

Hillcrest & Lyndale Care & Support Services Limited

2 Hill Close

Inspection report

2 Hill Close
Pontefract
West Yorkshire
WF8 2SF
Tel: 01977 706192
Website:

Date of inspection visit: 6 February 2015
Date of publication: 31/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected 2 Hill Close on 6 February 2015. The visit was unannounced. Our last inspection took place in June 2013 and there were no identified breaches of legal requirements.

2 Hill Close provides personal care and accommodation for up to three adults with learning disabilities. It is part of a care complex owned by Hillcrest and Lyndale Care and Support Services Ltd that also includes 1 Hill Close and Hillcrest. There were three people living in the home

when we visited. The home has two floors. There is a lounge and kitchen/dining area on the ground floor, two bedrooms and a bathroom on the first floor. There is a garden to the rear of the property.

The home 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.

Summary of findings

People told us they felt safe living at the home. Risks to people were managed well and gave people freedom, yet kept them safe. Staff were trained in safeguarding and understood how to recognise and report any abuse.

Staffing levels were sufficient which meant people were supported with their care and enabled to pursue interests of their choice in the community.

No-one at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw that medicines were managed safely at the home. We looked at medication administration records (MAR) which showed people were receiving their medicines when they needed them.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and empowered to be as independent as possible in all aspects of their lives.

People's nutritional needs were met and they received the health care support they required.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People told us they were happy with the care they received, which we saw was individually tailored to meet their needs. People were involved in the planning and reviewing of their care and support.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. People and staff were actively involved in developing the service. There was strong leadership which promoted an open culture, which put people at the heart of the service.

We saw there was a complaints procedure in place which was displayed in the home. People we spoke with told us they knew how to complain but had never needed to. The home had not received any complaints since our last inspection in June 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe. Risks were managed in a way which enabled and empowered people while keeping them safe.

Medicines were managed safely.

Robust recruitment practices were followed to make sure staff employed were suitable and safe to work with vulnerable adults.

People understood safeguarding and how to raise any concerns. Staff understood the safeguarding procedures and knew how to put them into practice.

Good



Is the service effective?

The service was effective. Staff were trained and supported to meet people's needs.

No-one living at the home was subject to the Deprivation of Liberty Safeguards (DoLS). Staff were trained in, and had a good understanding of, the requirements of the Mental Capacity Act 2005 and DoLS.

People had access to additional healthcare services when they needed them.

People were involved in the planning, preparation and cooking of meals and had free access to food and drink.

Good



Is the service caring?

The service was caring. People told us staff were kind and caring. Staff had developed positive relationships with people, listened to them and supported them in making decisions.

People were supported to build and retain individual living skills. Staff enabled people to be as independent as possible. People's privacy and dignity was respected and maintained.

Outstanding



Is the service responsive?

The service was responsive. People's care and support was planned with them and staff worked flexibly to meet people's individual needs and preferences.

People accessed activities of their choice in the community. People's views were listened to and acted upon by staff.

People knew how to raise complaints. We saw that no complaints had been received in 2014.

Good



Is the service well-led?

The service was well led. People and staff were actively involved in developing the service.

There was strong leadership and systems were in place to monitor the quality of the service.

There was an emphasis on continuous improvement and development of the service.

Good



2 Hill Close

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 6 February 2015 and was unannounced. The inspection was carried out by one adult

social care inspector. We reviewed the information we held about the home. We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with two people who were living in the home, one visitor, six members of staff, the manager, the registered manager and the provider.

We looked at one person's care records and four staff files as well as records relating to the management of the service. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

We spoke with two people who lived at the home. They both said they felt safe living at the home. One person told us they knew staff were available to them at all times in the main home, Hillcrest. The other person we spoke with told us, “If I need the staff they are not far away.” The manager told us the fire alarm system was connected to Hillcrest so they would be alerted to any emergency.

Staff we spoke with had a good understanding of how to protect vulnerable adults. They told us they knew people well and believed they would know if there was neglect or abuse taking place. Staff told us they would speak to senior staff or the manager immediately if they had any concerns ensuring they made accurate documentation of this. They said they were sure action would be taken but knew how to escalate concerns both internally and externally if action was not taken. Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. This showed staff were aware of how to raise concerns about abuse and recognised their responsibilities regarding the protection of vulnerable adults.

