

Key inspection report

Care homes for adults (18-65 years)

Name:	Hillcroft
Address:	St. Ebba's Hook Road Epsom Surrey KT19 8QJ

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Patricia Collins	1 2 0 8 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Hillcroft
Address:	St. Ebba's Hook Road Epsom Surrey KT19 8QJ
Telephone number:	01372203021
Fax number:	01372203035
Email address:	
Provider web address:	

Name of registered provider(s):	Surrey and Borders Partnership NHS Trust
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0
Additional conditions:		
The maximum number of service users to be accommodated is 10.		
The registered person may provide the following category/ies of service only: Care home only - (PC) to service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Learning disability (LD).		

Date of last inspection									
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Brief description of the care home
The current age range of people using this service is from early fifties to late sixties. This large, single storey detached property is owned and managed by the Surrey and Borders Partnership NHS Trust. Situated in the grounds of the former St Ebbas hospital, the Trust operates other care homes, day and therapeutic services, on the same site. The property is a listed building which has been sympathetically renovated and upgraded, tastefully blending original architectural features with modern facilities and equipment. The home is within walking distance of local shops and accessible to nearby Epsom town, by public or other transport.

Brief description of the care home

The accommodation is arranged in two living units providing single occupancy bedrooms with en suite facilities. There are two spacious, comfortably furnished lounges with doors opening onto patios and the large, enclosed garden which has a summer house and gazebos. There are two dining rooms and communal assisted bathrooms and a shower/wet room. Shared facilities include a well-equipped kitchen, utility room and small quiet room, sometimes used by visitors. All areas of the home are wheelchair accessible.

Weekly fee charges are 1,931 pounds 28 pence per person. Some additional charges apply and details of these are in the home's statement of purpose.

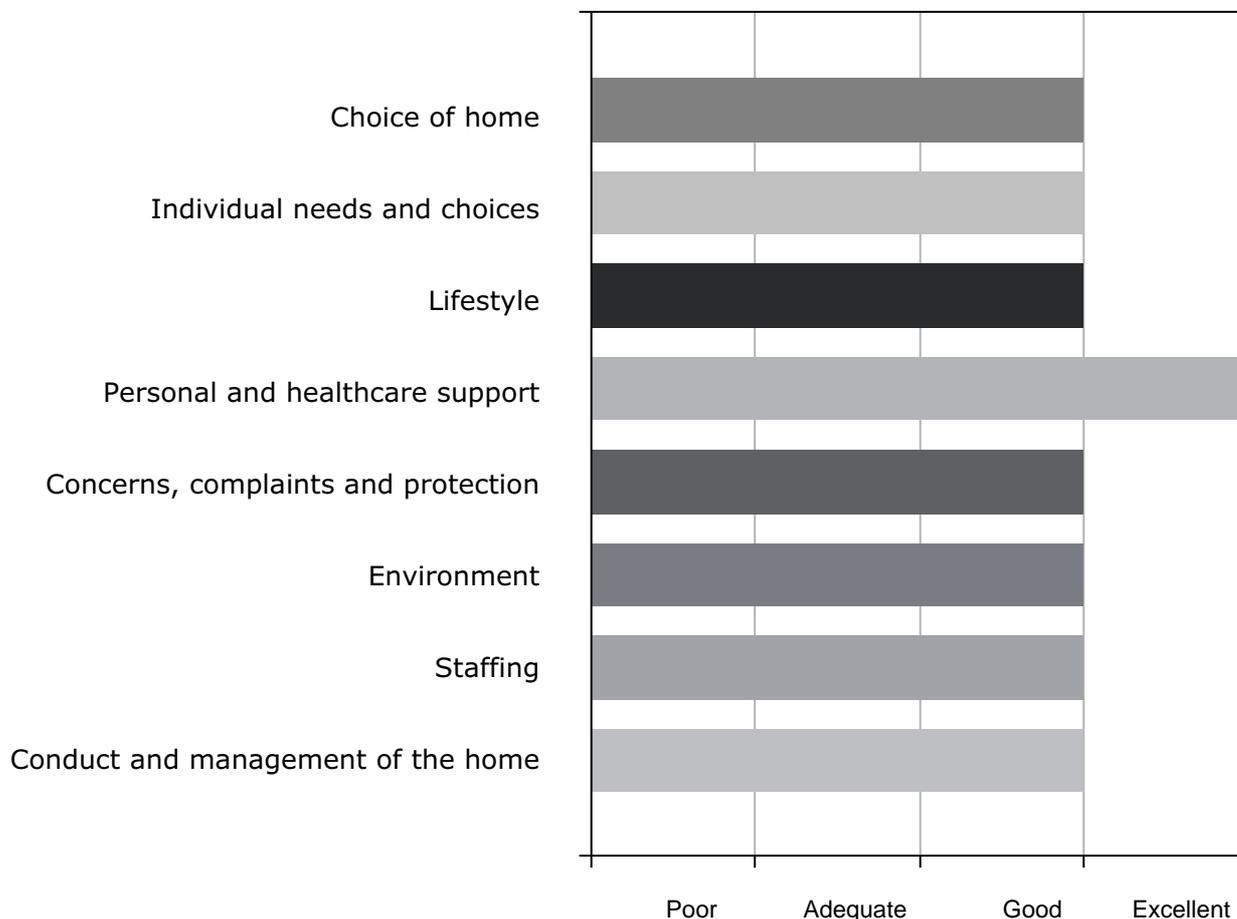
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

