanted to address and this was set out in a "my recovery action plan" that we saw formed part of the overall person centred care and support plan. We noted that the care planning process used to assist people with their recovery was a creative way of planning on what was important for the person both at the time and in the future. It built on people's strengths and focussed on their preferences for the future which in most cases was an expressed wish to live successfully in the community.

All the care plans we inspected were written in the first person and they were all signed by people to demonstrate their agreement with what had been written in their care and recovery plans. We saw that people's ability to gain independence and improve their quality of life was an important part of the care planning process. An example of this was the staged process for helping people to become independent in taking their medicines. Another example was how people were encouraged and assisted appropriately to plan and prepare their own meals. Both these examples provided people with the essential skills, knowledge and confidence to manage for themselves when they eventually moved back into the community.

We saw that each person had a wide and comprehensive variety of activities that involved them both within the service and outside in the community. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people who chose what they wanted to do and included attendances at a further education college, swimming, going to the cinema, shopping and seeing family and friends. Supporting and developing people's independence was a theme we noted in the range of people's activities. Certainly people we spoke with really enjoyed this because they said it helped them to be more independent. One of the people we spoke with told us they enjoyed their activities and were able to choose what they wanted to do. They said, "I am going to college to learn some computer skills so when I get my own place I'll know what to do". The registered manager told us activities were tailored to meet specific individual needs.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the main hall that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if

they had a complaint.

# Is the service well-led?

## Our findings

Our conversations with the staff showed us they felt included and consulted with. Staff spoke positively about working at Hillcroome Road. They told us they felt valued and that the registered manager was very supportive. From our discussions with the registered manager we saw they were clear about their aims and objectives. They told us this was to ensure that the service was run in a way that supported the need for people to gain independence through the most effective rehabilitation process possible.

We saw a wide range of policies and procedures in place at the service. These gave staff clear information about current legislation and good practice guidelines. We saw they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This code of conduct ensured the staff team were aware of how they should carry out their roles and what was expected of them. Staff displayed a good understanding of their roles and responsibilities when we spoke with them. We saw documented evidence that staff signed and read the policies and procedures for the service. This was a good way of ensuring staff were aware of these important guidelines.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the service. We saw documented evidence that showed the service had effective audit systems in place and these were kept up to date. This included a monthly health and safety check on the physical environment, a competency check on staff for medicines administration, an audit of people's care plans being maintained up to date, a keyworker systems check, a review of complaints and of accidents and incidents. This all meant there were quality assurance systems in place that helped to maintain and improve the service effectively.

The registered manager told us they sought feedback from people who used the service and their relatives and other stakeholders through questionnaires that were sent out each year. The last survey was recently carried out in June 2016. The questionnaires asked for people's views on how they felt they were being cared for and if the facilities at the service were to their satisfaction.

We looked at some of the responses. Overall they were very positive. We saw that management had addressed an issue that one person had identified as needing to be dealt with.

We saw evidence to show that staff meetings were held regularly. The registered manager explained to us that because they were a small, consistent team the staff were able to discuss or raise any issues with management at any time.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.