

Hillgreen Care Limited

Hillgreen Care Limited - 14 Colne Road

Inspection report

14 Colne Road
Winchmore Hill
London
N21 2JD
Tel: 020 8360 9988

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Ratings

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

Overall summary

14 Colne Road is a residential care home providing care for up to six younger adults with learning disabilities. On the day of the inspection there were five people using the service. This inspection took place on the 19 November 2015 and was unannounced. At the previous inspection carried out in February 2014, the service met the required standards in care and welfare of people who use services, management of medicines and supporting workers.

At the time of the inspection there was no registered manager in place. However, a manager was in post that planned to apply to register with the Care Quality Commission (CQC) as the registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were positive about the service and liked living at the home. They were happy with the care and support they received from the staff. We observed people being treated with dignity and respect. Staff were aware of people's needs and the action they should take to meet those needs.

The service had a number of systems in place in order to monitor and maintain people's safety but these were not always effective. Improvements needed to be made to the management of medicines.

We looked at the process of the recruitment of staff and found that not all staff files could evidence that criminal record checks had been undertaken and references had been requested and received.

Staff supervisions were being completed but these were not consistent and were not in line with the company policy which stated 'monthly or six weekly'. Annual appraisals had not been carried out. The manager appointed at the time of the inspection was able to demonstrate that these issues had been identified and a tracker for supervisions was in place to enable the manager to monitor and track the frequency of supervisions. The manager had also begun completing appraisals for those staff members who were completing one year of their employment.

We found that people's health care needs were assessed, although in one case we found that a health action plan had not been updated since January 2014. People using the service had a range of needs and we found that the information and guidance provided to staff was clear. Any

risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe, although there was one exception. Not all risk assessments and care plans had been signed by all staff to verify they had read and understood them.

A copy of the provider's complaints policy was not available. Systems to collect and act on feedback were not robust.

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

The staff of the service had access to the organisation's policy and procedure for protection of people from abuse. Staff were in receipt of regular training which included training about protecting people from abuse. Staff that we spoke with also confirmed that they had received training in a number of areas including safeguarding and were able to explain the action they would take if a concern arose.

People were encouraged and supported to take part in day to day activities. These included attending a day centre during the week and taking part in leisure activities during the weekend.

People knew who the manager was and were confident that they could raise any issues or concerns with any staff member.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were some areas of medicine records management that needed to be improved.

People told us that they felt safe at the home and with the people that supported them. Staff understood abuse and knew how to report any concerns.

We found that the service was usually assessing risks to people. However, in one case a missing person procedure had not been dated and had no indication of when it had been reviewed, which meant that there was an increased risk as staff had no clear guidelines about how to minimise this risk.

The service did not have safe and effective systems in place to manage staff recruitment.

Requires improvement



Is the service effective?

The service was not always effective. We saw that staff were receiving supervision but this was not consistent and in line with company policy. Staff that had been employed by the service had also not received an annual appraisal.

We saw that there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected.

People were provided with a healthy and balanced diet which took account of their own preference and allowed for choice. Some people were also able to prepare their own meals with the support of staff.

Requires improvement



Is the service caring?

The service was caring. People told us that the staff team was caring and considerate and knew the people, their likes and dislikes.

Staff were able to describe and show to us how they worked in a way that ensured that people's dignity and privacy were maintained. Throughout the inspection, staff were observed interacting with people in a calm and friendly manner, treating them as individuals and treating them with respect and acknowledging choices and wishes.

Good



Is the service responsive?

The service was not always responsive. People living at the service felt able to approach the management and staff if they had any concerns or issues.

The people who were using this service each had a care plan. The care plans covered personal, physical, social and emotional support needs. These plans

Requires improvement



Summary of findings

were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs, although not all staff were signing these to say they had read and understood them. However, staff did demonstrate that they knew the people they were caring for.