Date of last inspection: 30th August 2007.

This unannounced inspection visit formed part of the key inspection process using the Inspecting for Better Lives (IBL) methodology. It was undertaken by one inspector, commencing at 10:00 hrs and was completed at 17:30 hrs. The visit was facilitated by the home manager. The report will say what 'we' found as it is written on behalf of the Care Quality Commission (CQC).

All available information has been taken into account when forming judgments about how well the service is meeting the National Minimum Standards (NMS) for Adults. This includes accumulated evidence and our knowledge and experience of the home since its last key inspection. Each year providers registered with the CQC must complete a self assessment called an Annual Quality Assurance Assessment (AQAA) and send this to the CQC. The AQAA provides quantitative information about their service, requiring

assessment of the same against NMS outcome areas, demonstrating both areas of strength and where improvements can be made. The home's AQAA was received on time, was clear and validated by evidence. It was used to inform judgments about the service.

The inspection process incorporated discussions with people using this service. We viewed the premises and garden and gathered information through discussions with the manager and individual members of staff. Documents sampled included marketing information, care records and assessments, staff files and rotas, also records specific to complaints, fire safety, maintenance, quality assurance and quality audits. We sampled menus, observed lunch and preparation of the evening meal and examined medication practice and storage.

What the care home does well:

Policies and procedures promote equality and diversity and non-discriminatory practice. People considering using this service and their advocates have access to information enabling an informed choice of home. They receive a comprehensive needs assessment before admission, ensuring individual needs, expectations and aspirations can be met. The approach to care planning is person-centred and privacy and dignity is respected in the delivery of care and support. Physical and emotional health needs are met. The menus viewed and feedback from some people using services indicate they are offered a varied, healthy diet, have a choice of meals and special dietary needs are met. There are opportunities to engage in meaningful daytime activities of their own choice and according to individual and diverse needs and capabilities. The service is committed to the principles of community inclusion and fosters relationships with relatives and other people significant in the lives of people using services. A person using services said she chooses what she spends her money on, her friends and social and leisure activities. She stated, " I went to Epsom shopping yesterday with my key worker, we had coffee in Starbucks and I then went to the hairdressers to have my hair cut". The home's management is effective, providing staff with strong leadership and direction, to the benefit of people using services. There is sound understanding and application of 'best practice' principles in the delivery of care and support and in all operational systems. Staff are trained and in sufficient numbers. They were observed speaking to people using services in an age- appropriate manner and to be friendly and respectful towards them, using known and preferred names. We viewed a recent letter to the home from a visitor, stating, " You do an excellent job, extremely impressed by the warm, caring and friendly atmosphere". Some of the statement made by staff during the visit included, " We work well as a team", " I feel well managed", " Usually there are enough staff" . The good staff retention record also ensures positive outcomes for people using services. Team stability has enabled good continuity of care and steady, incremental service improvements, as staff become more experienced, knowledgeable and skilled. Those on duty demonstrated good understanding of the individual needs and preferences of the people they support. There are indicators of an open management culture which encourages people using services and their advocates to express their views and any concerns in a safe, understanding environment. Policies and procedures for safeguarding people using services from abuse and neglect are robust.

