Hillgreen Care Limited

Hillgreen Care Ltd - 53 Myddleton Road

Inspection report

53 Myddleton Road
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 22 July 2015. Our previous inspection of 25 February 2015 found that the provider had followed their plans in relation to addressing the breach of regulation relating to inadequate staffing, that was found following the previous inspection of 15 April 2014.

53 Myddleton Road is a five bed care home for people with learning disabilities. On the day of our visit there were three people living in the home.

People told us they were very happy with the care and support they received. The staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly

Summary of findings

discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided. Staff received regular supervision and training relevant to their role.

The registered manager had been in place since November 2014. 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.

The registered manager provided good leadership and people using the service, their relatives and professionals told us they promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed. Relatives of people living at the home and other professionals were happy with the service. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interests decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People had participated in a range of different social activities individually and as a group and were supported to access the local community.

People were provided with a choice of food, and were supported to eat when this was needed, the registered manager acknowledged that there could be some improvements made to food provision and menu planning.

The registered manager had systems for monitoring the quality of the service and engaged with people and their relatives to address any concerns. When people made complaints they were addressed appropriately.

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?

Good

The service was safe. People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

There were robust recruitment procedures in place

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs. People's medicines were managed so they received them safely.

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Is the service effective?

Good

The service was effective. People's care needs were assessed and staff understood and provided the care and support they needed.

People's care plans were detailed and covered all of their health and personal care needs. People's nutritional needs were assessed and recorded.

We found the service met the requirements of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards. Relevant applications had been submitted and proper policies and procedures were in place.

Is the service caring?

Good

The service was caring. People and their relatives were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded. We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

We observed staff treating people with dignity and respect. People were supported to maintain their independence as appropriate

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet people's individual needs. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

There was a range of suitable, appropriate activities available.

Is the service well-led?

Good

The service was well- led. People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

Summary of findings

There were good systems for monitoring the quality of the service and for promoting continuous improvement	

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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.

We visited the service on 22 July 2015. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service, including safeguarding alerts and statutory notifications which related to the service.

Statutory notifications are information about important events which the provider is required to send us by law. We also spoke with one external healthcare professional associated with the service to obtain their views about it.

During our inspection we observed how staff supported and interacted with people who use the service. We also spoke with two people who lived in the service, one relative, one senior support worker, two support workers, the registered manager and the service manager. We looked at all three people's care records, four staff records, medicines charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits, the training matrix and records of complaints

Good

Is the service safe?

Our findings

We saw the service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse. A support worker told us how they would immediately report any initial safeguarding concerns to the registered manager and said, "it is my responsibility to do so". We saw a safeguarding flowchart displayed which indicated to staff the process they should follow in the event of a safeguarding issue occurring.

Training records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. Staff understood whistle blowing and how to escalate any concerns. A care worker told us how they knew to "push up [the management line] things that concern me."

We asked staff how they supported people with behaviours which challenged. They described strategies for managing people's behaviour safely which included encouraging other people to move away and the use of distraction techniques. Physical restraint was not used at this service.

Care plans we reviewed contained a variety of risk assessments aimed at keeping people safe. For example, the service had carried out risk assessments in relation to using the kitchen, using public transport and eating in a café. The risk assessments were detailed and personalised. The content varied depending on people's individual needs.

The assessments provided information about what people could and could not do on their own as well as their capacity to understand the issues and risks. Strategies were put in place to minimise the risk. For example, if someone was at risk of becoming disorientated when they went out then the assessment noted that the person needed two members of staff to accompany them. The risk assessments were reviewed every six months, or as necessary, to keep them up to date with the most relevant information.

We looked at four staff records and saw that appropriate recruitment checks took place before staff started work. We looked at the personnel files for four members of staff. We saw completed application forms which included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview answers. Each file included confirmation that a criminal record check had been carried out, two employment references, health declarations and proof of identification. Where there was only one reference on one staff record, the registered manager showed us an e-mail trail giving a satisfactory explanation for this.

Medicines were administered safely. We spoke to the registered manager about how medicines were managed. He told us that they used a monitored dosage system which meant that medicines came in blister packs from the pharmacy. Most staff were trained to administer medicines to people using the service and the registered manager told us that those who were not trained did not administer medicines, "there is always enough other staff on shift to do this". We looked at people's medicines records and saw they were clearly set out and easy to follow. We saw that two out of the three records had the person's photograph on them and listed any allergies. The registered manager agreed to replace the third photograph as soon as possible. We looked at individual medicines administration records for people using the service and saw there were no gaps. Records were up to date and accurate, indicating people were receiving their medicines as prescribed by health care professionals. We checked the balances of as and when medicines stored in the cabinets against the regular audit done by the registered manager and found the record to be accurate.