Health care needs were being monitored and attended to. Care plans showed that health action plans were used, however in one case we found that a health action plan had not been updated since January 2014, which meant that up to date information was not available to staff or health care professionals.

Is the service well-led?

The service was not always well-led. There was a lack of effective systems in place to monitor and improve the quality of the service especially in relation to care plans and staff files.

There were no mechanisms in place for the provider to seek and act upon feedback about the quality of the service.

Each member of staff we spoke with demonstrated that they took their caring role seriously and felt personal responsibility in playing their part in delivering the service. People and staff members were positive about the management of the home.

Requires improvement



Hillgreen Care Limited - 14 Colne Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 19 November 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we looked at information we had about the provider including notifications of incidents affecting the safety and well-being of people using the service. We also spoke with the local safeguarding team and quality monitoring team for their views about the home.

We used a number of different methods to help us understand the experiences of people using the service. Some people had limited or no conversational communication which meant that not everyone was able to tell us their views. We gathered evidence of people’s experiences of the service by observing interactions with care staff and by reviewing communication that staff had with people’s families and other care professionals. We spoke with two service users, two relatives and five staff members which included the manager, deputy manager and the operations manager.

We looked at the care records of three people who used the service and checked files and training records of six staff members. Other documents we looked at relating to people’s care included medicine records, policies and procedures, quality audits, staff meeting minutes, maintenance, safety and fire records.

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us, "I feel safe here" and another person told us when asked if they felt safe at the home they replied, "Yes I do, I like living here."

Medicine management was found to be unsafe within the home. The service had daily medicine administration checks which were required to be signed by the person administering medicines and a second person to ensure that the process had been completed appropriately. However, when we looked at the previous month's Medication Administration Record (MAR) we found there to be gaps where staff had not signed to confirm whether medicines had been administered.

Some people were prescribed pain relief to be given when needed. Individual 'when required' procedures were available for most people which informed staff when a person may require pain relief. However, there was no protocol available for staff to follow and recognise when one person, who did not communicate verbally, was in pain. This left them at risk of not receiving appropriate pain relief when they needed it. Also, for one person who had been prescribed 'when required' pain relief the medicine was not available in the home.

As part of the MAR three people out of the four had a front cover page which included a photo of the person, their date of birth and any known allergies. However, this was not evident for the fourth person. It was also noted that this person often refused medicines. There was no guidance for staff to enable them to manage this and any practices to be undertaken to encourage the person to take their medicines.

On the MAR record we also found guidance available on how to support a person who had epilepsy. There was also guidance available for staff members on how to recognise when a person would require calming medicine if they displayed signs of agitation. The guidance gave staff information on examples of risk behaviour and how and when to administer the medicine. However, for another person who was also epileptic there was no guidance as part of their MAR record. This left them at risk of not receiving medicines when they needed them.

The provider had a policy and procedure in place for the management of medicines. We found that staff were

trained in administering medicines. However, we did not see that the service assessed staff member's competency in administering medicines once they had completed their training. Medicine competency was also not assessed when staff were due to receive refresher training.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All medicines were kept in a locked cupboard in the manager's office so they were only accessible to staff. Temperature checks of the medicine cupboard were recorded on a daily basis and we saw that medicines were kept at an appropriate temperature.

The service did not have safe systems and processes in place to ensure safe recruitment of staff that they employed. We found that there were inconsistencies in relation to the records and checks that were kept. Out of the six staff files we checked, only three files could evidence that a criminal record check had been carried out or that applicants' conduct in previous employment in health or social care was checked and verified. The manager told us that these records were held at head office and he was able to obtain these records for one of the files we checked. Additionally, the provider did not have appropriate systems in place to check whether applicants were legally entitled to work in the United Kingdom.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of the inspection we looked at the staff roster and deployment of staff around the home. We observed that there were enough staff on duty whereby people received individual attention in order to meet their care needs which also included support when attending the day centre or other activities external to the home.