The physical environment is appropriate for the lifestyles and needs of people using this service. It is safe, clean, well-maintained and domestic in character and style. All areas are tastefully decorated and comfortably furnished, reflecting their individuality, personal preferences and interests. The building design promotes small group living where people using services can maximise their independence in a discrete, non-institutional setting. A person using services said, " I like living here, my room is nice and its much better than where I lived before. There were too many people living there".

What has improved since the last inspection?

The home has complied with the requirement for people using services to have individual written statements of their terms and conditions of residency. The home supports individuals with a range of complex needs and behaviours, including institutionalised behaviours. Change and incremental improvement in behaviour is

ongoing, to the benefit of individuals and the group. Records indicate consistency in behaviour management practice whilst promoting independence and developing individuals' social skills. This has enhanced the quality of life of people using this service and introduced them to new life experiences. Since the last inspection key worker responsibilities have been reviewed and further developed, enhancing levels of support. Team objectives include improvements to health records and action plans and other record keeping practices. People using services are involved in menu planning and a recent development of a pictorial food book has enabled this activity to be more inclusive. Other developments include provision of a visual staff rota and implementation of pain recognition assessments which staff have received training to be able to competently undertake. A more flexible approach to staff allocations has reduced use of agency staff. This was stated to have enhanced continuity of care. It was good to note ongoing commitment to the National Vocational Qualification (NVQ) training programme which has increased the number of staff with relevant NVQ qualifications. The manager recently completed the registered manager's award qualification at NVQ Level 4.

What they could do better:

The registered manager must ensure her practice and that of the deputy manager is at all times within the scope of the home's registration. Staff employed in care homes registered for personal care are not permitted to administer influenza vaccines by injection. This must be organised and delivered by NHS health care professionals employed by Primary Care Trusts, to minimise risk. The home's management is proactive in trying to address the shortfall in first aid training for the team. There is a need to ensure monthly statutory visits carried out on behalf of the Trust's nominated responsible individual always covers any complaints. A minor amendment is also necessary to the home's complaint procedure.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who may use this service and their representatives have the information they need to enable an informed choice of home. Robust needs assessments carried out before admission ensure needs can be met. Each person using this service has an up to date written statement of the home's terms and conditions.

Evidence:

The homes admission criteria ensures equality of access to its services. There is management understanding of the importance of having sufficient information when choosing a care home. A comprehensive statement of purpose and service users guide has been produced for this purpose, specific to the user group and has been recently updated. These documents contain all statutory information, setting out the home's aims and objectives, care philosophy, services and facilities and information about fees and additional charges. They are not produced in formats using symbols or easy read language for the reason this does not meet the communication needs of individuals living at the home. Photographs are included to make information about the environment more meaningful and interesting. Key workers are responsible for supporting individual understanding of these documents, promoting opportunity for

Evidence:

discussion and clarification. Service users guides are personalised for each individual. They have their own copies in box files in their bedrooms.

No admissions have taken place since the last inspection. Comprehensive needs assessments are carried out before offering a place at the home. This process takes into account multidisciplinary reports, health needs assessments and clinical information. It also considers the views, feelings and wishes of prospective people using services and their representatives, also those of people using services and staff. The files sampled of three people using this service evidenced careful consideration of their needs assessments before admission, ensuring the home's capacity to meet their needs.

The previous requirement has been met for provision to people using services of a written statements of their terms and conditions of residency. Though these are not in an accessible format key workers were stated to have discussed this information with the people they support, to ensure understanding of their rights.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use this service are actively involved in planning their care and support and their independence is promoted.

