

Care Network Solutions Limited

Hillside House

Inspection report

15 Wood Lane
Headingley,
Leeds
West Yorkshire
LS6 2AY

Tel: 01132787401
Website: www.milewood.co.uk

Date of inspection visit:
03 June 2019
05 June 2019

Date of publication:
31 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hillside House provides accommodation for people living with a learning disability or mental health condition. The home has a mix of small flats and ensuite bedrooms with communal kitchen/diner and lounge areas. The service is registered to support up to eight people. At the time of the inspection six people were living at the home.

The service had been developed with regard to the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. At the time of the inspection people using the service did not always receive planned and co-ordinated person-centred support that met all the Registering the Right Support principles, although staff worked hard to achieve as much of the guidance as possible.

People's experience of using this service and what we found

Relatives and professionals felt people living at the home were kept safe, although risk assessments had not been thoroughly undertaken and medicines were not always managed effectively.

There was some evidence to show people's needs had been assessed but it was not always robust. Professionals and relatives felt staff were caring but needed improved knowledge to support people. Staff had access to a range of formal training. People were supported to attend health appointments, although relatives felt staff could take a more encouraging approach to supporting wellbeing.

Relatives felt staff were caring in their approach but said they could sometimes be more proactive in supporting people. This view was also shared by professionals. They told us staff supported people in a way that maintained their dignity.

Care plans contained a range of detail, although professionals felt they could better reflect advice given to the service. Reviews of care were often limited and there was little evidence to suggest people had been actively involved in these reviews. Easy read information was available, although this did not extend to care plans and review documents.

The service did not have a registered manager in place. The service was not robustly overseen or managed consistently. Quality reviews and audits were not followed up or improvements did not take place in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons limited inclusion and participation in decision making e.g. Care records were not presented in a format that made information accessible and there was limited evidence to suggest people were actively involved in reviews.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 3 December 2016).

At this inspection improvement had not been sustained and the provider is in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken some action to mitigate the immediate risk to people who used the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hillside House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Hillside House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hillside House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Not everyone using the service was able or wished to speak with us. We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider's nominated individual for the service, senior support worker, two care workers and a compliance officer.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with two professionals about their experiences of supporting people who lived at the home. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments had not been completed in a timely. Where risk assessments were completed, the quality of these assessments was variable and not always individual. Reviews of risk assessments were often poorly undertaken and contained limited information.
- Where risks were identified or known, care records or support plans were not always in place to ensure staff had sufficient information to ensure people were not put at risk or to mitigate any risk.
- Checks had been undertaken on the environment of the home and equipment. Safety certificates were in place and up to date. Fire drills were undertaken, although more detail about these events needed to be recorded.

Due to poor management risks were not always mitigated and thoroughly reviewed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely. We were unable to reconcile medicine records with the actual stored medicines meaning we could not determine that people had always received their medicines. Staff, when questioned, were unsure if medicines had been given. There were significant gaps in medicine records, although stocks were available at the home.
- Medicine records were not always in line with current best practice guidance. Handwritten medicine administration records did not always reflect the instructions detailed on the medicine bottle or packet, had not been signed or checked to show they were correct and some 'as required' medicines did not have instructions for staff to follow.

Due to poor management of medicines we could not be sure people were being supported safely and appropriately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a safeguarding policy. Records showed that any safeguarding incidents had been reported and an investigation undertaken. Whilst individually incidents had been reviewed there was no evidence the manager had conducted any overarching reviews to identify issues or trends.
- Four members of staff had not yet received updating training with regard to safeguarding adults although staff we spoke with were aware of such issues and said they would report any concerns.

Staffing and recruitment

- Staff told us that without sickness absences there were enough staff to support people. On the days of the inspection staff were taking people to day services or out to appointments. Some people were allocated one to one time and it was not always clear from records that this support provided positive activities for them. Relatives we spoke with told us they were unsure if people were taken out and felt the range of trips and community visits had fallen in recent months.
- Recruitment was undertaken in an appropriate manner with interviews carried out and Disclosure and Barring Service checks made and references followed up. We found one issue with a staff file that was addressed during the inspection.

Preventing and controlling infection

- The home was maintained in a clean and tidy manner. Communal areas were well cared for and staff confirmed they supported people to maintain their own flats and bedrooms.