We saw there were sufficient staff on duty to meet people’s needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people to lead active lives out in the community pursuing their own interests safely. People we spoke with said it was their choice to have staff with them or not when they went out. Staff members who we spoke with confirmed this.

We looked at the way the home managed people’s medicines. The home used a monitored dosage system. Each person’s medication was supplied on a monthly basis by the pharmacist in a sealed dosette box. Each box was colour coded to show the administration time of each medication. Some medicines were in separate boxes as they could not be stored in the dosette box. These were labelled for each individual. There were records to show the medication that had been ordered each month and the medications that had been received into the home. Each person had a medication administration record (MAR) which was printed by the chemist. This included a picture of the medicine and other information about the medicine including dosage instructions and if the person had any allergies. We looked at three people’s MAR charts. These

showed no gaps which meant people had received their medicines as prescribed. We saw there was an up to date medication policy in place. The home had completed a piece of work using NICE guidelines (National Institute for Health and Care Excellence) – Managing medicines in care homes 2014. This involved developing protocols for staff to follow and a comprehensive audit tool for the home to ensure standards were maintained. The provider told us they were planning to commence use of the audit tool in March 2015. We looked at training records for staff who administered medicines which showed they were all up to date with safe handling of medication training. We also saw refresher training was booked for 2015. This meant appropriate arrangements were in place in relation to obtaining, recording and handling of medicines.

We looked at the recruitment records for four staff including one person who had recently been employed. We found recruitment practices were robust and each staff member had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable groups. Each record showed detail of the person’s application, interview and references which had been sought. We spoke with one staff member who confirmed this recruitment process had been followed. This showed that staff were being properly checked to make sure they were suitable and safe to work with vulnerable adults.

We found the premises were well maintained. We saw weekly checks were carried out on the furnishings and fabric of the home. Where areas had been identified for updating or repair we saw evidence which showed the work had been carried out. We saw evidence which showed portable appliance tests had been carried out on electrical items within the home and these were up to date. The manager told us each person had a personal evacuation plan and we saw evidence of this in the care record we reviewed. The care record also showed the person had signed to say they understood the fire evacuation procedures.

We were told by the provider there had been no accidents or incidents within the last 12 months. We saw documentation was available for staff to record incidents should any occur.

We looked at the care records of one person. We saw a range of risk assessments had been developed in relation

Is the service safe?

to people's safety and welfare these included making hot drinks, falls and using public transport. We saw evidence

which showed risk assessments were subject to regular review and involved the person concerned. This gave people the opportunity to take responsibility for their own lives.

Is the service effective?

Our findings

Staff we spoke with told us they received regular training and support they required to carry out their roles. They said they received regular, monthly supervisions and annual appraisals and we saw evidence of this in the staff records we reviewed. Staff were knowledgeable about the needs of the people they supported and knew how these needs should be met.

We spoke with four staff members who told us about their induction. They said it included mandatory training and had prepared them well for their role. They told us their induction had included spending time shadowing more experienced staff and also time to have a look through care records. They also said this had given them the opportunity to get to know what people's needs were and how to support them. This demonstrated that new employees were supported in their role.

Staff said the training was comprehensive and confirmed they received regular updates. We saw there was a detailed induction, training and development programme planned for the year. The training matrix showed the training staff had completed and identified when updates were required. Staff had received core training in subjects such as first aid, infection control, fire safety, food hygiene, medication, moving and handling, epilepsy and safeguarding. The provider told us there were staff who had achieved national vocational qualifications at levels 2, 3 and 4 and also degree level qualifications in subjects which related to the needs of people they provided care for. We spoke with two people who lived at the home and they said they felt the staff knew them well. This showed staff had the appropriate knowledge and skills to perform their job roles.

The manager and staff had a good knowledge and understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty (DoLS). The records showed staff had

received training in MCA and DoLS and this was refreshed annually. The manager was fully aware of the latest judgement issued by the Supreme Court in March 2014 in respect of DoLS. This judgement widened and clarified the definition of deprivation of liberty and therefore had implications for all adult health and social care providers. There were no DoLS in place at the time of our visit. The manager told us all of the people living at the home had full capacity to make decisions for themselves and had consented to the care they received at the home. This meant the home was meeting the requirements of the Mental Capacity Act 2005.