Evidence:

We examined three files of people using services to inform judgments about how well staff involve people using services in planning their care and lifestyles. We found the person centred plans (PCP's) had been developed with and were owned by people using services, within individual levels of capacity. These were based on full and up to date holistic assessments. They contained information about how individuals like to be addressed, their methods of communication, identified people important in their lives, their preferences relating to personal and social care provision. The PCP's empowered people to have control and choice in their lives and ensured individual diverse needs are identified and met. Communication passports were noted to have been reviewed and updated. Staff were observed to encourage and promote independence, within a risk management framework. Routines are reasonably flexible, largely determined by pre-arranged day services or appointments. There is a choice of meals, how people

Evidence:

spend their time, of what to wear and of hairstyles. A person using services said she decides what she spends her money on and which social and leisure activities she participates in. She also chooses her friends. She stated, " I went to Epsom shopping yesterday with my key worker, we had coffee in Starbucks and I went to the hairdressers to get my hair cut".

The home supports individuals with a range of complex needs, who previously lived in long-stay hospital environments. Changes and improvements in the behaviours of individuals were reported since they moved into the home. Records confirmed a consistent approach in behaviour management and to supporting people in developing independent living skills and social skills, reducing the impact of institutionalised and compulsive behaviour. This has enhanced the quality of life of individuals' and of the group, introducing them to new life experiences. Examples given included a person using services who is now more accepting of sleeping in his bed at night. Also another person who after many years of assisting carers in the hospital to make the beds of his peers, is gradually learning this is no longer appropriate and to respect the privacy of others. Risks are thoroughly assessed and risk management guidelines are in place. The need to review the risk reduction strategy for one individual was identified during this inspection, to ensure his safety outside of the home. In the past twelve months key worker responsibilities have been reviewed, providing further support to individuals. Key workers regularly meet with the people they support and record monthly summaries of their activities, including other significant information. People using services are asked about, and involved in aspects of life in the home. This is because the manager and staff offer them opportunities, within individual levels of capability, for participation in the day today running of the home and to influence decisions. This was evidenced by quality assurance records and notes of meetings held regularly between people using services and the manager.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using this service are offered a healthy diet. They participate in age, peer and culturally appropriate activities and are part of their local community. They are able to make choices about their lifestyles and supported in developing life skills, within individual levels of capacity.

Evidence:

Staff were observed to treat people using services in an age appropriate way and address them in a friendly, respectful manner, using known and preferred names. The home's quality system included a letter from a visitor who commented, " You do an excellent job, extremely impressed by the warm, caring and friendly atmosphere".

Records demonstrated opportunities available for people using service to lead full and stimulating lifestyles, in which they engage in age, peer and culturally appropriate social, leisure and educational activities. The home has sought their views to ensure

Evidence:

an individualised approach to meeting lifestyle aspirations, ensuring community participation and taking account of age, disability, interests and culture. On the same site as the home, the Trust has a day service facility called Gallwey, attended by individuals. There is also a hydrotherapy pool run by the physiotherapy department, known as Oasis. On the day of the visit people using services attended Gallwey and Oasis, as part of their planned weekly programme of activities. Another individual attended another Trust operated day service, Pine Lodge, in Epsom. The home's staff and day services staff also support individuals in outreach activities in the local community. Examples of these include visits to cinemas, bowling, shopping for food and personal items including clothing, use of cafes, visits to the hairdresser or barber, meals out and trips to the coast. Epsom town centre is easily accessible by public transport or car. People using services also sometimes go to Epsom Downs, which affords a quiet, relaxing setting for their enjoyment. The home has two lease vehicles for community outings and the cost of petrol is included in the fee. Staff continue to actively seek the views of people using services, supporting people in their right to make choices in their daily lives and empowering them to say no, if they don't wish to do something. Key-workers liaise and have review meetings with day services staff to ensure good communication and continuity. The population of the home is ageing and the wishes of individuals who no longer benefit or wish to engage in structured day services are respected. In one of the home's dining rooms are two locked filing cabinets containing art and craft materials and other suitable resources to provide in-house appropriate stimulation. A person was observed to be knitting a scarf at the time of the visit. There is also a computer used by staff to show photos of outings, holidays and social events, to people using services. Individuals also enjoy weekly activity session with an external company, Us in a Bus. Staff support individuals in maintaining relationships with relatives and friends. A person using services once visited Pine Lodge day service where she met friends from hospital she was no longer in touch with. This person's wish to attend Pine Lodge has since been facilitated and she goes there once a week for socialisation with these friends. There is also opportunity for maintaining friendships and relationships at a local club held once a week in the evening, organised by a church. Support is available from the Trust's pastoral care service and a local church group visit the home. A religious service is held at Galwey which some people using the home's services attend. Staff were stated to offer to support people to attend local churches. Discussions with a person using services confirmed opportunities available for an annual holidays. She had enjoyed a small group self-catering holiday by the sea, earlier this year, supported by staff. Another holiday is being planned for those who did not go, later in the year. An additional charge applies for holiday accommodation which is shared by the individuals who go.