Learning lessons when things go wrong

- The nominated individual spoke about the management of the service and how having a registered manager across three services was not appropriate and meant that appropriate oversight was not possible. They told us that future plans were to have a dedicated registered manager for this service and also spoke about the interim additional measures they had put in place.
- Accidents and incidents were recorded and there was evidence of action in individual cases. There was no evidence that the manager conducted any review or overview of such events to identify issues or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to; requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was some evidence that people's needs had been assessed, although we could not find documentation relating to an initial assessment. The nominated individual told us some documentation may be in storage.
- Where possible people were encouraged to make decisions. Where people did not have the capacity to understand best interests decisions had been undertaken. We found that some of the documentation linked to these decisions was not always detailed or did not relate to a specific matter, as required by the Mental Capacity Act 2015. We spoke with the nominated individual about improving these recordings.

Staff support: induction, training, skills and experience

- Staff told us a range of training was available and the provider maintained a spread sheet to monitor when staff were due additional or refresher training. We noted some minor gaps in this with some training in need of updating. One staff member told us, "Get enough training? Yes, I would say so. But I'm confident because I come from a similar job."
- Professionals and relatives told us that staff were dedicated and caring, but they felt they sometimes did not have all the necessary skills required to support people. Professionals felt staff were reactive to situations and did not always have the understanding to be proactive in their support. One relative told us, "The staff are nice, but they possibly need more training."

Staff working with other agencies to provide consistent, effective, timely care

- Professionals felt the service sometimes only partially followed advice. They told us staff would contact them, but they felt they needed to give more advice or follow matters up more closely than they did with other similar services. One professional told us, "You have meetings and come away with suggestions, but things are never really organised."

Adapting service, design, decoration to meet people's needs

- The service consisted of several self-contained flats and bedsits, along with communal areas. Communal areas were generally clean and tidy and well maintained. Individual areas showed some elements of being personalised. The nominated individual spoke about practical changes that were planned for some of the flats and bedsits to meet the needs of people.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat

and drink enough to maintain a balanced diet

- There was some evidence that people were supported to attend hospital and other health appointments. Relatives we spoke with told us they sometimes felt staff could do more to encourage people to lead healthier lives, although recognised most people had the capacity to make their own decisions.
- There was some evidence in care files that people were supported to maintain a healthy diet in line with professional advice. Professionals said the service could do more to promote healthy eating and encourage people to shop and cook for themselves. Relatives were concerned about people's diet choices, although accepted individuals had capacity to make decisions around meals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- A number of people were subject to restrictions under DoLS. These were recorded and monitored to ensure they remained current and up to date. Some people were said to be subject to other restrictions, although detailed paperwork for these matters was not immediately available.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Professionals and relatives told us they felt staff were caring, dedicated and tried their best to support people. They thought staff did not always have the understanding to anticipate problems and thoroughly plan actions in an away that would best support people, although overall they said people were safe. They suggested they would like staff to support people more with life skills. One professional told us, "The support workers do work so hard. But they will ask for two to one care, but it is not clear why it is needed and how they will improve things for the person."
- Relatives told us that people seemed to be settled at the service and showed no signs of reluctance to return after visits. They felt the care could be improved particularly around encouraging people in developing good personal care habits and making wise choices. They suggested more proactive support could be given with bathing and hair care and supporting people to choose more seasonal appropriate clothing.
- Staff understood equality and diversity and had received training on the issue. They told us they had not encountered any concerns when supporting people either in the home or out in the community.
- We observed people to have good relationships with staff at the service. People seemed relaxed in staff company and staff had a good understanding of people as individuals.

Supporting people to express their views and be involved in making decisions about their care

- There was some evidence that people had been involved in care reviews, both those involving outside agencies and internal care reviews.
- Care and review documents were not provided in an easy read or accessible format, so it was not clear how detailed people's understanding had been when participating in review processes.
- Relatives we spoke with told us they had been involved in care reviews in the past and been asked for their input. They said that more recently this involvement had lessened and they were not as actively involved. One relative told us, "When they first moved there we had a few meetings. But we haven't had a meeting in a while. They don't actively involve us in meetings, although they do ring us up sometimes."