People we spoke with told us they received support from staff with their meals. One person told us, "I can either go to Hillcrest and eat or the staff bring my tea over here for me. Its nice to have a choice." Both people told us they had the facilities to prepare snacks for themselves if they wanted to. We saw information regarding dietary needs were recorded in people's care plans. People's weights were monitored monthly and records showed they remained stable. This showed people's nutritional needs were met.

We spoke with staff who told us people were supported with accessing health care services such as GPs, dentists and opticians. This was confirmed in the care records we reviewed. The manager told us they liaised with people's GP surgery to make sure people's annual health checks were completed. One person's care records we looked at showed people were supported to access other health care professionals as required.

We also saw the home had a system which ensured all contact with health professionals was recorded and a contact sheet completed for this. Each person had a medical file which held detailed information of all aspects of their physical health. This showed people who lived at the home received additional support when required for meeting their care and treatment needs.



Is the service caring?

Our findings

We spoke with two people who lived at the home. They told us they felt well looked after by the staff. One person we spoke with told us, “I go on holiday to Blackpool in a caravan. I really enjoy it. I’ve had a meeting and sorted it out for this year already. We all go together and its like a family holiday. I enjoy it and would like to go more.” Another person told us, “We have a nice home here. I have all my own things here, I can come and go as I please, I like to go to the pub for a pint. I have a nice life I think.”

We saw evidence which showed there was a range of activities available to people on a daily basis. The provider told us that because most people had lived at the home for a long time they all enjoyed suggesting and planning activities which they all took part in. They showed us photographs of the celebrations for the Olympics and the jubilee in 2014. We saw regular entertainment such as singers were part of the activities on offer to people. People told us they were supported to keep in touch with family and friends through visits and phone calls and this was evidenced in the care records we saw. This showed the home was meeting the social needs of people who lived at the home.

We looked at one person’s care records which showed the person was actively involved in decisions about their care and treatment. We spoke with the individual concerned and they told us they felt very involved in their care. They said “If I wasn’t happy with something I would tell the staff an they would sort it out for me. They are helping me all of the time. They are nice people and I really like them all.”

We spoke with one visitor to the service who told us they had known the provider and the manager of the home for many years. They told us “The best thing I can say about this place is I would not hesitate to have a relative of mine living here and I can’t say enough good things about this place. I’ve been visiting here for over 10 years, it’s an

amazing place. You would not get another provider like this. They take people on holidays with them, they are always here doing what they can for people. It’s like one big family; it’s a fabulous, fantastic place. The care they provide is fantastic, they treat people as individuals. The provider is so encouraging of people being part of the community and that’s what they need. I know of one person’s relative who often told me how happy they were with the care provided. The staff are all great and the people who live here are getting the best care I know that for sure.”

We found the provider and staff were exceptional in enabling and promoting people’s independence in all aspects of their lives. This was evident from our observations as well as people’s care records we reviewed. We saw staff recognised and valued people as individuals. Our discussions with staff showed a passionate commitment to maximising each person’s potential. One staff member said “I’m here for people. I wouldn’t do the job if I didn’t love it. The people who live here are so lovely. I think everyone who lives here is happy, we’d know if they weren’t. The best thing is people have choices in how they want things to be. It’s their life and we want them to be as happy as they can be. It really is a rewarding job.” Another staff member told us “I like being a carer, having a nice bond with people. I feel that I’m a part of people’s life and I really enjoy it. When you come to work the days just fly by and it doesn’t feel like work at all. There’s nothing I would change I think we really do our best. The people who live here are as involved as they want to be. We want what’s best for them.” Another staff member told us “Everything we do is about the people we care for, they get up when they want, go to bed when they want. It’s a really good service. People are always doing something, they’re never in. They can’t wait to tell staff what they’ve been doing when they get back. It’s nice to know they’ve enjoyed their day. I know people get a really good standard of care here, we all care too much not to support them as best we can.”

Is the service responsive?