Evidence:

The modern, well equipped kitchen was clean and hygienic and the two dining rooms were adequately spacious and furnished. Cupboards, fridges and freezers were well stocked and fresh fruit and vegetables available. Menus sampled indicated people using services enjoy a varied, healthy diet and special dietary needs and choices are met. They are consulted during their meetings about menus. A recent development, to enable menu planning to be more inclusive, has been use of a pictorial food book, containing photographs of meals. This was stated to be the first stage towards proposed pictorial menus. The day's menu is currently written on boards in dining rooms and staff read this to people using services. Though a choice of meal was not recorded on the boards, staff stated they would offer choice of alternative meals if someone did not wish to have what is on the menu. Practice observations at lunch time confirmed staff ate lunch with people using services, providing support to those in need of assistance, with due sensitivity to their dignity. The mealtime was a social, relaxed occasion with good interaction levels between staff and people using services. The evening meal of tortellini and fresh home made tomato sauce was prepared by a senior support worker. People using services were not observed to engage in food preparation at the time of the visit, though understood individuals are involved in domestic routines. Records demonstrated weights are regularly monitored. People using services have received easy read leaflets promoting healthy eating and healthy life styles, which their key workers read to them, from time to time.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care people using service receive is based on their individual needs and preferences. The principles of respect, dignity and privacy are put into practice and medication procedures are safe.

Evidence:

We examined the files of five people using services to assess how well the home is meeting their health care and personal support needs. All people using service are registered with a general practitioner (GP). Though the GP practice does not provide a health action planning service, an individualised approach to health screening was demonstrated, identifying and meeting health care needs and changes in health status. Comment is made in the section of the report specific to the quality group of standards under Conduct and Management of the Home on a required change in practice, by management, to ensure the safety of people using services. Records evidenced regular input from ophthalmic, podiatry and dentist/dental hygienist services. A number of people have dual diagnosis and other high support specialist and behavioural needs. The home is efficient at ensuring multi-disciplinary professional assessment, treatment and monitoring of these individuals, and meets their needs in a person centred way. Effective arrangements are in place for

Evidence:

prevention of infection and spread of infection and for the management of incontinence. The manager confirmed support available from the district nursing service if required.

Effort has been made to inform people using services of their rights, within individual levels of understanding, to ensure these are safeguarded. Safeguarding statements were on the files viewed, confirming these individuals had been read a Mental Capacity Act booklet which is in an easy read format. The person centred planning approach (PCP) is used to identify and exclude issues relating to deprivation of liberty for each individual. Risk assessments provide governance, within a multi-disciplinary framework, of the use of bed-rails for one individual, also a chair limiting movement and lap-strap when the same individual self-propels her wheelchair around the home. Other easy read leaflets on their files support people using services to make informed health care decisions, within individual levels of capacity and understanding. This topics included visits to the GP, healthy eating, weight, exercise and specific health prevention checks that they and staff can carry out. Key workers are responsible for reading these to the people they support, to ensure their understanding. Staff are alert to their changes in mood, behaviours and general wellbeing and fully understand how they should respond. In- house pain recognition and assessment is a further recent development, supported by staff training. . Advice had been sought from a clinical nurse specialist to enhance record keeping practice relating to behaviours.