People's needs were assessed taking into consideration general and specific risks. For example, we found risk assessments in people's files that covered areas such as weight fluctuations due to diet, epilepsy, behaviour and activities. We saw clear and detailed examples of how these assessments were tailored to each person rather than only general common day to day risks. Any incidents and accidents related to people were recorded as part of people's care plans. However, we found that not all staff were consistently signing the risk assessments to ensure that they had confirmed their reading and understanding of them.

Is the service safe?

Staff had undertaken appropriate safeguarding training and certificates confirming this were seen in staff training records. Staff were able to define the meaning of abuse and what action they must take if they felt people at the home were at risk. Staff understood the term whistleblowing and to whom this must be reported. Staff were also aware that even if the concern involved a colleague with whom they worked, that they would report this immediately. The service also had a reporting flow chart on display within the home which gave staff direction if and when they needed to report any issues or concerns.

We looked at policies relating to safeguarding and whistleblowing and found that they contained appropriate information and contact details so that people knew who to contact if they had issues or concerns to raise. The service, at the time of the inspection, was also working with the local authority on a safeguarding incident that had taken place within the home.

We looked at the maintenance records which included yearly, monthly and weekly fire checks, emergency lighting checks, gas safety checks and electrical testing for the home. The fire service had also completed an inspection of the home in October 2015. Some issues had been identified and the home had been given until December 2015 to make improvements which had been recommended. The manager and operations manager confirmed that work was due to begin to make the required improvements.

We observed that some of the furniture within people's bedrooms was broken and in need of replacement. People told us that they had made requests to the manager to replace these items and that it was "taking too long" to replace. We highlighted this to the manager and operations manager who confirmed that they would look into this immediately.

Is the service effective?

Our findings

People told us that staff respected their choices and decisions and listened to them at all times. However, one relative that we spoke with did not feel that the service was meeting the needs of their relative. They told us there was “lack of continuity of care and there had been quite a few issues in the past.”

Staff were not appropriately supported through supervisions and appraisal of their work. Some staff told us that they received regular supervisions and also had received an appraisal. One member of staff told us “I have supervision every month or two” whilst another could not recall but said they had an appraisal recently. However, staff files did not demonstrate that staff received regular supervision in line with the company policy. The records also did not show that all staff employed by the service had received an appraisal. The current manager showed us systems and processes that they had adopted to ensure that this was monitored for the future and that all staff were supported in carrying out their role.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were appropriately trained to provide support that met people’s needs. We saw evidence that staff had undertaken training which covered a wide range of topics including safeguarding, manual handling, learning disabilities and mental health, fire training, Mental Capacity Act 2005 and medicines. The three support workers we spoke with were also positive about the training they received. Staff also told us that they had the opportunity to attend regular training and gave mental capacity act and whistleblowing as two recent examples. Two staff also told us they had achieved the National Vocational Qualification level 3 (NVQ 3), whilst a newer member of staff said they were just about to start this training having completed their probationary period at the home. This person also told us that their induction had involved a two week training and awareness course with the provider before shadowing other colleagues on shifts at the home. The service had a training matrix in place which outlined the dates the staff member commenced employment, all training subjects covered and the date of when the training was completed.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of

Liberty Safeguards (DoLS). 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. The application procedures for this in care homes are 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 were being met. The service had assessed each person’s mental capacity and where required a best interests decision had been recorded. During our visit we also talked with three staff about their understanding of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had an awareness of what these areas meant and told us they had recently had training to update their knowledge.

Evidence of the home obtaining people’s signed consent, or where consent was agreed by a relative or advocate to their care and treatment, was available but this was not evident in all of the care plans that we looked at. This meant that people or their relatives may not have consented or been involved in the planning of their care or the care of their relative. However, it was positive to note that people using the service had full access to their care plan and were actively involved in contributing to their care. On the day of the inspection we observed that one person sat in the office and went through their care plan. This was especially as they were looking for a hospital letter which a staff member was unable to locate. The person eventually found the letter that they required.