Respecting and promoting people's privacy, dignity and independence

- Staff spoke in detail about how they supported people and cared for them in a way that maintained their dignity and supported their privacy. Relatives and professionals did not raise any concerns about how staff assisted people with direct personal care.
- Staff spoke about assisting people to make decisions and maintaining their independence. Professionals and relatives, without highlighting specific issues, felt more could be done to promote people's

independence and develop their skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to; requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained a range of detail but could be variable in the depth of information available. Reviews of care plans were often limited.
- There was some evidence in care information that people were able to make choices. Support plans followed professional advice, although professionals told us the practice did not always follow this detail.
- There was limited evidence of assessments prior to people coming to live at the service. There was no evidence of a review of one person's needs prior to them recently moving to the home
- Staff had a good understanding of people as individuals and were able to speak about supporting people with their relationships and behaviour that sometimes occurred at times of distress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some visual and easy ready information was available throughout the home around safeguarding and complaints. One person had also made some visual information, displayed on the wall, to support people with more healthy lifestyles.
- There was limited evidence that care records and other review documents were readily available in easy read or visual format

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend a range of events. During the inspection we noted staff went out with people or escorted them to day services or clubs. Relatives told us they felt that people did not get out as much as they had in the past and felt this may be linked to staffing.
- Relatives told us that they had regular contact with their relations and that people were supported to visit their homes for family events, day or weekend visits. Staff told us, and records confirmed that some relatives visited the service on a daily basis and were actively involved in the lives of their relations. Staff also spoke about some people being supported with personal relationships.

Improving care quality in response to complaints or concerns

- The nominated individual reported there had been no recent formal complaints. Relatives told us they had not made any formal complaints but would speak to the manager if they had any concerns. Professionals told us they would have liked the manager to be more proactive in dealing with lower level concerns.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care. Some care files contained information about people's end of life wishes and arrangements.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to; requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- At the time of the inspection there was no registered manager formally registered with the CQC for this service. We spoke with the nominated individual about this, who said they would investigate further. The individual currently managing the service was away at the time of the inspection. During the inspection we were supported by the nominated individual.
- Professionals told us they felt there was a lack of robust management and oversight of the service. They felt staff were often left without direction. Professionals felt the situation was compounded by the individual managing three services. They told us, "Management is an issue. We have multi-disciplinary team meetings, but nothing happens. Communication is not always good" and "There are good staff but not good leadership."
- The nominated individual told us they had already identified many of the issues highlighted at the inspection and that the local authority had also raised concerns about the management of the service. They told us action was already being taken to address the issues.
- Staff told us it was often difficult to speak to the manager as they had an office in an adjacent building. They told us they felt more supported now the nominated individual was taking a closer interest in the service. They said they could approach the nominated individual if they had any concerns.
- Professionals felt that communication was often an issue and that management did not always respond positively to multidisciplinary working or suggestions.
- Records were variable in quality, not always well maintained or easily accessible.

There was no registered manager formally registered at the time of the inspection and management oversight at all levels was not strong and had not actioned improvements in a timely manner. Joint working was not seen as robust. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance.

Continuous learning and improving care

- A range of audits and checks were undertaken at the service. However, whilst actions were identified these were not always followed up in a timely manner or appropriate action taken.
- A medicines audit had taken place during the first day of the inspection. On the second day we noted deficits had not been addressed and no action taken to address clear safe medicine management issues.
- Professional we spoke to felt lessons were not always learned and that the manager was not proactive in

addressing quality issues. They told us they had more confidence in the nominated individual and director responsible for the service, although stated they needed to look at the service overall and not concentrate on minor practical issues.

There was a lack of robust audits and quality reviews and actions were not always followed up in a timely manner. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was evidence of monthly 'house meetings' when people who used the service met with staff to discuss any issues or plan events.
- There were regular staff meetings when management matters and care issues were discussed. Staff told us they could raise issues in these meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no clear vision about the service and the level of support it could offer. People who lived at the service had a significant range of needs. Relatives told us they were not always sure if the service was the right one for their relations.
- Professional told us the service lacked direction and seem caught in dealing with crisis management rather than developing positive support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual was aware of the provider's duty under duty of candour but told us there had been no recent events that had required such a response.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users. Risks to people's health and safety had not been assessed and there was limited action to mitigate such risks. Medicines were not managed in a safe and proper manner. Regulation 12(1)(2)(a)(b)(c)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place or operated effectively to assess, monitor and improve the quality and safety of the service; to assess, monitor and mitigate risks within the service and to maintain accurate, complete and contemporaneous records. Regulation 17(1)(2)(a)(b)(c).</p>