Baseline assessments and review processes promote good health and ensure all necessary equipment is purchased to meet individual needs. This includes pressure sore prevention, moving and handling equipment, specialist bathing equipment and suitable beds and chairs. PCP's are detailed, recording personal preferences for meeting personal and health care needs. These reflect any change in needs and current health and personal care objectives and are reviewed at least six monthly. Care management reviews take place annually. We looked at the management of epilepsy and control of associated risks. Also at how staff were meeting the needs of a person registered blind, who has dementia in addition to a learning disability. Professionals are involved in the assessment and ongoing monitoring of this individual, to ensure her wellbeing and a positive environment. Staff were observed to be skilled in the management of this individual's communication needs. They patiently assisted her with her meal at lunch time and provided her with the support needed to follow an individualised social care programme suited to her needs. We were informed by the manager that the staff team had viewed a training DVD on dementia to ensure a 'good practice' approach to managing her dementia. Some staff were stated to have received dementia training in the past. Other discussions included the preparation and management of the recent admission to hospital for a surgical procedure of an

Evidence:

individual with complex needs. Best Interest issues for the individual were considered with the support of the community team. The manager reported that hospital professionals had been very complimentary about the high standard of PCP's produced for this individual's stay in hospital, enabling a person-centred approach to his care and treatment. Staff from the home supported him during his stay in hospital and one to one twenty-four support was provided for a set period after his discharge.

Hillcroft has developed efficient medication policy, procedure and practice guidance. We looked at the management and storage of medication during the visit and sampled medication records for three people using services. The home has a sustained record of full compliance with regulations governing medication. No controlled drugs were prescribed and the management of medication was considered satisfactory. None of the people using services are assessed to have capacity to self-medicate. The GP carries out medication review every six months. Developments since the last inspection include provision of a workbook and leaflet in an easy read, pictorial format, which is held on the files of people using services. In these, prescribed medication is recorded for each individual and information supplied about the purpose and common side effects of this medication. Staff medication training was stated by the manager to include practice assessment and refresher training is required every three years.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The views of people using services are listened to and acted upon and there is a clear and effective complaint procedure. Policies and procedures safeguard people using services from abuse and respect individual rights.

Evidence:

The home's complaint procedure is included in the statement of purpose and service users guide. A minor amendment is necessary to the written procedure to provide clarity of responsibility for complaints. An easy read complaint procedure has also been produced which includes information on how to access the Trust's patient complaint liaison service. This has been issued to each person using services and kept in box files in their bedrooms. They also have personalised copies of the service user guide and other easy read leaflets. These include information about the Mental Capacity Act, Abuse, Valuing People (the Government's plans for improving services in England for people with learning disabilities) and Health care for All. Key workers are required to record they have read and explained these leaflets to the people they support, to help them to understand their rights. There is opportunity for people using services to attend an advocacy group however it is understood they do not wish to go. Conversations with two people using services over lunch, confirmed they would speak with the manager, other staff in the home or at their day services, or with their doctor or families if they were unhappy. Observations confirmed complaints are taken seriously and records maintained of investigations and outcomes. Discussions with the manager confirmed the home learns from complaints in order to improve its service.

Evidence:

There is a system for staff to report concerns about colleagues and managers which ensures concerns are investigated in accordance with local and multi-agency safeguarding procedures. The home's management is clear when an incident needs to be referred to the local authority or police and the low number of referrals made is a result of a lack of incidents. One safeguarding incident had been referred and investigated since the last inspection, following correct procedures and is now closed. All staff have received safeguarding adults training and know how to respond in the event of an alert. The manager is currently organising refresher safeguarding adults training which is due for thirteen staff. All staff understand what restraint is and equipment which may restrain individuals, such as bed-rails and lap belts are only used when necessary. Individual assessments for their use are completed.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home's physical design and layout enables people using services to live in a safe, overall well-maintained and comfortable environment, which encourages independence.

Evidence:

Hillcroft is situated on the site of the former St Ebbas hospital. Though set in a quiet, semi rural location, the home is only a short distance from shops and all community facilities of Epsom town. The site has been partly sold off and housing development construction work is currently in progress. This area has been cordoned off by fencing and a security person is employed to control access to the building site.