Staff supported people to eat and drink sufficient amounts to meet their needs. Meals were prepared by the staff with the assistance of people living at the service where possible. The deputy manager told us that menus were set with the people living at the service on a weekly basis which also included creating a shopping list for the week. A person told us, “I cook my own breakfast and the food is gorgeous.” The same person also told us, “They cook us

Is the service effective?

healthy food and I have juice with my meal.” Another person told us, “I like the food here.” We observed people to have access to the kitchen at all times and had access to

snacks and drinks at all times. We checked the fridge and freezer at the service and found that they were not overstocked. The deputy manager told us that shopping took place on a weekly basis.

Is the service caring?

Our findings

People told us that they were happy with the care that they received at the home. When we asked one person if staff were caring they replied, "Yes, a lot." Another person told us that "I get on with everyone especially both my key workers." The interactions we observed between staff and people living at the home were sensitive, respectful and caring. However, one relative gave us their opinion about the service and told us that although the key worker for their relative was "very caring and does her best" they felt that due to the high turnover of staff their relative did not receive continuity in care. The relative told us that their relative preferred their regular care workers and when they were not familiar with someone it impacted on the level and quality of care they received. We looked at staff rotas and spoke to the manager and staff about staffing levels. No concerns were noted and during the inspection the service we observed that there were enough staff on duty whereby people received individual attention in order to meet their care needs.

We spoke with three members of staff in relation to how people who used the service communicated. Staff were able to tell us all the methods used and were aware of how best to communicate with each person. Staff spoke in respectful and considerate ways about the people they supported and all felt the staff team worked well together in achieving this.

People's individual care plans included information about people's cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be provided. We found that staff knew about people's unique heritage and had care plans which described what should be done to respect and involve people in maintaining their individuality and beliefs.

People's independence was promoted. Where possible people were encouraged to maintain their own personal hygiene, prepare their own meals, snacks and also to help maintain their own environment. We observed on the day of the inspection that two people were encouraged to clean their own rooms and also prepare themselves to attend external activities which included attending the day centre. One person told us, "I want to be independent so that I can get my own flat." Another person told us, "I wash my own clothes."

We observed that in general people's privacy and dignity was maintained. However, during the inspection, whilst one inspector was speaking to one of the people in their own bedroom where the door was closed, a staff member walked into the room without knocking. On entering they realised their mistake and apologised for intruding but they continued with what they wanted and then left the room. We raised this with the manager who told us that they would speak to the staff team about this.

Is the service responsive?

Our findings

People and relatives told us that they knew who to approach if they had any issues or complaints. One person told us, “I know the manager” and took their name. During the inspection we asked to see the service’s complaints policy. The service was unable to locate this policy. We looked at the complaints folder and the service had no complaints recorded since 2012. The manager told us that they had not received any complaints since 2012. As there was no complaints policy, the provider was unable to demonstrate what the process was when dealing with and managing any complaints.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were supported to access a variety of activities and outings when they wanted. One person told us, “I can go out when I want. I go swimming and I go to the church and have a cup of tea.” The same person also told us, “I have a girlie chat with my key worker.” Another person told us that they were supported to visit their family at weekends and go shopping with staff members. We observed that people had built friendships with each other within the home.

Staff members supported people to access a variety of activities external to the home. During our visit three people were attending a resource centre to take part in activities taking place there. There was an activity plan displayed in the lounge about activities taking place at the resource centre. One person, who was unable to access activities outside of the home, was observed to be engaging with a staff member in completing a jigsaw puzzle. We found that the service did try and promote people’s rights to maintain as much autonomy as they could.

Each person had a care plan. The care plans covered personal, physical, social and emotional support needs. These plans were updated at regular intervals to ensure that information remained accurate and reflected each person’s current care and support needs, although not all staff were signing these to say they had read and

understood them. A person who had the capacity to sign their care plan had also not done so, and neither had their keyworker, when it was reviewed on June 2015. However, staff did demonstrate that they knew the people they were caring for.