The registered manager told us that there was a daily audit done where a second member of staff checked that the person responsible for giving the medication had done so, by cross checking the individual stock. He told us it was as a result of this daily audit that one recent medicines error was picked up. We saw from recorded minutes how this was addressed with the member of staff as soon as it was detected, both in a meeting with the registered manager and the service manager, and subsequently followed up in supervision. The registered manager told us that this member of staff was required to redo their medicines administration training, after which he would complete an assessment on medication observation with them as soon as the training was completed.

Good

Is the service safe?

We saw that medicines were stored appropriately in a locked cabinet in the office. There was also a locked cabinet to store those medicines to be returned to the pharmacy. We saw temperature checks of both cabinets were done daily, and had no gaps on the record. The returned medicines cabinet had a book to record reasons for returning medication, for example, in the case of a cream; it had been opened for longer than one month.

The registered manager told us that there were always three staff on during the day, and frequently four if there were many activities or appointments planned. There was one sleep-in and one waking night staff on duty. He showed us the rotas for the previous four weeks. We saw these rotas accurately reflected the amount of staff which we were told about. We observed on two separate occasions where two members of staff worked a waking night shift and then followed on straight into a day shift. We spoke with the registered manager about this who acknowledged this was not safe. He said, “We do not use agency staff, so on the rare occasions when someone cancels a shift at the last minute, then other staff will fill in.” Care workers told us there were sufficient numbers of staff on shift. One said, “There is no problem about going out with a service user”, and another commented “We are not rushed, we always have time to support people”.

Good

Is the service effective?

Our findings

Staff files showed they had completed an induction programme and training which the provider considered mandatory. This training was a mix of on-line and face to face. It included safeguarding adults, Deprivation of Liberty Safeguards (DoLS), first aid awareness, medication handling, conflict styles and resolution, fire safety, safe food handling and infection control. The registered manager showed us the staff training matrix, which identified when a staff member was due to refresh a piece of training. Our observations of this matrix were that staff were up to date on their required training. A support worker told us, "Training is quite regular and it includes important topics for how to support the service users."

We saw on three out of the four staff records that regular supervision had taken place. There was a record of each supervision, signed and dated by the supervisor and supervisee and the duration of the session was also recorded. The contents included a discussion about people living at the home, the staff member's performance, training needs and safeguarding. We saw how actions were recorded and completed, for example, the supervisor agreed to produce a safeguarding flow chart, which we subsequently saw. A care worker told us they received regular formal supervision, on a one to one basis. They said, "I have it regularly. It is really useful because it is a chance to discuss service users and a chance to express concerns in a confidential setting." Where there was no evidence of regular supervision on the fourth record, the registered manager told us, "This is a combination of things – cancelled shifts, night shifts." He agreed it was important that more robust efforts be made to ensure this person received supervision on a regular basis, irrespective of their work pattern.

The registered manager told us that there were four staff eligible for an annual appraisal of their work performance. We saw from the team diary that these were scheduled in for the week following this inspection. A support worker confirmed to us that their meeting was the following week and "I have submitted all my paperwork in advance of this".

The registered manager told us there was a copy of the Mental Capacity and DoLS policy placed in the front of the shift plan folder, "so that staff can refresh themselves on what is involved. They have to sign it to evidence they have read it". We subsequently looked in the shift plan folder and saw this was the case. A care worker told us that they ensure they offered choices to people and they ensure they have consent before performing any task. They said, "I always offer more than one thing so that they can choose. Where the person is not verbal, I observe their body language and actions to understand what is they want." We saw that DoLS referrals for all the people in the home had been sent to the relevant funding authorities.

We saw the shift plan folder had a record of staff responsibilities for that shift, including medicines, people's activities and attendance at any booked appointments. It also included records of daily temperature checks of the hot water, fridges and freezers, all of which were fully completed.