The home is domestic in character, safe, spacious and comfortable. The entrance foyer with seating is large and welcoming. Off this is an office and a small quiet room which can be used by visitors, if preferred, for privacy. The home was clean and hygienic at the time of the visit and odour control was well managed. Overall the building is decorated and furnished to a high standard, though areas are in need of redecoration and refreshing. This was stated to be planned as part of a programme of routine maintenance and renewal of the fabric and decoration of the premises. The building is on one level, its design and layout supporting the small group living social care model. All bedrooms are for single occupancy, have en-suite facilities adapted to

Evidence:

meet the needs of present occupants and have suitable locks for promoting privacy. Individuals who can use them have been supplied with keys to their bedrooms. Bedroom accommodation is arranged on both sides of the building together with two comfortable, attractive lounges with doors opening onto patios and the garden. The two dining rooms on both sides of the building share access to a large, modern, well-equipped fitted kitchen. There are four bathrooms, two of which are fitted with assisted specialist bathing equipment. Other facilities include a wet room and utility room. The large enclosed garden has wide pathways and is set mainly to lawn. The Trust is responsible for the maintenance of the lawn which was overgrown at the time of the visit. Staff and some of the people using this service engage in gardening tasks, tending planters and hanging baskets and other flowers. The garden has a summer house currently used for storage and two gazebos.

All areas of the home are personalised reflecting the tastes and interests of people using services. They were consulted and offered choice of colour schemes and furnishings for their bedrooms, before moving in. The service is creative in how it involves them in decision-making and positively encourages people with limited capacity to be as fully involved as possible.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service has good recruitment and induction procedures. Staff training focuses on delivering improved outcomes for people using services. Staff are in sufficient numbers and rotas flexibly fit around the lifestyles and needs of the people who use this service.

Evidence:

A warm and welcoming atmosphere was observed at the time of the visit. Interactions between staff and people using services was frequent, age-appropriate and respectful. Conversations with individual staff confirmed they were positive about the home's management. They said staffing levels were generally adequate and one staff member commented, "its a good place to work".

The staff team transferred to the home when it first opened with the group of people using this service and know them as individuals, very well. Most staff have worked for the Trust for many years. The staffing structure ensures senior staff are in charge of shifts at all times. Accurate job descriptions and specifications clearly define staffs' roles and responsibilities. The statement of purpose is up to date in setting out numbers and designations of staff and their qualifications. In addition to the registered manager and deputy manager the home has eight senior support workers, five support workers and a home domestic. Staff work flexible shift patterns, with a mixture

Evidence:

of morning, afternoon and night shifts. Rotas sampled evidenced staffing levels operate between three to four staff in the mornings and three in the afternoons. The manager has a maximum of two supernumerary shifts per week and currently manages one supernumerary shift. Staffing levels are determined by taking into account activities, socialisation, appointments and other factors. Shifts are planned to have at least one female worker on duty and a shift leader. There are two waking night staff. The home domestic is employed full time and all staff have generic roles which include domestic and laundry tasks and light gardening work. On the day of the visit a support worker had reported sick that morning and the home was operating on three support staff including the manager. A senior support worker due on duty for the late shift, agreed to come on duty earlier to cover escort duties to and from day services. The manager stated staff are very flexible and tend to cover staff absences, in-house. Use of agency staff is kept to a minimum. There is an approved agency list and a new system for checking new agency worker's identity, their vetting and training before they start their shift. A further positive development is the visual daily staff rota in which photographs of staff on duty are displayed on a board in the entrance hall. This informs people using services of who they can expect on duty throughout each twenty-four hours, which is clearly of significant importance to some individuals.

The home has a good record of staff retention. It has consistently operated above the set staffing establishment therefore the recent transfer of two staff to other care services has not created any vacancies. There has not been any new staff appointed since the last inspection. Observations through sampling staff records demonstrated effective recruitment procedures for delivery of good quality services and protection of people using services. The Trust demonstrates good understanding of equality and diversity throughout the recruitment, induction and training process. 'Good practice' three - yearly repeat Criminal Record Bureau (CRB) checks were in progress for the team at the time of the visit. A changes in the way CRB disclosures are to be stored and recorded, in future, was noted. These are to be held centrally in the Trust's human resources department and the home's records will comply with the CRB policy for recording disclosures.