People’s care needs were assessed, planned for and were usually monitored. However, the monthly key working progress updates were not completed each and every month in two of the three care plans we looked at. We also found that not all care plans were signed when updated by the manager, keyworker, relative or advocate of each person to confirm agreement, which should be improved upon. This meant that any changes in the provision of care had not been reflected within the care plan and had not been acknowledged and confirmed by the people receiving or involved with the delivery of care.

Care plans and other documentation that people using the service were not presented in ways that would assist people to understand them. Although one person was able to read their care plan the home did not make care plans sufficiently accessible to all people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health care needs were being monitored and attended to. The care plans we looked at showed that health action plans were used, however, in one case we found that a health action plan had not been updated since January 2014.

We observed that staff were responsive to people’s needs. One person had been awake very early in the morning. At that time they had refused any support with personal care. The deputy manager told us that when this person refuses the staff are aware that they are to leave them for a short while and the person will summon for assistance when they are ready. A bit later on during the morning we observed that staff had offered assistance and the person had agreed and allowed staff to support them. One person also told us that they preferred female staff supporting them with their personal care and staff were aware of this. This person confirmed that this was acted upon.

Is the service well-led?

Our findings

One relative told us, “The home was not proactive about communication.” They told us that they knew who the manager was and that there had been a number of managers that had been recruited and then left the service. They felt that this impacted on “the continuity of care for their relative.” However, people knew who the manager was and were confident to go and tell them if they had any issues or concerns. The new manager was appointed earlier this year. Although had not applied to register with the Care Quality Commission (CQC) at the time of the inspection.

The service had minimal systems in place to enable the manager to monitor the overall quality of care. The only audits that were available included a health and safety monthly audit and medicines audit. The weekly medicine stock check audits did not look at and check the overall management of medicines within the service which may have identified the issues we identified on the inspection. The service also did not complete any care plan audits or staff file checks which may have highlighted the issues that we have identified as part of this inspection. The service could also not evidence that any satisfaction surveys had been completed or any communication had been maintained with people using the service and their relatives in order to learn, develop and improve services in response to issues or concerns that were raised.

The service did not have robust systems in place to collect and act upon feedback. We were unable to look at any quality assurance questionnaires during the inspection as the service was unable to locate these. The operations manager told us that they would have these sent to us within 48 hours of the inspection taking place. These were not received. The service did hold service user meetings, although only one had taken place in 2015. Topics discussed included service users wellbeing, personal hygiene, activities, healthy eating, health and safety, code of conduct and service user’s holidays. We asked people whether they attended any residents meetings. One person told us that, “We haven’t had one for a while. We need to have one.”

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated that they took their caring role seriously and felt personal responsibility in playing their part in delivering the service. Staff knew who the manager was and felt supported within their role. There was a clear management structure in place. The service held monthly staff meetings. The agenda included staff issues, working as a team, completing incident reports, shopping, medication, key workers role, handover/communication and rotas. The operations manager had also held a staff meeting in response to an incident that had taken place. This meeting discussed managing staff workload, the support available and stress management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who used the service were not protected against the risks associated with unsafe medicine management. Regulation 12 (1)(2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Staff files did not evidence that criminal record check had been carried out or that applicants' conduct in previous employment in health or social care was checked and verified. Regulation 19 (3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff supervision was not consistent in line with the provider's policy and staff appraisals were not taking place which meant that staff performance was not being effectively reviewed. Regulation 18 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care plans and other documentation that people using the service are legally allowed to have access to were not presented in ways that would assist people to understand them. Regulation 9 (1)(3)(c)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The service did not have an available copy of their complaints policy and therefore we were unable to confirm what the services process was in dealing with and managing any complaints. Regulation 16 (2)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were at risk because the service did not have effective systems in place to monitor the quality and safety of service provision and did not obtain feedback from people and their relatives in order to improve, learn and develop. Regulation 17 (1)(2)(a)