There was some disruption in the kitchen on the day of our inspection as the cupboards were being replaced. This meant there was limited access to the kitchen and those who used the service had had lunch out in a café. However, we noted that there was no plan for an evening meal and staff we spoke with were unclear about what there was to cook. We checked the fridge and there was little evidence of any fresh ingredients which could make a nutritious evening meal. The freezer had little in it also. We raised this with the registered manager, who told us, "I am trying to encourage service users to become involved in menu planning and food preparation. Their limited communication is a challenge to this." We saw there was a weekly menu on the noticeboard in the kitchen, with pictures on it. The suggested meal for the evening of our inspection was a chicken dish. The registered manager acknowledged that there were not the materials in to cook this specific meal. We spoke with him about the possible consequences of having an ad hoc response to meal requests. Staff also told us that sometimes the food budget was "very tight". The registered manager agreed that this made it difficult to always have the correct ingredients on hand to fulfil all requests if the service was at full capacity and that further work was needed to ensure people received a balanced healthy meal.

The care plans showed that people were regularly weighed to check they were maintaining a healthy weight. There were some occasions where the service identified that they needed to keep a food diary for someone using the service. For example, we saw one chart being kept for someone who had recently lost weight.

Good

Is the service effective?

Some people had also been identified as needing extra support to maintain a healthy diet and weight. We saw one example where the service was supporting somebody to cut down on the consumption of high calorie products, and cutting down food portions, to support their weight management plan. In another case a referral had been made to a dietician for someone who was refusing to eat any fruit or vegetables.

The registered manager told us he had referred people for a variety of appointments with the dentist, optician and chiropodist. He also told us he had requested a speech and language therapy referral for one person and a hearing test for another. The care plans contained detailed notes about people's health, a record of all their health appointments and the outcome of these appointments. For example, we saw evidence that some people using the service had recently had appointments with their dentists.

Each person using the service had a named GP, and the care plans contained contact details for other key professionals including social workers, nurses and occupational therapists.

Staff were available to accompany people to their healthcare appointments. People were generally accompanied by either their key worker or the registered manager. The care plans also contained notes which indicated a discussion had taken place between people using the service and staff about the need to share relevant health information with other professionals

Good

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. When asked if they were happy in their home one person moved to be closer to a member of staff, linked arms with them, clapped and then smiled. A relative told us, "My family member has very complex and challenging needs and I can see how relaxed they are with staff, they're kind and caring people."

We saw people being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when supporting people. Staff took the time to speak with people and we observed a lot of positive interactions that promoted people's wellbeing. Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, a person who chose not to partake in the inspection process and had been upset by our presence was supported to stay in their room.

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes with relatives where possible so they could make sure they provided care which met individual needs.

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff cared for people in a way which respected their privacy and dignity. Each person had their own en-suite bathroom. We observed the staff demonstrated a good understanding of the importance of privacy and attended to personal care needs discreetly and appropriately. A relative told us their relative "is always treated with respect".

We observed staff interacting with people using the service throughout the day, we saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, we observed one person using the service may have become upset because the inspection process was impacting on their usual routine. Staff suggested an activity for this person to do with a member of staff to ensure they felt valued and relaxed.

We observed positive interactions between staff and people using the service during our inspection. We saw staff being kind and patient with people. We observed how they engaged people in conversation and it was evident from listening to these conversations that they had the effect of calming and reassuring people.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and made sure doors were closed and curtains drawn when they were providing people with personal care. A support worker told us, "I explain everything I am doing and constantly assist and give direction to the person."

We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported. For example, one care worker told us how people communicated their needs in different ways, both verbally and non-verbally, "I know by one person's facial expressions what they really want." They also told us that whilst one person is verbal, "I have to listen very carefully so as to understand them properly."

We asked staff how they offered choices to people and were told, "We must always offer choices, for example, we show pictures of the food on offer or a place to go and give them their choice." We were also told how, in one person's case, "I take her out clothes shopping so that she can choose what she wants to wear." We saw people being offered a choice of drinks in the lounge, and given the time to make that choice.

Good

Is the service responsive?