Our findings

The manager told us that the people who lived at 2 Hill Close had previously lived at Hillcrest. Each person had been assessed as having the skills to live more independently with support as required from staff. Staff we spoke with told us they had worked for the organisation for many years which meant they had developed good relationships with the people they supported. They displayed a good level of knowledge and understanding of each person's needs. Staff told us about the care needs of each person who lived at the home and it was clear they knew people well.

People told us they liked living at the home and that their lives had improved since they had moved there as they were now more independent. They said staff involved them in all aspects of their care. Two people told us they knew they had a care plan but they did not want to look at it. We saw people were supported by staff to choose how they wanted to spend their day. For example, one person was doing their laundry and making plans for a trip to the pub in the evening. The other person told us they were going into town for a look around.

We looked at the care records of one person who lived at the home. We saw they were comprehensive, person centred and individually tailored to meet the person's needs and focused on maintaining independence. Care plans provided staff with clear guidance on how to meet the person's needs. We saw daily records were completed each shift which showed how support had been given in accordance with the care plans. Records were reviewed on a regular basis and we saw evidence of regular reviews with the local authority.

The manager showed us copies of newsletter which was sent out to people's relatives four times a year. This shared people's stories and celebrated success across all the services in the organisation.

People we spoke with knew how to make a complaint and who to go to if they had any concerns. People told us they would go to the provider or social services if they felt their concerns had not been dealt with. We looked at the complaints procedure and saw it included contact details for the senior managers in the organisation, the Local Authority, CQC and the Ombudsman. The provider told us there had been no complaints.

We spoke with two people about how they spent their time. Both people told us they were able to do anything they wanted to do. They told us they liked going out but if they wanted to stay at home there was always plenty for them to be involved in. We saw the home had a swimming pool in the grounds which all of the people living at the home had access to. We looked at staff training records which showed staff had completed the necessary training in order to support people to use the pool. People told us there was also two other centres they could attend which were part of the organisation. The 'Garden Base' provided a greenhouse, poly tunnels, arts and crafts and exercise equipment and the 'Links' provided computer equipment, a cinema and a craft area. We spoke with the manager who told us people were able to choose how often they accessed these parts of the organisation and how they wanted to use their time there. This showed people living at the home had access to a range of meaningful activities.

Is the service well-led?

Our findings

The home had a registered manager. This person was also the provider and they told us they had opened the service over 30 years ago. We saw that some of the people living at the home had lived at the home for almost as long as it had been in operation. The organisation's values were based on respect for each other, putting people at the heart of the service and focussing on people's abilities, growth and development. Our discussions with staff and people, our observations of life in the home and how care and support was planned and delivered showed these values were embedded in practice.

We spoke with six staff members who all told us they thought the provider were very open and caring people to work for. One staff member told us "They are very approachable and I would have no hesitation in asking for their help or going to them if I needed to. They are lovely and they really do care about all of the staff." Another staff member told us "They involve everyone in the decisions they make about the home, the activities, and the holidays, everything. It's like a big family and they are definitely supportive." Another staff member said "The home provides a home for people living here and that's because of the owners. Staff morale is good here because staff can go to the manager and say whatever they need to say. We've all worked together for a long time and we all get on. It's a happy place and you are supported by the manager without a doubt."

We looked at satisfaction survey results from 2014 which had been sent out to people's relatives and people who

lived at the home. The relatives feedback showed 100% satisfaction had been received in all of the areas surveyed for example, "I am confident my relative is very happy there", "I know if I have any worries I can come to you", "Very thorough knowledge of needs and a programme tailored to meet them", "I love the newsletter you send me" and "We are always made to feel welcome, everyone is friendly." We saw feedback from residents was also positive for example when asked 'Do you feel supported in making choices' one response stated, "Yes but I am restricted in what I can do because of my health." 'Is your home clean and tidy' "I do what I can and staff keep up with the rest it's nice." The manager told us surveys were due to be sent out in the next few days with the latest newsletter. This showed the home asked for people's views and opinions in the way the service was provided.

We were told by the manager and staff we spoke with that regular staff meetings were held. Staff told us they were asked for their opinions regarding developments within the service on a regular basis and had always felt included by the provider. We looked at previous minutes from resident and staff meetings which showed there was discussion regarding developments at the home as well as across the organisation.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the home, activities, staff records, infection control and health and safety. This showed the provider had an effective system to regularly assess and monitor the quality of service that people received.