The manager confirmed that all new staff are required to attend a corporate induction programme. Senior support workers who are designated shift leaders have a local additional induction and must attend appropriate training courses. There is ongoing commitment to staffs' training and professional development, their individual training needs being identified through supervision and appraisal systems. The manager has produced an annual training and development plan and was in the process of arranging training and refresher training. Staff have allocated supervisors and the

Evidence:

policy is for staff to receive six supervision sessions per annum. Records demonstrated staff had mostly received statutory training with the exception of first aid training, for all but one staff member. The manager was able to evidence she was pro-actively trying to source this training for the team. There is an ongoing National Vocational Qualification (NVQ) training programme. One staff member has attained an NVQ Level 3 qualification in care and five have qualifications at NVQ Level 2. Two staff had used Learning Disability Award Framework accredited training to provide them with underpinning knowledge for progress towards achieving NVQ certificates. A further two senior support workers are working towards attaining NVQ qualifications.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using services benefit from a well run home in which their health, safety and welfare is overall promoted and protected. A shortfall in health care practice outside the scope of the home's registration is being addressed by the manager. People using services can be confident their views underpin all self-monitoring reviews and development of the home.

Evidence:

The manager is registered with the Care Quality Commission (CQC) and was on duty at the time of the visit. She is a qualified nurse (learning disabilities specialism) with many years practice and management experience in this sector. The manager has just completed the Registered Managers Award National Vocational Qualification at Level 4 and awaits her certificate. She meets with her line manager on a regular basis and stated she is well supported. The home's management structure includes a deputy manager, who is also a qualified nurse (learning disabilities) and has extensive relevant experience. The management team has worked together for many years and discussions with staff indicate managers communicate a clear sense of direction and leadership to the team. Sound understanding and application of 'best practice'

Evidence:

operational and management systems was evidenced and a well developed awareness and understanding of equality and diversity policies and procedures. Office systems were organised and up to date policies and procedures are available to staff in hard copies and electronically. The office has access to intranet and internet systems and installation of broadband is planned, in due course. Communication systems were overall effective, ensuring the smooth running of the service. Efficient systems ensure effective safeguards in the management of personal money and valuables of people using services. Record keeping in this area and across all areas was satisfactory. The Annual Quality Assurance Assessment completed by the manager contained good information supported by appropriate evidence. It includes a range of evidence showing how the home listens to people using services and demonstrates self-awareness of areas that could be improved and plans for this to be achieved.

Health and safety systems are regularly reviewed and updated and staff have received health and safety training. A comprehensive fire risk assessment has been carried out by the Trust's fire safety officer and is reviewed annually. Fire instructions and procedures are located in a fire safety folder in the office. Staff receive regular fire training and take part in quarterly fire drills. Cyclical maintenance and service contracts and regular internal audits ensure the health and safety of people using services and staff. These include audits for health and safety, medication, control of hot water temperatures, a systems for annual declarations of any change in staff's CRB status and for monitoring driving licenses of designated staff drivers. A new draft policy on First Aid At Work is in circulation and a first aid risk assessment had been carried out at the home. The home has a trained first aider and plans for all staff to have basic life support training, in compliance with this statutory requirement. The manager has experienced difficulty in sourcing this training however. She is continuing efforts to arrange this training in consultation with the Trust's training department. All staff were noted to be booked on refresher moving and handling training later this year.

The home has comprehensive quality assurance monitoring systems that includes surveying the views of people using services and their representatives. The methodology of the latest survey was for day services staff to have one to one meetings with people using services, to obtain feedback on service provision. Issues arising from the survey were followed up by the manager at her last meeting with people using services as a group. It was reported that some of the surveys outcomes did not reflect feedback at that meeting, suggesting a lack of understanding of the way some survey questions had been framed. Though relatives and representatives of people using services were not included in the latest survey, some are members of a quality action group chaired by the manager which meets quarterly. This affords

Evidence:

opportunity for direct feedback about service outcomes, to identify service strengths and any areas for improvement. People using services were stated to be invited to participate in this group but do not wish to do so.

Monthly unannounced statutory visits are undertaken by registered managers of other care homes operated by the Trust. Reports of these visits were sampled and comment made on the need to ensure monthly review of any complaints. The manager confirmed the report format is currently being revised. Other discussions with the manager included the need to ensure the health care practice of managers is at all times within the scope of the home's registration. This comment relates to an agreement with the general practitioner for the manager and deputy manager to administer influenza vaccine to people using services. This matter has since been discussed with the Trust's nominated responsible individual, who was unaware of this arrangement. Assurances have been received that immunisations in the Trust's care homes registered for personal care will in future be organised and delivered by NHS health care professionals employed by Primary Care Trusts.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

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