Our findings

People had participated in a range of different social activities individually and as a group and were supported to use the local community. The home also had use of a minibus. Activities included visits to parks, the cinema, cycling, swimming and drumming. They also participated in shopping for the home and their own needs and were supported to keep their rooms clean. Some people were planning to go on holiday to Disneyland Paris and to Centreparcs with staff support

We were told by a support worker that they "get ideas by asking around other services and the registered manager is really good at researching potential activities". We asked how the individual activity programmes were drawn up and how those less able were supported to make choices. The support worker told us that those who were able to communicate verbally were encouraged to make suggestions and requests and that activities were always discussed at residents meetings. Those who were less able to communicate their preferences were assisted to do this by being shown a variety of activities on the internet from which to indicate their preference and, where available, pictures in magazines. We saw that the registered manager had devised individual pictorial timetables of activities for each person . Satisfaction levels for activities were monitored by 'activity reflection sheets'. We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

We looked at activity reflection sheets for all three people and saw these included written learning points. During our inspection we saw that all the people using the service were accompanied to a scheduled activity which reflected what was on their activities programme for that day. The registered manager told us that. "It was not acceptable for activity sheets to ever be blank." He also told us he was looking at other locally based activities that were on offer and was arranging 'taster sessions.'

A relative told us, "[My relative]) is doing a lot more activities since the new manager came in and she is much happier." A social care professional also told us that her client was now more settled and happy due to an increase in the number of activities and availability of staff support.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and we saw that they had to sign to say that they had read and understood them.

The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where required. People, with support of relatives and staff, had completed a life story with information about what was important to them. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "We are a small service and we know each person's life history very well."

The registered manager told us, "I check people's care plans all the time and add things as needed." When asked how these changes are relayed to the care staff, he told us "I put a note into the communication book to inform staff". We subsequently asked a care worker how they knew when a care plan had been recently updated and they told us, "I learn of this by reading the communication book as soon as I come on shift." A care worker demonstrated their understanding of working in a person centred way and told us, "I understand how service users' needs are different so I support them differently, depending on their needs and disabilities."

Care records also contained positive behavioural support plans that had been drawn up with the assistance of an independent consultant. These plans identified potential triggers when certain behaviours were presented, what support could be offered to keep people safe and could identify when they were becoming agitated. Staff spoken with told us they recognised certain signs when this person became agitated. Staff were confident they could manage this person by observing them closely until their anxieties reduced.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls when they visited the service and they were formally invited to care reviews and meetings with other professionals.

Good

Is the service responsive?

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. There was also detailed information about the care each person had received each day and night.

There was a complaints procedure that was available in pictorial format. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "I am confident about raising concerns or complaints, I can go directly to the manager."

We saw that there had been two complaints made in the last 12 months and these had been dealt with in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

The registered manager had been in post since November 2014. He told us that he had spent this time focusing on developing a strong and visible person centred culture in the service. He told us that his vision was that, "Everyone who lives here should have better lives and have the best care and be independent and safe." During his time as manager he had made a number of improvements to the service, these included increasing the staff numbers and improving social activities for people who use the service. We saw that he had also introduced a new improved supervision system and had introduced a number of monthly audits. We saw records of monthly audits for care plans, medicine administration and training. Our observations of, and discussion with, staff found that they were fully supportive of the registered manager's vision for the service. Staff told us that the atmosphere and culture in the service had improved since the registered manager had been appointed. They said that the environment was much more vibrant, less institutionalised, and staff morale had improved.

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. Staff described the registered manager as "very experienced". One care worker told us, "Things are much better here." Another told us, "He knows what he's doing and has really improved things." The registered manager confirmed that being 'on the floor' provided him with the opportunity to assess and monitor the culture of the service and we could see from our observations that he was very familiar with the needs of the people using the service. Relatives' and social care professionals' comments about the new manager included, "There has definitely been an improvement since the new manager came," and "The manager seems to be doing things to make the place better".

The registered manager and staff told us that the service manager visited the service on a regular basis, providing management support and guidance, and that the service was supported by an external 'positive behaviour support' consultant.

We saw that regular monthly inspections/ audits were carried out by the provider's head office to monitor the quality of care. We saw that the last audit in June 2015 identified a number of improvements for example; improving care planning records and refurbishment work required in the kitchen, it also identified that there was a need to increase the amount spent on weekly food as it was impacting on menu planning.

Staff spoke about the service being a good place to work. Comments included, "I like my job, I have a passion for caring, it's very rewarding," and "I really enjoy working here, we work as a team". Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professionals and resident 'house' meetings. We saw that the last survey took place in July 2015 and the forms which were pictorial had been completed. We noted that people were happy with the range of activities on offer and the increase in staff levels.

The provider had a number of arrangements to support the registered manager including regular one-to-one meetings with the service manager. He also attended weekly managers' meetings and multi-disciplinary meetings that were held at the provider's head office. The registered manager was also being supported by the provider to complete the level 5 management diploma in social care.